

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** CA-521 - Davis, Woodland/Yolo County CoC

**1A-2. Collaborative Applicant Name:** Yolo Community Care Continuum

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

**1A-4. HMIS Lead:** Yolo County Health and Human Services

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	No	No
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	No	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	No	No	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	No	No	No
24.	Organizations led by and serving people with disabilities	Yes	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

**By selecting "other" you must identify what "other" is.**

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

As of March 2021, the CoC is a newly formed non-profit with a Board of Directors. The board is made up of 15 seats. Any person 18 years of age or older may be elected to serve as a Director. As per the HUD interim rule, Directors must be representative of relevant organizations and projects serving homeless subpopulations in Yolo County, or have personally experienced homelessness as defined by the Housing and Urban Development Department. The CoC solicits new directors whenever there is an opening by sending out notices through their partner agency email distribution list. The email distribution list includes Stakeholders in the local homeless system and all materials are communicated electronically in PDF. Interested individuals submit an application which are reviewed by a subcommittee who brings a recommendation for vote by the Board.

CoC communications occur via email and all materials are communicated electronically in PDF. CoC meetings are held via Zoom which includes an

option for live transcription.

The CoC currently has a person with lived experience on the board of Directors and continues to actively seek input with those who have lived experiencing in homelessness. CoC members are encouraged to share CoC information with clients and to recruit leaders in the homeless community. The CoC also identifies individuals who testify in public meetings on issues of homelessness and conducts outreach to engage their participation in CoC meetings.

The CoC has prioritized addressing inequities occurring within its continuum. To ensure there is representation from organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities), the CoC keeps an extensive email distribution list which include representatives from these organizations. The CoC regularly communicates upcoming meetings and sends invitations to all organizations

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
NOFO Section VII.B.1.a.(3)		

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

The CoC is purposeful about engaging an array of opinions, using information collected from CoC members and partners to improve the homeless system: All General Meetings, Technical Subcommittee, Coordinated Entry Subcommittee, Performance and Monitoring Subcommittee, and Data Subcommittee meetings are open to the public with meeting details and agenda packets sent via email.

CoC holds quarterly provider meetings for attendees to introduce themselves, discussion of new or evolving programs for the homeless, and identification of system challenges. When issues are identified, they are placed on future meeting/subcommittee agendas to ensure continued discussion and resolution.

In addition to the quarterly providers meetings, a monthly newsletter is sent out containing pertinent information from providers that is useful to the entire continuum.

In the past year, subcommittees educated and made recommendations to CoC on many issues: seeking grant funding; strengthening HMIS; homeless count; development and implementation of coordinated entry; revising the strategic plan; and updating governing documents.

In 2018, the County conducted an extensive public input process to revise the homeless strategic plan. The steering committee was comprised of current and

past CoC leadership. Public workshops were attended by an array of CoC participating agencies, community members, homeless advocates, homeless individuals, etc.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
NOFO Section VII.B.1.a.(4)		

Describe in the field below how your CoC notified the public:

1.	that your CoC’s local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

Notice of the CoC competition was shared with the public on October 1, 2021 to ensure that potential applicants (including current and new) were aware. The Notice was posted on the County website, sent to the CoC’s full homeless partner email list, and sent to several provider email lists maintained by the County. The Notice uses specific language to ensure that new project applications will be accepted through the bonus funding and/or the process of reallocation. The CoC considers proposals from non-CoC Program funded organizations. While the Notice does not prohibit proposals from non-CoC funded organizations, the Notice does not specifically state “proposals from non-CoC Program funded organizations are accepted”. The CoC will consider adding this specific language during the Notice of Funding and Local Selection Process revisions already underway in preparation for subsequent funding rounds.

The CoC requires that all project applications be submitted by 30 days before the full application is due to HUD. An objective ranking panel (including 4-10 non conflicted CoC members) scores projects based on program design, performance, and previous grant management. The process uses comparable scoring criteria for renewal and new projects. If a renewal project is underperforming or unaligned with HUD priorities (as evidenced by a low score), the project is recommended for reallocation. Next, the CoC determines the amount of funding available for new projects (amount reallocated + bonus) and selects top scoring new project proposals until funds run out.

All materials are communicated electronically in PDF; all links in emails, documents, and on the CoC website which has accessibility menu and are in a voice-command optimized format. The meetings are held via Zoom which includes an option for live transcription.

# 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- |    |  |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area.   |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	No
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

Several HPAC member agencies receive ESG and ESG-CV funding as Program Recipients. The CoC has a very large role in planning for the local ESG process, selecting ESG and ESG-CV recipients and evaluating ESG and ESG-CV program recipients throughout the year. Similar to the CoC funding competition, the CoC hosts a local competition to select its recommended recipients for ESG funding, which are then forwarded to the State for a final decision. The CoC also hosts a local competition to award ESG-CV funds to subgrantees.

The CoC initiates its local ESG and ESG-CV competitions through the public releases of Notices of Local Funding. The CoC requires that all ESG project applications be submitted approximately one month before the full application is due to the State. An objective ranking panel (including 5-10 non conflicted CoC members) scores projects for each funding source based on applicant experience, program design, need for funds, impact and effectiveness and cost efficiency.

All ESG and ESG-CV projects enter data in HMIS, and the CoC conducts activities to review and monitor projects throughout the year. Data quality and performance data for projects is reviewed at the CoC's quarterly Data Subcommittee meetings, and the Subcommittee makes recommendations on how recipients can address challenges as needed. Additionally, project performance data is a critical part of the scoring and selection process in the local funding competition.

Representatives from each of the local Consolidated Plan jurisdictions actively participate in the CoC and receive homeless related data and updates regularly via the CoC mailing list and in person at CoC meetings. The County of Yolo maintains a website including Point-in-Time Count and Housing Inventory Count reports, year-end reports on activities related to homelessness, and local resource lists that is utilized by organizations throughout the CoC a data resource.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	



Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

The CoC's partner agencies (e.g., Yolo County) collaborate with and hold formal MOUs/contracts with youth education providers, the local office of education, and local school districts. These partnerships are formalized through an executed agreement that outline services provided such as mental health services, behavioral health services to district students, transportation procedures for foster care youth enrolled in local educational agencies.

1C-4a.	CoC Collaboration Related to Children and Youth—Educational Services—Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

The CoC has not yet adopted written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services. The steps the CoC will take to formalize this policy and procedure include assigning the technical subcommittee to create the policy and procedures and adding the topic as an agenda item of a regularly scheduled

meeting.

<b>1C-4b.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	Yes	Yes
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	Yes	No
	Other (limit 150 characters)		
10.			

<b>1C-5.</b>	<b>Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.</b>	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

Empower Yolo (EY), as the only victim service provider in Yolo County, offers training to the CoC and partner agencies on working with survivors, including best practices, safety planning, and available resources. Empower Yolo also provides direct training for providers upon request.

Legal Services of Northern California (LSNC) in conjunction with Yolo County Housing (local public housing authority) facilitates an annual Fair Housing Conference attended by approximately 100 landlords, property owners, and CoC agencies. Landlord responsibilities and tenant rights under VAWA are covered every year at the conference.

Most recently, EY and LSNC have partnered to offer a Renter’s Academy with

the purpose of informing renters and service providers of the legal rights that tenants have in various rental situations, including sessions on domestic violence.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

Empower Yolo collects data on local domestic violence in a database comparable to HMIS. Empower Yolo shares the aggregate data for use in community needs assessments and strategic planning. Empower Yolo also participates in the annual PIT and HIC count. In addition, the annual PIT count includes a demographic survey that is completed for each homeless individual or family, this survey includes questions related to domestic violence. In 2019, the survey collected both information related to whether an individual had ever been a victim of domestic violence, and whether the individual was currently homeless because they were fleeing domestic violence. This information is useful to the CoC because it shows the extent of the effects of DV on the homeless population, including those who do not seek services from Empower Yolo.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

- |    |                                  |
|----|----------------------------------|
| 1. | prioritize safety;               |
| 2. | use emergency transfer plan; and |
| 3. | ensure confidentiality.          |

**(limit 2,000 characters)**

The CoC has adopted a Domestic Violence Transfer Plan in accordance with the Violence Against Women Act (VAWA). Not only does the transfer plan allow CoC-funded and ESG-funded permanent housing project participants to transfer to safer housing, but also guides prioritization for services through Coordinated Entry. When there are no units available that a participant can safely move into, the participant and their household are prioritized for housing through the Coordinated Entry process. In addition, the local legal services agency offers support to individuals facing unfounded evictions due to damage or violence caused by the survivor’s abuser. The CoC DV Emergency Transfer plan is easily accessible on the CoC website including resources to assist providers and landlords to stay compliant with VAWA.

As the only victim service provider in Yolo County, Empower Yolo (EY) works

with the CoC to ensure that survivors have a range of safe housing options (including CoC, ESG, DOJ, and HHS programs) through the following process:

1) EY conducts a VI-SPDAT on each survivor. EY records confidential client information in an independent database comparable to HMIS, to protect confidentiality. EY then inputs the VI-SPDAT information into HMIS under a pseudonym with no client identifying information, this ensures that the DV survivor has full participation in the Coordinated Entry system without their confidentiality being compromised. When housing becomes available, EY consults with the survivor regarding safety issues and helps them develop a safety plan.

2) The CoC’s Coordinated Entry system protects client choice and uses victim centered practices. Survivors are offered any available housing they are eligible for, but may choose not to pursue an available housing option, in which case their prioritization level is maintained in coordinated entry until a better option becomes available.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</b>	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	No

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Yolo County Housing	22%	No	No

<b>1C-7a.</b>	<b>Written Policies on Homeless Admission Preferences with PHAs.</b>	
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NOFO Section VII.B.1.g.

Describe in the field below:

1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

While there is not a homeless admission preference in their written policies, Yolo’s PHA accepts referrals for highly vulnerable individuals and families experiencing homelessness from local government entities, who cite such persons for living in uninhabitable conditions. Displaced due to governmental action, these persons receive admission preference for the PHA’s HCV program. In addition, the CoC is in the early stages of working with its PHA to institute a “moving up” strategy for all PSH units. Consistent with HUD guidance, the CoC and PHA are devising ways to encourage persons who no longer need supportive services to “move up” and transition to community-based housing. Another forthcoming initiative is for the CoC to assist the PHA in reviewing its admission policies. The purpose of the review is to ensure the scope is as low barrier as possible, while still maintaining compliance with statutorily mandated provisions.

1C-7b. Moving On Strategy with Affordable Housing Providers.  
Not Scored—For Information Only

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	No
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c. Including PHA-Funded Units in Your CoC’s Coordinated Entry System.  
NOFO Section VII.B.1.g.

Does your CoC include PHA-funded units in the CoC’s coordinated entry process? No

1C-7c.1. Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.  
NOFO Section VII.B.1.g.

If you selected yes in question 1C-7c., describe in the field below:	
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

<b>PHA</b>
Yolo County Housing

## 1C-7e.1. List of PHAs with MOUs

**Name of PHA:** Yolo County Housing

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	5
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	5
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

As per the CoC’s Cordinated Entry Policies and Procedures, all CoC and ESG providers are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A provider that



repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. HPAC will provide training and technical assistance on this topic upon request. HPAC’s Project Selection Committee is encouraged to reallocate the funding of low-capacity providers that cannot or will not make diligent efforts to improve their capacity to serve high-needs clients.

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

The CoC has street outreach teams that cover 100% of the CoC, including the 4 cities and unincorporated areas. Outreach is a multi-disciplinary effort that includes homeless outreach workers, police officers, animal services, mainstream benefits staff and clinicians. Outreach teams focus on relationship building, assessing vulnerability, enrollment in coordinated entry and linkage to services. Each jurisdiction has at least one full time dedicated outreach worker, which means that outreach is occurring throughout the CoC’s geographic area on a daily basis. Additionally, multi-disciplinary teams conduct joint outreach to unsheltered individuals in each jurisdiction at least weekly. Outreach teams utilize multiple engagement strategies that are tailored to individuals who are unlikely to request assistance. These strategies include: Using multi-disciplinary teams with expertise in trauma informed practices; Law enforcement identification of encampments; Conducting intensive outreach that involves multiple visits per week for as long as needed; Offering mobile health services; and employing outreach workers who speak Spanish and Russian.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC). NOFO Section VII.B.1.I.	
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	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	334	283

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization. NOFO Section VII.B.1.m.	
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Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training. NOFO Section VII.B.1.m	
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Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

The CoC coordinates closely with the primary provider of mainstream benefits

(the Yolo County Health and Human Services Agency (HHS)) to ensure that homeless individuals have access to all mainstream benefits. The County provides routine training and educational materials for the CoC regarding mainstream benefit. Benefits staff attend CoC meetings to provide updates regarding changes to mainstream benefits programs and send regular updates to the CoC email distribution list. HHS disseminates mainstream benefit information by posting on HHS's website, social media posts, the CoC's main mailing list, and participating in local service fairs. The HHS is a voting member of the CoC and regularly attends CoC meetings, providing updates and benefits literature. HHS provides mainstream benefits in community-based settings to improve access, including sending Benefits staff to local provider sites, conducting outreach at the local university, and participating in street outreach efforts with local homeless outreach workers. Healthcare organizations participate in the CoC meetings. Benefits staff also participate in these meetings to address any health insurance enrollment issues and ensure that service providers are aware of the full scope of benefits available to Medicaid beneficiaries. In 2019, the CoC facilitated a healthcare services coordination meeting with hospital/health center leadership and homeless services providers. HHS's homeless services team also works closely with healthcare providers and receives referrals to offer case management, assist individuals with benefits applications and link to available services. HHS is the lead organization responsible for ensuring access to mainstream benefits for homeless persons.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.1.n.		

Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

The Yolo County Coordinated Entry system covers the entire CoC geographic area. Each major city has programs that provide shelter, mainstream services, and outreach for individuals living homeless. Also, each of the three major cities now has a special partnership with the city police departments that embeds homeless outreach and housing navigators with the local police while addressing unsheltered homelessness. These partnerships have allowed individuals living homeless to receive outreach and services while also training local law enforcement on best practices for engaging with and helping individuals living in unsheltered homelessness. Apart from homeless services being offered in the major cities, Yolo County also has a large amount of rural areas and as a result the outreach teams operate throughout the entire county. Every individual contacted has equal opportunity to engage in the Coordinated Entry Process. These practices ensure that those who are least likely to seek services receive special outreach and services. The CoC's Coordinated Entry Policies and Procedures includes policies that when outreach workers encounter an individual during street outreach, the worker will complete a VI-SPDAT, if possible, or arrange for a VI-SPDAT to be completed within 30 days

or when adequate rapport is established. Furthermore, to ensure that the individual is added to the community queue as quickly as possible, the policies require that should a VI-SPDAT not be completed by live data entry, the VI-SPDAT shall be entered in HMIS within 3 days of the assessment being completed.

<b>1C-15.</b>	<b>Promoting Racial Equity in Homelessness–Assessing Racial Disparities.</b>	
	NOFO Section VII.B.1.o.	

<b>Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?</b>	No
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<b>1C-15a.</b>	<b>Racial Disparities Assessment Results.</b>	
	NOFO Section VII.B.1.o.	

<b>Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.</b>
--

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes

<b>1C-15b.</b>	<b>Strategies to Address Racial Disparities.</b>	
	NOFO Section VII.B.1.o.	

<b>Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.</b>
--

1.	The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes

6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

While the Yolo County CoC has yet to conduct a formal Racial Disparities Assessment, analysis of the Point in Time (PIT) Count data is completed with a racial equity lens. The data on page 5 of the 2019 Yolo County Homeless County report (see attached) shows evidence that overall rates of homelessness of people who identify with certain races or ethnicities is incongruent with the rates of people who identify with those races or ethnicities in the general population countywide. For example, in 2019 individuals identifying as African American represented 2.6% of the Countywide population and 14% of the total population of those experiencing homelessness. The CoC has also reviewed racial disparity analysis tool through Homeless Data Integration System offered by the California Department of Business, Consumer Services and Housing Agency which utilizes data entered to the CoC's Homeless Management Information System. This data shows racial/ethnic disparities in both the American Indian/Alaska Native population and the Black/African American population. However, a more detailed and complete assessment is needed to determine the causes of such discrepancies with the overall population data and whether disparities in service provision or outcomes is present.

The CoC has kept racial/ethnic equity discussions at the forefront of the both the Data and Technical Subcommittees. The CoC has created and adopted a Diversity Mission and Vision Statement and has applied for technical assistance in creating a racial/equity plan which will include actionable steps the CoC can take in addressing racial/ethnic equity within its continuum. The CoC is currently recruiting people of color and individuals with lived experience to serve on the workgroup that will develop the plan.

<b>1C-16.</b>	<b>Persons with Lived Experience–Active CoC Participation.</b>	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	1	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	1	1
3.	Participate on CoC committees, subcommittees, or workgroups.	2	1
4.	Included in the decisionmaking processes related to addressing homelessness.	1	1
5.	Included in the development or revision of your CoC’s local competition rating factors.	1	1

<b>1C-17.</b>	<b>Promoting Volunteerism and Community Service.</b>	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC’s geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC’s Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>1D-1.</b>	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

In March of 2020, at the start of the COVID-19 pandemic, the CoC in partnership with partner agencies and led by Yolo County Health and Human Services, quickly created and implemented Project Roomkey (PRK) – a countywide collaboration aimed to mitigate transmission among those experiencing homelessness within the CoC. PRK got individuals from unsheltered situations into non-congregate emergency shelters, i.e., hotel rooms. Services to reduce the spread of COVID-19 were rapidly implemented including food delivery, laundry services, case management services, mobile medical services, COVID-19 testing. This allowed those staying in the rooms to adhere to the State’s stay-at-home orders in place at that time. Both provider and those being served followed to CDC, State, local, and provider guidelines such as wearing masks, gloves, and disinfecting as needed.

<b>1D-2.</b>	<b>Improving Readiness for Future Public Health Emergencies.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

The collaboration of partner organizations during the COVID-19 pandemic has been instrumental in addressing this public health emergency and demonstrates the capabilities of the CoC when successfully working together for a common

goal. By creating a plan that outlines tasks and duties and sharing it with relevant parties and by using tools to simplify communications and data collection (i.e. Smartsheets, Microsoft Teams, Zoom), the CoC partners have establish a core practices that can be utilized in future public health emergencies . Creating a space for open lines of communication in the form of regularly scheduled meetings for providers responding to COVID-19 and email updates for all CoC partner agencies is an example of an approach that can be applied in future public health emergencies. The lessons learned and connection made in this pandemic not only prepare the CoC for future public health emergencies but have already been applied to the ramping up of services in response to COVID-19 surges during this pandemic.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

The CoC has a very large role in planning for the local ESG-CV process, selecting ESG-CV recipients and evaluating ESG-CV program recipients throughout the grant term. Similar to the CoC and ESG funding competition, the CoC hosted a local competition to select its recommended recipients for ESG-CV funding.

The CoC initiated its local ESG-CV competitions through the public releases of Notices of Local Funding and Project Selection Process which outlined the CoC funding priorities. Applicants were required to describe how their proposed project prevented, prepared for, and responded to Coronavirus for those experiencing homelessness and how their proposal prioritized the use of ESG-CV2 funds for Rapid Rehousing to assist households experiencing literal homelessness or staying in non-congregate shelter to move into housing or will prioritize the use of ESG-CV2 funds for Emergency Shelter as needed while providing pathways to housing from emergency shelter. An objective ranking panel (including 5-10 non conflicted CoC members) scores projects for each funding source based on applicant experience, program design, need for funds, impact and effectiveness and cost efficiency and an interview of all applicants takes place. Additionally, project performance data is a critical part of the scoring and selection process in the local funding competition.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
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2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).
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**(limit 2,000 characters)**

The CoC’s partner agencies were an instrumental part of the County’s response to the COVID-19 pandemic and continue to be very involved in creating and implementing safety measures to decrease the spread of COVID-19. In March of 2020, at the start of the COVID-19 pandemic, the CoC in partnership with partner agencies and led by Yolo County Health and Human Services (who have a voting representative on the CoC Board of Directors), quickly created and implemented Project Roomkey (PRK) – a countywide collaboration aimed to mitigate transmission among those experiencing homelessness within the CoC. PRK got individuals from unsheltered situations into non-congregate emergency shelters, i.e., hotel rooms. CoC provider agency provided services to reduce the spread of COVID-19 were rapidly implemented including food delivery, laundry services, case management services, mobile medical services, COVID-19 testing. This allowed those staying in the rooms to adhere to the State’s stay-at-home orders in place at that time. Both provider and those being served followed to CDC, State, local, and provider guidelines such as wearing masks, gloves, and disinfecting as needed.

1D-5.	Communicating Information to Homeless Service Providers.	
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NOFO Section VII.B.1.q.
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Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
--

- |    |                                  |
|----|----------------------------------|
| 1. | safety measures;                 |
| 2. | changing local restrictions; and |
| 3. | vaccine implementation.          |

**(limit 2,000 characters)**

COVID-19 updates, e.g. safety protocols, state and local mandates, outbreaks, testing information, vaccine implementation were communicated electronically and via virtually held CoC meetings. Attachments in emails were sent as PDFs and links to source data was also provided when available.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
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NOFO Section VII.B.1.q.
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Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.
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**(limit 2,000 characters)**

By having Project Roomkey (a countywide collaboration aimed to mitigate transmission among those experiencing homelessness by sheltering them in non-congregate hotel rooms) in operation at the time of the vaccine rollout provided an easy means to identify those eligible for the COVID-19 vaccination. At the time of enroll information such as age and health issues were collected during intake. In addition, a mobile medicine team was able to identify those who were in a high-risk category. CoC partner agencies both working in Project

Roomkey and those with programs outside of Project Roomkey worked with local public health official to identify eligible individuals in their programs. Yolo County Health and Human Services Agency (a CoC voting member) was the lead agency for Project Roomkey, which allowed for easy line of communication between the CoC and local health officials.

Yolo County Health and Human Services Agency also worked with local hospitals and the mobile medicine team to provide vaccines at homeless encampments throughout the CoC.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

Empower Yolo, the CoC’s domestic violence program, remained open and fully functional throughout the pandemic. The agency had an increase in requests for restraining orders, counseling and other services including requests for shelter beds. To meet the increased needs, interagency partnerships were essential.

Domestic violence advocates were able to provide shelter and housing services thanks to continued strong working relationships with partnering agencies and new program partnerships developed as a direct result of rising needs resulting from the COVID-19 pandemic. The DV Program staff worked closely with multi-grant housing teams and shelter advocates who were able to quickly connect eligible clients to housing advocacy and rent payment support. Continued working relationships with Health and Human Services, the Short-Term Emergency Aid Committee, Relief for Emergency Assistance Through Community Help, Legal Services of Northern California, the California Victims Compensation Board eased clients access to assistance with relocation, first month’s rent, deposit assistance, home security improvements, and utility assistance support. By increasing other supports the domestic violence shelter was able to shorten the average length of stay freeing up beds.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

At the onset of the COVID-19 pandemic, CoC partner agencies worked to rapidly house unsheltered individuals into non-congregate shelter via Project Roomkey (PRK) - a countywide collaboration aimed to mitigate transmission among those experiencing homelessness by providing shelter in non-

congregate hotel rooms. This program was open to any unsheltered individual experiencing homelessness. Once safely provided shelter and services, case managers were able to provide assessments and refer clients to the community queue as part of the coordinated entry process. Having clients centrally located at hotels in each jurisdiction has allowed CoC partner agencies to increase the number of individuals assessed and on the coordinated entry queue.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.	10/15/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	10/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	No
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	No
6.	Used a specific method for evaluating projects based on the CoC’s analysis of rapid returns to permanent housing.	No

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- |    |  |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and  |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

**(limit 2,000 characters)**

The Yolo CoC considers the extent to which a project serves individuals who are highly vulnerable as a part of its objective ranking process for CoC project selection. The CoC scoring process considered several vulnerabilities, including: Chronic homelessness; Veteran status; History of victimization or abuse; history of mental illness or substance use; Criminal history; Status as an unaccompanied minor or transition-aged youth. The CoC allocated 5 points out of 70 (7% of total) towards serving priority and vulnerable populations in its objective ranking process. Rankers are provided with APR HMIS data (or comparable database for victim service providers), and asked to consider how well the project served individuals with the vulnerabilities listed above, as well as the plan for outreach and engagement with these populations. Rankers are instructed to score using the following metric: 5 pts- Excellent; 4 pts- Strong; 3 pts- Fair; 2 pts- Needs Work; 1 pts- Poor; 0 pts- Terrible.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- |    |  |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;   |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;  |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

**(limit 2,000 characters)**

The rating factors used to review project applications were reviewed during a meeting held by the CoC's technical subcommittee. This is a publicly held meeting in which invitations are sent out via the CoC's extensive email distribution list. Individuals with lived experience and persons of different races are included on the list and receive invitations to not only attend and discuss the rating factors used to review project applications, but to also serve on the selection subcommittee that reviews, selects, and ranks provider applications. Initially there was an individual with lived experience who volunteered to be on the review and ranking committee, but ultimately had to rescind the acceptance. Though program participant demographics was collected via HUD Annual Performance Data and reviewed during the selection and ranking process, there was not specific category dedicated to scoring of the degree in which program participants mirror the homeless population demographics.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a	
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factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

The CoC FY 2021 Competition Project Reallocation, Ranking, and Selection Process, formally adopted by the CoC on 10/1/2021, provides the written process for reallocation. The process was distributed through the CoC email distribution, and was publicly posted on the CoC website [www.yolocounty.org/government/general-government-departments/health-human-services/boards-committees/homeless-and-poverty-action-coalition-hpac/continuum-of-care-coc-funding-competition](http://www.yolocounty.org/government/general-government-departments/health-human-services/boards-committees/homeless-and-poverty-action-coalition-hpac/continuum-of-care-coc-funding-competition). The process defined reallocation and stated that the Project Selection Subcommittee would determine whether reallocation of under-performing renewal projects was necessary based on the project score. Any projects not meeting a minimum scoring threshold of 45 points (64% of total available points) would be recommended for reallocation by the Subcommittee. Any projects scoring between 45 to 55 points (64-79% of total available points) would be recommended to develop a Corrective Action Plan. Projects recommended for corrective action would be required to develop and share a Corrective Action Plan with the CoC by December 15, 2021. The County Homeless Services Team would assist projects with development of the Plan, and would provide technical assistance as needed. Additionally, the CoC would continually monitor the Plan and provide ongoing assistance with improvement efforts. If the project did not demonstrated improvement before the FY 2022 CoC process (as demonstrated by an improved score), the project may be recommended for reallocation. None of these provisions were utilized in FY 2021 because all of the renewal projects scored higher than 55 points.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.
NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced--Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.
NOFO Section VII.B.2.g.	

1.	<b>Did your CoC reject or reduce any project application(s)?</b>	No
2.	<b>If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.</b>	

1E-5a.	<b>Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.2.g.	

<b>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.</b>	11/01/2021
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1E-6.	<b>Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.2.g.	

<b>Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.</b>	11/16/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Clarity Human Services - Bitfocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/19/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- |    |   |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and             |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

**(limit 2,000 characters)**



The CoC has adopted a Domestic Violence Transfer Plan in accordance with the Violence Against Women Act (VAWA). The plan allows CoC-funded and ESG-funded permanent housing project participants to transfer to safer housing and guides prioritization for services through Coordinated Entry (CE). The plan includes resources to assist providers and landlords to stay compliant with VAWA. As the only victim service provider in Yolo County, Empower Yolo (EY) works with the CoC to ensure that survivors have a range of safe housing options (including CoC, ESG, DOJ, and HHS programs) through the following process: 1) conduct a VI-SPDAT on each survivor recording confidential client information in an independent database comparable to HMIS. EY inputs the VI-SPDAT information into HMIS under a pseudonym with no client identifying information ensuring the survivor has full participation in the CE system without confidentiality being compromised. When housing becomes available, EY consults with the survivor regarding safety issues and helps them develop a safety plan. 2) The CoC's CE system protects client choice and uses victim centered practices. Survivors are offered any available housing they are eligible for. EY collects data on local domestic violence in a database comparable to HMIS and shares aggregate data for use in community needs assessments and strategic planning. EY also participates in the annual PIT and HIC count. In addition, the annual PIT count includes a demographic survey that is completed for each homeless individual or family, this survey includes questions related to domestic violence. In 2019, the survey collected both information related to whether an individual had ever been a victim of domestic violence, and whether the individual was currently homeless because they were fleeing domestic violence. This information is useful to the CoC because it shows the extent of the effects of DV on the homeless population, including those who do not seek services from EY.

<b>2A-5.</b>	<b>Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.</b>	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	247	35	209	98.58%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	34	0	24	70.59%
4. Rapid Re-Housing (RRH) beds	283	0	283	100.00%
5. Permanent Supportive Housing	254	0	137	53.94%
6. Other Permanent Housing (OPH)	0	0	0	

<b>2A-5a.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.</b>	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

Over the next 12 months Yolo County will: 1) Train and work with providers who utilize HMIS to enter all homeless programs in HMIS and not just the programs that have it as a requirement. 2) recruit providers not currently using HMIS to successfully implement it into their data collecting processes. 3) Continue working with the Yolo County CalWORKs team to add the Temporary Homeless Assistance (THA) and Permanent Homeless Assistance (PHA) beds into HMIS.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

**(limit 2,000 characters)**

To identify risk factors, the CoC works with partner agencies to locate areas where households fall below the median income. As a partner agency the County’s Community Health department to examine census data and map social determinants of health and several strategies are implemented to reduce first time homelessness.

Through coordinated entry, the CoC assesses households for diversion or prevention, utilizing a Prevention/Diversion tool developed by county staff. Using prevention and rental assistance funds, providers have also been able to assist at-risk households by paying for arrears. CoC partner agencies also participate in the California Emergency Rental Assistance program that provides financial assistance for unpaid rent to eligible renters and landlords who have been impacted by COVID-19. To further address the risk of becoming homeless, the local legal services agency offers support to individuals facing unfounded evictions. Also, as a CoC partner agency the County actively works with hospitals and jails to avoid discharges into homelessness, including individualized case planning prior to discharge. CoC partner agencies also provide landlord mediation and aftercare through its housing navigation programs.

The CoC staff including a Program Coordinator for the County and the Data Subcommittee review HUD’s System Performance Measure Report and monitor progress in reducing the number of individuals and families experiencing homelessness.

<b>2C-2.</b>	<b>Length of Time Homeless—Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

With the implementation of the CoC's formal Coordinated Entry System on January 17, 2018 and with the change of the CoC becoming a newly formed nonprofit, the region has bolstered prevention and diversion strategies and coordination between agencies to house individuals and families more quickly. Housing programs in the community utilize a Housing First approach that allows for individuals and families to be moved into housing quickly. In 2018, the CoC applied for funds through two State of California funded programs, many of the services funded through these programs include flexible housing subsidy funds that improve the community's capacity to immediately serve and house individuals and families living homeless. The CoC also works closely with housing voucher programs such as the Family Unification Program, the Mainstream Voucher program, and the Emergency Housing Voucher program that prioritize individuals and families living homeless. The number of programs in the CoC focusing on the chronically homeless has increased along with street outreach programs that aim to engage all individuals living unsheltered in the CoC. Also, chronically homeless individuals have been prioritized for housing placement as part of the Coordinated Entry process since the CoC adopted HUD's Orders of Priority CPD-16-11 Notice. The CoC staff including a County Program Coordinator and the Data Subcommittee review HUD's System Performance Measure Report and monitor progress.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

According to data collected from HMIS, from 2019 to 2020, the CoC experienced a 14% decrease in persons exiting to permanent housing destinations from emergency shelters, safe havens, and transitional housing. During that time period the CoC also saw an 8% increase in permanent housing destinations from rapid rehousing and a 42% increase in those that retained permanent housing or exited to permanent housing destinations. To assist with reversing the 14% decrease and continuing the increase rapid rehousing and permanent housing retention, the CoC anticipates 145 new affordable housing units, 70 of which will be permanent supportive units. This addition is highly needed due to the lack of affordable housing with the CoC's geographic location. The increase in the rapid rehousing exits to permanent housing and

the permanent housing retention rates are reflective of Yolo’s focus on expanding its housing navigation, street outreach, and care coordination between permanent supportive housing programs and rapid rehousing programs.

With the ramp down of Project Roomkey, the CoC anticipates an increase in emergency shelter exits into permanent housing as in the coming months, a housing plan will be created for each of the remaining participants.

The CoC staff including a County Program Coordinator and the Data Subcommittee review HUD’s System Performance Measure Report, HMIS data and monitor progress.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,000 characters)**

In addition to utilizing HUD’s System Performance Measure Report to drill down in the HMIS and identify the persons who return to homelessness, the CoC also conducts regular case conferences. At these meetings, individuals and families who return to homelessness are often discussed as they are often some of the most vulnerable. In this way, CoC identifies trends in factors of individuals and families who return to homelessness.

To further reduce returns, Yolo implements the following strategies: 1) Connect all persons exiting with mainstream and employment services to ensure they can maintain their housing 2) Offer up to 12 months of case management aftercare 3) Provide housing navigation services for formerly homeless persons at risk of losing their housing, including landlord mediation and past due rental assistance 4) Assess all homeless persons for potential diversion or re-housing options.

The CoC staff including a County Program Coordinator and the Data Subcommittee review HUD’s Report and monitor progress.

<b>2C-5.</b>	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC’s strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.

**(limit 2,000 characters)**

In the past several years, the CoC has worked diligently to increase employment income through implementation of employment readiness

strategies in case management programs and on the job training programs. There are programs in Woodland, West Sacramento, and Davis that support these efforts. The Downtown Streets Team (DST) is a great example of one such program. It began in the City of West Sacramento with 38 individuals employed at a average wage of \$14.26. Participants in the DST program operate on a volunteer team of individuals living homeless or at-risk of homelessness who perform duties such as street cleaning and park beautification while also receiving a stipend and case management services. The program participates in HMIS and regularly refers its participants to housing and services through the Coordinated Entry system. The County's Employment Division works closely with the CoC to assist persons in securing mainstream employment. Services include application and resume assistance, skills training, as well as interview preparation. In 2018, the County designated an Employment Specialist to work directly with homeless outreach and case management programs to not only further assist with job search activities, but also to develop and cultivate relationships with more employers to make for an easier matching and job placement process. The CoC staff including a County Program Coordinator and the Data Subcommittee review HUD's Report and monitor progress.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

Yolo County has a robust employment opportunity program, YoloWorks, that provides employment assistance to anyone within the CoC. As a CoC provider partner and with a voting member on the CoC board, Yolo County Health and Human Services Agency (HHSA) partners with the Yolo County Workforce Innovation Board, education or community-based providers, and local employers to host career fairs. This year, due to the pandemic the most recent career fairs have been held virtually. The virtual career fair platform allows job seekers to connect with local employers with immediate openings in manufacturing, sales, government, warehouse, nonprofit, transportation, healthcare, trades, agriculture, retail, distribution and construction plus the ability to visit with career/training schools. To promote these opportunities, the CoC distributes notification to its extensive email list, makes announcements during meetings.

Another CoC provider partner is Downtown Streets Team. Downtown Streets Team (DST) is a volunteer work-experience program that employs individuals as Team Members to beautify the community. DST provides homeless and low-income men and women with the resources they need to rebuild their lives. Team Members are held accountable and trusted to complete tasks, show up on time, and work well with others. Those who show dedication and leadership skills have the ability to rise up to become Team Leads, then Managers, and supervise others with little or no supervision from staff. In return, Team Members receive a non-cash stipend to help cover their basic needs, while

taking advantage of the program’s case management and employment services to find housing and a job. The program’s ultimate goal is to transition Team Members into employment because having a job restores hope and opens the door to other opportunities. Our model is structured to be a one-year transitional program into permanent housing and employment.

<b>2C-5b.</b>	<b>Increasing Non-employment Cash Income.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

**(limit 2,000 characters)**

For several years, the CoC has made multiple efforts to increase access to nonemployment income growth, most notably, by partnering with the region’s advocate resource team, called SMART-Y. SMART-Y utilized a SOAR-like model to enroll homeless persons into SSI disability benefits. Due to face-to-face interviews with determination representatives, more than 60% of claimants were awarded benefits. In early 2018, the SMART-Y program transitioned into a more comprehensive Housing and Disability Advocacy Program (HDAP). Under the new program, participants not only receive disability benefit advocacy, but also outreach, intensive case management, and interim and permanent housing supports. This program also provides assistance with more types of disability benefit applications than in the previous SMART-Y program. In addition, all case management programs that operate throughout the CoC prioritize linkages with mainstream resources such as the cash assistance for families, general assistance for adults, and disability benefits. The CoC staff including a County Program Coordinator and the Data Subcommittee review HUD’s Report and monitor progress.



### 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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 - 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	Yes
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

<b>3A-2a.</b>	<b>Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.b.	

<b>1.</b>	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
<b>2.</b>	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Empower Yolo, Inc	RRH	5	Housing

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Empower Yolo, Inc

**2. Select the new project type:** RRH

**3. Enter the rank number of the project on your CoC's Priority Listing:** 5

**4. Select the type of leverage:** Housing

### 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- |    |   |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and   |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

**(limit 2,000 characters)**

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>3C-1.</b>	<b>Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.</b>	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- |    |   |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.   |

**(limit 2,000 characters)**

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>4A-1.</b>	<b>New DV Bonus Project Applications.</b>	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

<b>4A-1a.</b>	<b>DV Bonus Project Types.</b>	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

<b>4A-2.</b>	<b>Number of Domestic Violence Survivors in Your CoC's Geographic Area.</b>	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	1,686
2.	Enter the number of survivors your CoC is currently serving:	156
3.	Unmet Need:	1,530

<b>4A-2a.</b>	<b>Calculating Local Need for New DV Projects.</b>	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

Data includes both adults and children: 1530 total DV Clients were served by Empower Yolo from 7/1/20-6/30/2021; 205 survivors received emergency shelter or transitional housing assistance; 1251 survivors received advocacy and case management to obtain housing and financial support; 74 requests for shelter went unmet because beds were not available. Data was sourced from a computer database – Osnium range 7/1/18-6/30/2019.

As of November, 2021 (11/1/21 – 11/12/2021), Empower Yolo is currently serving 156 survivors of domestic violence. This number is not represented in the “1530” total reported for the 2021 fiscal year.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.
---

<b>Applicant Name</b>
Empower Yolo, Inc

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Empower Yolo, Inc
2.	Rate of Housing Placement of DV Survivors–Percentage	73.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	90.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2. the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

Data includes both adults and children: 1530 total DV Clients were served by Empower Yolo from 7/1/20-6/30/2021; Approx. 279 DV Survivors were in need of housing, 205 survivors received emergency shelter or transitional housing; 74 requests for shelter went unmet because beds were not available. Data was sourced from a computer database – Osnium range 7/1/18-6/30/2019.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1. ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3. connected survivors to supportive services; and
4. moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,000 characters)**

All staff and volunteers are trained as domestic violence counselors pursuant to the Evidence Code § 1037.1. This training includes safety planning for and with



survivors. Empower Yolo offices have private intake rooms. As a precaution all intakes for Empower Yolo services are completed separately. Our program uses scattered sites throughout Yolo County that meet the local HUD housing standards. The scattered site housing is in locations chosen by the program participants. They have the greatest understanding of their personal safety, transportation and amenity needs. In other words, they will be able to secure housing in an area that makes the most sense for them. Because many of our clients reside in the smaller rural areas of the county, this flexibility in choosing permanent housing is a must. Using this approach also better serves individuals with different accessibility issues. Rather than having a single site that might have only one accessible apartment, we are not limited in the number of special needs clients we can serve. Because Empower Yolo is a Rapid Re-housing Provider, our staff has expertise to assist with locating and obtaining suitable affordable housing. Other supports offered can include tenant counseling, assisting clients with understanding leases, securing financial assistance, making moving arrangements, financial coaching and mediation services related to neighbor/landlord problems that may arise.

Because we use scattered sites, when needed, we purchase alarms or additional locks to ensure that our participants are as safe as possible. If requested, our legal staff will help with obtaining restraining orders. Empower Yolo follows strict confidentiality policies regarding who is in our program, and keeps the location of housing sites confidential.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

All staff and volunteers are trained as domestic violence counselors pursuant to the Evidence Code § 1037.1. This training includes safety planning for and with survivors. Empower Yolo offices have private intake rooms. As a precaution all intakes for Empower Yolo services are completed separately. Our program uses scattered sites throughout Yolo County that meet the local HUD housing standards. The scattered site housing is in locations chosen by the program participants. They have the greatest understanding of their personal safety, transportation and amenity needs. In other words, they will be able to secure housing in an area that makes the most sense for them. Because many of our clients reside in the smaller rural areas of the county, this flexibility in choosing permanent housing is a must. Using this approach also better serves individuals with different accessibility issues. Rather than having a single site that might

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Because we use scattered sites, when needed, we purchase alarms or additional locks to ensure that our participants are as safe as possible. If requested, our legal staff will help with obtaining restraining orders. Empower Yolo follows strict confidentiality policies regarding who is in our program, and keeps the location of housing sites confidential.

<b>4A-4c.1.</b>	<b>Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

Empower Yolo uses a survivor driven, trauma- informed housing model that includes flexible financial assistance and community engagement. The victim services housing team surveys victims of domestic violence after they are placed in permanent housing. Clients report that the ability to use flexible funding, that meets their unique and diverse needs, helps survivors maintain safe and stable housing. 88 % of clients who completed their surveys say that they feel safer and know how to access community resources.

<b>4A-4d.</b>	<b>Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

- |    |  |
|----|--|
| 1. | prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;  |
| 2. | establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;                    |
| 3. | providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;   |
| 4. | emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations; |
| 5. | centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;  |
| 6. | providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and   |
| 7. | offering support for parenting, e.g., parenting classes, childcare.  |

**(limit 5,000 characters)**

Empower Yolo prioritizes program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences. The CoC has adopted a Domestic Violence Transfer Plan in accordance with the Violence Against Women Act. The plan allows CoC-funded and ESG-funded permanent housing project participants to transfer to safer housing and guides prioritization for services through Coordinated Entry (CE). When there are no units available that a participant can safely move into, the participant and their household are prioritized for housing through the CE process. The CoC's Coordinated Entry system protects client choice and uses victim centered practices. Survivors are offered any available housing they are eligible for, but may choose not to pursue an available housing option, in which case their prioritization level is maintained in coordinated entry until a better option becomes available.

Empower Yolo has a long history of serving survivors through a trauma informed lens. They believe that survivors of trauma are best served by programs that are individualized and adaptable. By recognizing the traumatic effects of domestic and sexual violence in all its forms, programs work to mitigate those effects by making the survivor our partner in developing a housing plan. By utilizing scattered sites recognizing and honoring each participant's right to define what works for them and guaranteeing choice, Empower Yolo's approach ensures the meaningful involvement of survivors in planning a successful transition to permanent housing. Empower Yolo offers low-barrier shelter and transitional housing services and the intake process has been simplified to only a few questions. Self-identified victims of domestic violence are "screened in" rather than "screened out." Empower Yolo prides themselves in having few rules and a participant driven service model. When residents arrive at Empower Yolo, they receive more than just a bed, they also receive a partner in their journey to self-sufficiency. Program design is anchored in the Full Frame Initiative's Five Domains of Well-Being: social connectedness, safety, stability, mastery and meaningful access to relevant mainstream resources. Providers of services to victims of violence tend to focus on the violence in a victim's life, offering a limited scope of services based on escaping violence. Empower Yolo is changing that. They have started to look at survivors in the full frame of their lives. They believe that helping survivors strengthen their social networks is a critical pathway to safety, stability and wellbeing. Advocates work with each resident to build a personal plan for success. Each plan outlines goals based upon their unique situation and needs. Empower Yolo knows safety and stability doesn't come from taking the first apartment that is offered, or jumping at an opportunity for public housing. Stability comes from ensuring that each client has access to the services that mean the most to them, and that they live in a community where they can build social connections.

Empower Yolo recognizes a holistic, trauma informed and compassionate program is essential to survivors of personal violence. Although many services are offered participation is voluntary and receiving one service is never dependent on participating in another. Voluntary service statements are posted in our business center office and at the shelter. Empower Yolo has had a Latina Outreach Program for many years which includes offering therapy, shelter services, outreach and education that are bilingual/bicultural for Spanish speakers. They have partnered with My Sister's House in several initiatives that help provide culturally specific intervention/advocacy and training to address that needs of API domestic violence and sexual assault survivors in Yolo County and they have staff members that speak Mandarin, Punjabi, Hindi, Urdu, and Hebrew. Empower Yolo continues efforts to identify underserved

populations in our county and use the information gathered to guide their work. Because Empower Yolo has resource centers throughout the county they are able to offer other services that are non-traditional for a domestic violence or sexual assault program. Those services include food distribution, Zumba and Yoga classes, sewing classes, women’s groups, parent-child interaction programs, parent support, after school programs, tax preparation, community clothes closets and more. Rather than have programs that isolate domestic violence victims, our programs seek to help them find community.

<b>4A-4e.</b>	<b>Meeting Service Needs of DV Survivors–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below:

- |    |   |
|----|---|
| 1. | supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and |
| 2. | provide examples of how the project applicant provided the supportive services to domestic violence survivors.  |

**(limit 5,000 characters)**

Empower Yolo (EY) has a weekly family law clinic staffed by 5 volunteer attorneys who provide limited representation for clients for divorce, custody, or guardianships. A full-time legal advocacy program offers daily restraining order clinics throughout the county. Child Support Enforcement provides weekly office hours at the Woodland center. Legal Services of Northern California (LSNC) provides legal assistance for participants with other barriers to finding housing, such as helping them expunge criminal records for non-violent offenses, or assistance with credit repair. LSNC will also help mediate disputes with landlords and provide other civil legal assistance. EY’s client navigators assist victims of domestic violence in accessing educational opportunities through the Workforce Innovation and Opportunity Act, the Short-term Emergency Aid Committee, Soroptimist and other scholarships.

Yolo County has a robust employment opportunity program, YoloWorks, that provides employment assistance to anyone in the county in Woodland, Davis, Winters and West Sacramento. EY offers transportation assistance and online access to this valuable resource, and connects clients with a local job coach who meets with victims for free. EY offers free Yoga and Zumba classes in Woodland and Davis, providing health benefits, socializing, and relationship building. Counseling to victims of domestic violence and their children is provided at the shelter, business center, and outreach offices in Davis and West Sacramento. Walk-in crisis peer counseling is available during business hours. Interactive group counseling is also provided, with staff and/or appropriately trained volunteer facilitators. Clients often cite the lack of affordable childcare as a major barrier to self-sufficiency. The local crisis nursery allows victims to drop-off their children when they go to job interviews and assists with applying for benefits through CalWORKS, which often includes childcare assistance.

<b>4A-4f.</b>	<b>Trauma-Informed, Victim-Centered Approaches–New Project Implementation.</b>	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

Empower Yolo prioritizes program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences. The CoC has adopted a Domestic Violence Transfer Plan in accordance with the Violence Against Women Act. The plan allows CoC-funded and ESG-funded permanent housing project participants to transfer to safer housing and guides prioritization for services through Coordinated Entry (CE). When there are no units available that a participant can safely move into, the participant and their household are prioritized for housing through the CE process. The CoC's Coordinated Entry system protects client choice and uses victim centered practices. Survivors are offered any available housing they are eligible for, but may choose not to pursue an available housing option, in which case their prioritization level is maintained in coordinated entry until a better option becomes available.

By recognizing the traumatic effects of domestic and sexual violence in all its forms, Empower Yolo programs work to mitigate those effects and establish an environment of mutual respect, e.g., the project does not use punitive interventions. This is carried out by making the survivor a partner in developing a housing plan. Advocates work with each resident to build a personal plan for success. Each plan outlines their goals and aspirations based upon their unique situation and needs. Empower Yolo's program design is anchored in the Full Frame Initiative's Five Domains of Well-Being: social connectedness, safety, stability, mastery and meaningful access to relevant mainstream resources.

Empower Yolo emphasizes strength-based coaching by having survivors focus on the full frame of their lives and not focus on the violence they have experienced. Empower Yolo believes that helping survivors strengthen their social networks is a critical pathway to safety, stability and wellbeing. Empower Yolo has partnered with My Sister's House in several initiatives that help provide culturally specific intervention/advocacy and training to address that needs of API domestic violence and sexual assault survivors in Yolo County and they have staff members that speak Mandarin, Punjabi, Hindi, Urdu, and Hebrew.

Because Empower Yolo has resource centers throughout the CoC they are able to offer other services that are non-traditional for a domestic violence or sexual assault program. Those services include food distribution, Zumba and Yoga classes, sewing classes, women's groups, parent-child interaction programs, parent support, after school programs, tax preparation, community clothes closets and more. Rather than have programs that isolate domestic violence victims, our programs seek to help them find community.

Clients often cite the lack of affordable childcare as a major barrier to self-sufficiency. The local crisis nursery allows victims to drop-off their children when they go to job interviews and assists with applying for benefits through CalWORKS, which often includes childcare assistance.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CA-521 CE Assessm...	11/12/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	CA-521 Local Comp...	11/14/2021
1E-2. Project Review and Selection Process	Yes	CA-521 Project Re...	11/15/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	CA-521 Public Pos...	11/15/2021
1E-5a. Public Posting–Projects Accepted	Yes	CA-521 Public Pos...	11/12/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	CA-521 Housing Le...	11/15/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** CA-521 CE Assessment Tool

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CA-521 Local Competition Announcement

## **Attachment Details**

**Document Description:** CA-521 Project Review and Selection Process

## **Attachment Details**

**Document Description:** CA-521 Public Posting-Projects Rejected-



Reduced

## **Attachment Details**

**Document Description:** CA-521 Public Posting-Projects Accepted

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CA-521 Housing Leverage Commitments

## **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. CoC Identification	10/20/2021
1B. Inclusive Structure	11/10/2021
1C. Coordination	11/15/2021
1C. Coordination continued	11/15/2021
1D. Addressing COVID-19	11/15/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/15/2021
2B. Point-in-Time (PIT) Count	11/11/2021
2C. System Performance	11/15/2021
3A. Housing/Healthcare Bonus Points	11/15/2021
3B. Rehabilitation/New Construction Costs	11/12/2021

FY2021 CoC Application	Page 58	11/16/2021
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<b>3C. Serving Homeless Under Other Federal Statutes</b>	11/12/2021
<b>4A. DV Bonus Application</b>	11/15/2021
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required

**NOTE FOR HUD:**

- See page 25 for the Orders of Priority/Prioritization Scheme which utilizes information from the VI-SDPAT Assessment tools attached.
- See page 37 for the Family assessment tool.
- See page 48 for the Single Adult assessment tool.



**Yolo County Homeless and Poverty Action Coalition (HPAC)**

**Coordinated Entry Policies and Procedures**

Davis/Woodland/Yolo County Continuum of Care (CA-521)

*Re-adopted August 28, 2019*

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## Overview

The United States Department of Housing and Urban Development (HUD) requires local homeless Continuums of Care (CoCs) to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry”) with the goal of establishing a local crisis response system, born out of the existing network of autonomous projects, thus, improving fairness and ease of access to resources. Coordinated entry processes are intended to help “communities prioritize people who are most in need of assistance” by “strategically allocating their current resources and identifying the need for additional resources”.<sup>1</sup> They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the key objectives and strategies outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the approach used by HUD and its Federal partners to address homelessness.<sup>2</sup>

Both the CoC and Emergency Solutions Grants (ESG) Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576 respectively, require the use of a local coordinated entry process that meets HUD requirements. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that local CoCs and recipients of CoC Program and ESG Program funding must follow related to the development and use of a coordinated entry system.

The ensuing set of Coordinated Entry Policies and Procedures is established by the Yolo County Homeless and Poverty Action Coalition (“HPAC” or “the CoC”) to govern operation of its Coordinated Entry System in compliance with the CoC and ESG Interim Rules and CPD-17-01.

Except as otherwise specified, these Coordinated Entry Policies and Procedures apply to all geographic areas and all subpopulations in the Yolo County Continuum of Care, including individuals, families, and unaccompanied youth. These Policies and Procedures shall be made publicly available and must be applied consistently throughout the CoC areas for all populations.

These Coordinated Entry Policies and Procedures shall be applied to all CoC and ESG funded projects in Yolo County, as well as any other housing and homeless service programs operating within Yolo that choose to participate in the local Coordinated Entry System.

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<sup>1</sup> CPD 17-01, Coordinated Entry Notice, p.2. <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

<sup>2</sup> Amended in 2012 and 2015. <https://www.usich.gov/opening-doors>.

## Vision and Core Values

---

The Vision and Core Values of the HPAC Coordinated Entry System mirror the Vision and Core Values of the Yolo County General and Strategic Plan to End Homelessness. All policies and procedures included in this document are aligned with the vision and core values described below.

### Vision

Yolo County should be a community where everyone has the opportunity for a safe and stable place to call home.

### Core Values

#### *Value # 1: Preservation of Human Dignity*

- All people are worthy of respect, mercy, kindness, and compassion.

#### *Value # 2: Safe, Decent, and Sanitary Housing*

- All people deserve an opportunity for stable affordable housing.

#### *Value # 3: Innovation*

- Yolo agencies and communities will be receptive to new ideas, methodologies, and technology. They will work to change existing ways of working and will use creativity, new strategies, and collaboration in effective problem solving.

#### *Value # 4: Courage*

- Partners will address issues openly and in a timely manner. They will display a willingness to undertake prudent risk.

#### *Value # 5: Success*

- Yolo is committed to the principle of achieving success through realistic optimism and dedication to its principles and goals.



## System Characteristics

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The HPAC Coordinated Entry System utilizes the following concepts of service to ensure fair, equal, and person-centered practices throughout the system.

### **Cultural and Linguistic Competency**

All staff administering assessments shall use culturally and linguistically competent practices. Assessments shall include trauma-informed culturally and linguistically competent questions for special subpopulations, including:

- Immigrants, refugees, and other first-generation subpopulations;
- Youth;
- Persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and
- Persons who identify as lesbian, gay, bisexual and/or transgender (LGBT).

HPAC shall strive to offer training to participating projects that receive referrals in culturally and linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

Organizations shall strive to provide access to translation of verbal and written materials in the three (3) threshold languages of Yolo County, including:

- English
- Spanish
- Russian

### **Fair and Equal Access**

All people in the CoC's geographic area will have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known.

### **Housing First**

*Housing First* is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

### **Use of the Homeless Management Information System (HMIS)**

HPAC will use HMIS to collect and manage data associated with assessments and referrals for Coordinated Entry.

### **Inclusive**

HPAC's Coordinated Entry System will include all subpopulations, including:

- People experiencing chronic homelessness;
- Veterans;
- Families;
- Youth; and
- Survivors of domestic violence.

HPAC will continuously evaluate and improve the process to ensure that all subpopulations are well served.

**Incorporating  
Mainstream Services**

The coordinated entry process will aim to connect people with non-homeless specific programs and services. Mainstream service providers will act as referral sites within the Coordinated Entry system.

**Informing Local Planning**

Information gathered through the Coordinated Entry process will be used to guide homeless assistance planning and system change efforts across the CoC.

**Leverage Local Attributes  
and Capacity**

HPAC's physical and political geography, including local agency capacity, and the opportunities unique to the CoC's context, shall inform local coordinated entry implementation.

**Low Barrier**

The CoC's Coordinated Entry System will not screen people out for assistance due to perceived barriers to housing or services, including, but not limited to:

- Too little or no income;
- Active or history of substance use;
- History of domestic violence;
- Resistance to receiving services;
- Type or extent of disability-related services or supports that are needed;
- History of evictions or poor credit;
- Lease violations or history of not being a leaseholder;
- Criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

**Participant Autonomy**

HPAC's coordinated entry process will allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance.

**Person-Centered  
Approach**

HPAC shall use a person-centered approach, and incorporate the following principles:

- **Person-Centered Assessments:** Assessments shall be based in-part on participants' strengths, goals, risks, and protective factors.
- **Accessible Tools and Processes:** Tools and assessment processes will be designed to be easily understood by participants. Assessment questions and instructions shall reflect the developmental capacity of the participants being assessed.
- **Sensitivity to Lived Experiences:** Sensitivity to participants' lived experiences shall be incorporated into every aspect of this coordinated entry system, including the ongoing assessment and improvement of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.

- **Participant Choice:** Participants’ choices in coordinated entry process decisions, such as location and type of housing, level and type of services, and other program characteristics, shall be accommodated to the fullest extent possible given overriding health and safety concerns and compliance with outstanding legal requirements. The ongoing development of assessment processes that provide options and recommendations similarly shall be guided and informed by participant choice, as opposed to rigid decisions about what individuals or families need.
- **Clear Referral Expectations:** Participants will be able to easily understand to which programs they are being referred to, what the program expects of them, what they can expect of the program, and evidence of the program’s rate of success.
- **Commitment to Referral Success:** The providers in HPAC’s Coordinated Entry System will commit to successfully completing the referral process once a referral decision has been made through Coordinated Entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

**Referral Protocols**

Programs that participate in the CoC’s Coordinated Entry process will accept all eligible referrals unless the CoC has a protocol for rejecting referrals documented in these Policies and Procedures, which ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.

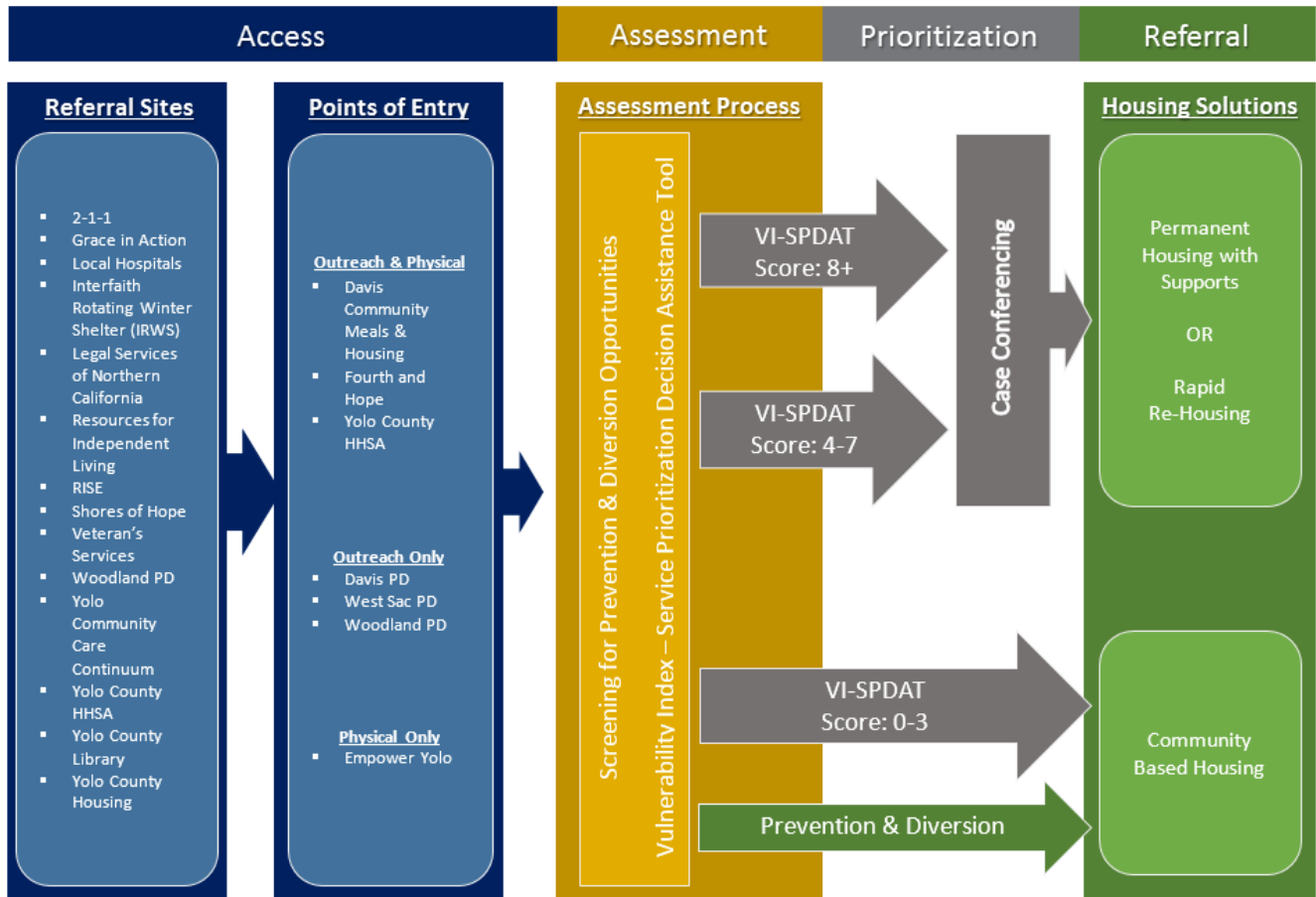
**Ongoing Planning and Stakeholder Consultation**

HPAC will engage in ongoing planning with all stakeholders participating in the coordinated entry process. This process shall be reviewed as needed, and shall be revised and re-adopted every 3 years by HPAC. Feedback from individuals and families experiencing homelessness or recently connected to housing through the Coordinated Entry process will be routinely gathered and used to improve the process.

## Overview of Coordinated Entry Process

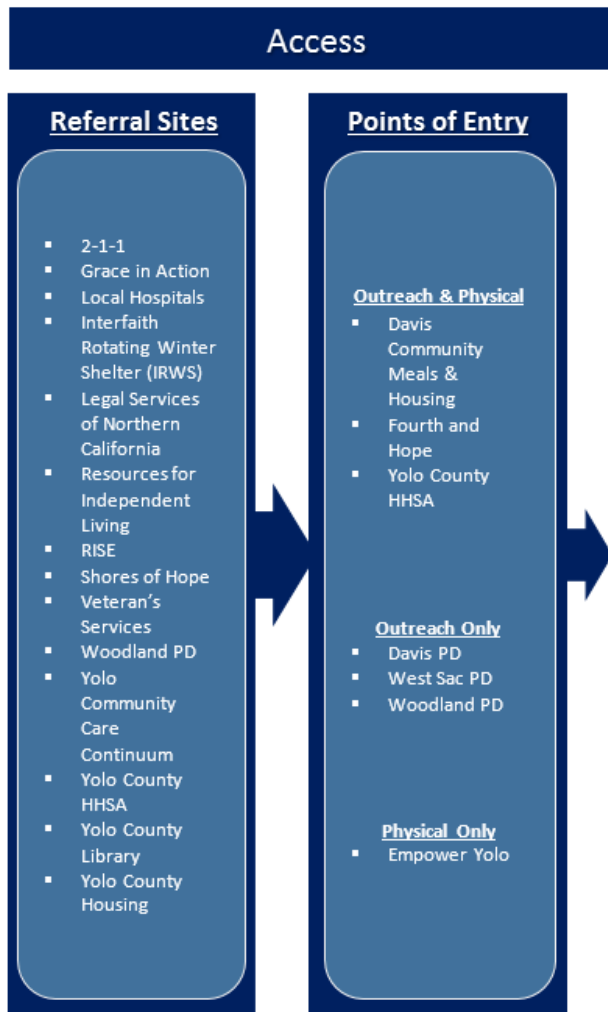
The Coordinated Entry system in Yolo County operates as a multi-site centralized system. This means that though clients may access the system through various sites, they can only be assessed at specific sites known as Entry Points.

### YOLO COUNTY COORDINATED ENTRY SYSTEM



1/23/2019

## Section 1: Access



Access to the Coordinated Entry System occurs through either points of referral or points of entry when an individual reaches out to a local organization to access mainstream services, or homeless specific services.

### Referral Sites

When a participant presents at a Referral Site, staff will gather basic information required to determine whether the individual might be appropriate for inclusion in the Coordinated Entry System. Staff at Referral Sites may use the HPAC Diversion and/or Prevention Tools to assist them in determining whether an individual should be referred for Coordinated Entry. When a Referral Site determines that a participant does not have sufficient resources to be prevented or diverted from entering the homeless system of care, the Referral Site will refer the participant to a Point of Entry for a full assessment.

Referral Sites will be mindful of consumers' unique needs by referring participants to a Point of Entry that specializes in their specific needs if available. For example, Referral Sites can refer families to programs that specialize in family services, or individuals with severe mental health conditions to programs that specialize in mental health services. However, a program's specialization should not necessarily exclude a participant from being referred to the program, as the Referral Site must also be mindful of participants' barriers to accessing the Point of Entry. These barriers might include issues such as transportation, work

and school schedules and childcare. Points of Referral should also consider each participant's personal choice regarding where they wish to be referred for services. As of the date of this document, the following Referral Sites have been identified:

- 2-1-1
- Grace in Action
- Interfaith Rotating Winter Shelter of Davis (IRWS)
- Legal Services of Northern California (LSNC)
- Resources for Independent Living
- Rural Innovations in Social Economics (RISE)
- Shores of Hope
- Sutter Davis Hospital
- Veteran's Services Administration
- Woodland Memorial Hospital
- Woodland Police Department
- Yolo Community Care Continuum (YCCC)
- Yolo County Health and Human Services Agency (HHSA)
- Yolo County Library
- Yolo County Housing

Along with referring participants to the Coordinated Entry System, Referral Sites will also refer participants to other resources related to homelessness and to community providers for mainstream services.

## **Points of Entry**

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The role of Points of Entry differs from Referral Sites in that complete vulnerability assessments and Prevention/Diversion assessments are conducted at Points of Entry, whereas only Prevention/Diversion assessments are conducted at Referral Sites.

All local providers of homeless services are eligible to participate as a point of entry to the system, as long as they meet the following minimum requirements:

- Have access to HMIS or a comparable database as permitted by the United States Department of Housing and Urban and Development (HUD) for domestic violence, dating violence, human trafficking, sexual assault, and stalking victim service providers;
- Opt-in to the HPAC Data Sharing Agreement;
- Receive training on use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT); and
- Agree to follow all Policies and Procedures set forth in this document.

As of the date of this document, the following providers are designated as Points of Entry:

- City of Davis Police Department
- City of West Sacramento Police Department
- City of Woodland Police Department
- Empower Yolo / Family Resource Center
- Davis Community Meals and Housing (DCMH)
- Fourth and Hope
- Yolo County Children's Alliance
- Yolo County Health and Human Services Agency (HHS)

These access points were chosen to optimize accessibility for as many consumers as possible with respect to geography, language, culture, and subpopulation-specific needs. The agencies listed above are subject to change and HPAC will update and distribute an updated list of Points of Entry as necessary.

## **Separate Points of Entry for Subpopulations**

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HPAC has elected not to create access points that are separate and distinct from general entry points for the following six subpopulations:

- Adults without children;
- Adults accompanied by children;
- Unaccompanied youth;
- Veterans;
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including human trafficking; and/or,
- Persons at risk of imminent homelessness, for purposes of administering homeless prevention assistance.

However, it is recognized that Points of Entry may specialize in serving particular subpopulations. As such, Referral Points should offer referrals to Points of Entry that are most appropriate for placement according to the participant's specific needs and choice. This does not preclude participants from being referred to Points of Entry that do not specialize in one of the subpopulations to which they belong, as participant choice must be respected.

The CoC also may choose to establish designated Points of Entry for one or more of the six subpopulations at a future date, in which case that change should be documented in a future version of these Policies and Procedures. Should the CoC designate separate Points of Entry for any of the six subpopulations in the future, all Points of Entry shall still be required to follow a uniform decision-making process, including equal access to emergency services, use common assessment approaches and tools, and prioritize persons for available resources using the standardized approach as determined and documented in these Policies and Procedures.

## **Full Coverage**

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HPAC's Coordinated Entry System covers the CoC's entire geographic area. Historically, the rural communities in Yolo County are the most difficult to reach due to a lack of providers with physical sites in the rural communities. To combat this, outreach programs operate throughout the community to reach individuals and families that live in the rural areas.

### **Outreach**

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Outreach strategies are a primary method of making contact with and engaging people experiencing homelessness in Yolo County, especially for those living in the rural and/or hard to reach areas. The majority of HPAC's Points of Entry have outreach programs in place and will continue to develop them.

When an outreach worker encounters a person during street outreach, the person shall be prioritized for assistance in the same manner as any other person who accesses and is assessed through Coordinated Entry. The outreach worker shall complete a VI-SPDAT, if appropriate, or arrange for a VI-SPDAT to be completed with the individual, ideally within 30 days or as soon as rapport is established.

## **Emergency Services**

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HPAC is committed to ensuring that the coordinated entry process allows for people experiencing a housing crisis to access emergency homeless and housing services with as few barriers as possible. These services include homeless prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and other short-term crisis residential programs.

**Low barrier:** The emergency services listed above shall operate with as few barriers to entry as possible. Designated Points of Entry shall provide "unqualified" emergency access, meaning access is not limited to certain populations.

**Not subject to prioritization:** Regulation 576.400(e)(3)(iv) states that emergency services funded with ESG funds "must include policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter". As such, emergency housing and homeless services in Yolo County shall not be prioritized based on severity of service need or vulnerability.

**Twenty-four hour connection to emergency system:** Persons shall be able to access emergency housing and homeless services independent of the operating hours of the coordinated entry's intake and assessment processes. This ensures that when coordinated entry staff are unavailable to complete a full assessment (VI-SPDAT), participants are still able to receive the emergency services they need. People receiving emergency services after hours will be connected with Coordinated Entry staff within 48 hours of being admitted to the shelter and/or having received services, Coordinated Entry staff shall complete a VI-SPDAT, if appropriate, or arrange for a VI-SPDAT to be completed with the individual, ideally within 30 days or as soon as rapport is established.

- Emergency service providers, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short-term

crisis residential programs, will receive and care for participants including during hours when Points of Entry may be closed for business.

- Emergency service providers must notify coordinated entry staff regarding new homeless consumers who have been served within 48 hours, so that those consumers can be integrated into the Coordinated Entry system as soon as possible.

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## **Standardized Access, Assessment and Prioritization**

**Standardized Access and Assessment:** These Policies and Procedures establish the same assessment process at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any Point of Entry, regardless of whether it is an entry point dedicated to the population to which the household belongs, shall be afforded easy access to the assessment process as outlined in the Policies and Procedures. This shall be described in more detail in Section 2 of this manual.

**Standardized Prioritization in the Referral Process:** Once assessed, individuals and families shall be prioritized for available services in the Coordinated Entry System through a standardized process that shall be applied consistently throughout the CoC areas for all populations. This shall be described in more detail in Section 3 of this manual.

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## **Affirmative Marketing and Outreach**

HPAC shall affirmatively market its housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, sexual orientation, gender, age, familial status, history of domestic violence, or disability, who are least likely to apply in the absence of special outreach. HPAC shall maintain records of those marketing activities. Housing funded by HUD and made available through the CoC will also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Additionally, HPAC shall follow the nondiscrimination and affirmative outreach requirements for the ESG program in accordance with 24 CFR § 576.407(a) and (b).

HPAC's Coordinated Entry System shall also be linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.

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## **Non-Discriminatory Access**

HPAC does not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of HPAC's Coordinated Entry process shall be conducted in compliance with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status



- Marital status

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the HPAC Coordinated Entry process will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any housing facility or neighborhood because of race, color, national origin, religion, sex, sexual orientation, gender, disability, marital status, history of domestic violence, or the presence of children.

Locations where persons are likely to access or attempt to access the CoC’s Coordinated Entry System shall display signs or brochures in prominent locations, informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. Requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

When a non-discrimination complaint is received, HPAC will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, HPAC will write an adequate report of the investigation’s findings, including the investigator’s opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

## **Safety Planning**

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Pursuant to 24 CFR Subpart B Section 578.7<sup>3</sup>, HPAC shall implement a separate coordinated entry process for victims of domestic violence, dating violence, human trafficking, sexual assault, stalking, and any other dangerous or life-threatening conditions that relate to violence against a homeless individual or family.

To protect the safety and maintain the confidentiality of such survivors, HPAC prohibits victim service providers from using HMIS. Rather, HPAC requires that victim service providers use a comparable database as permitted by HUD.

To ensure that homeless survivors receive the same opportunities afforded by the region’s coordinated entry system as all others, HPAC implements the following process:

1. If an individual or family experiencing homelessness presents to a non-victim service provider and either self-identifies herself, himself, or a family member, as a victim or reveals any information that implies dangerous or life-threatening conditions that relate to violence, the provider must offer a referral to a victim service provider. The individual or family then has the choice whether to accept the referral to the victim service provider or to not accept the referral.
2. When a household accepts the referral to a victim service provider:
  - The victim service provider shall perform an intake assessment of the individual or family to determine if the survivor is eligible for shelter entry based on lethality as well as bed availability.

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<sup>3</sup> 24 Code of Federal Regulations (CFR) Part 578 Continuum of Care Program Interim Rule: [http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578\\_165](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165)

- If the victim service provider deems that the individual or family does not have adequate resources to exit homelessness on her, his, or their own, the provider shall conduct a VI-SPDAT.
  - Once complete, the provider shall send a de-identified VI-SPDAT to the County Homeless Manager. The only personal identifying information shall be the unique identification number indicating the appropriate record within the victim service provider's comparable database.
  - HPAC will then integrate the anonymous victim service referrals into its community queue.
  - HPAC shall require training specifically related to this process for all Referral Sites and Points of Entry into the Coordinated Entry System. In particular, HPAC shall provide training to coordinated entry staff on the confidentiality and privacy rights of survivors protected by the Health Insurance Portability and Accountability Act (HIPAA) as well as the Violence Against Women Act (VAWA).
3. If the household rejects the referral to the victim service provider:
- The non-victim service provider must either:
    - i. Complete the assessment process, ensuring confidentiality standards are followed; or,
    - ii. Arrange with another point of entry to complete an intake assessment with the household within 48 hours of the household's contact with the non-victim service provider.
4. In either case, every attempt to provide the victim with case management services that ensure all appropriate safety measures are being met will be made. This includes aiding the victim or connecting the victim with another provider, to acquire applicable legal services including but not limited to, the establishment of restraining orders and the initiation of family law actions including marriage and child custody and/or support legal proceedings.

People fleeing or attempting to flee domestic violence and victims of trafficking will have safe and confidential access to the Coordinated Entry System and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.

## Privacy

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All HPAC providers that will act as points of entry to the Coordinated Entry System also participate in an open information sharing system via the local HMIS, in compliance with Section 4 of the HPAC HMIS Policies and Procedures Manual. Existing protocols for obtaining, sharing, and storing participant personal information meet the requirements specified in the 2004 HMIS Data and Technical Standards Final Notice<sup>4</sup>. The following subsections explain each requirement and HPAC's standards for compliance.

### Privacy Statement

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The Privacy Statement describes how an agency collects, uses, and discloses client information. The Privacy Statement must also describe how a client can access his or her information. HPAC requires that each agency either adopt HPAC's standard Privacy Statement or adopt their own agency-specific Privacy Statement, which

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<sup>4</sup> 2004 HMIS Data and Technical Standards Final Notice:  
<https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

meets all of the minimum requirements set forth in HUD's 2004 HMIS Data and Technical Standards Final Notice<sup>5</sup> (see Additional Information about the Privacy Statement).

In addition to having a Privacy Statement, HPAC requires that HMIS Partner Agencies, who have a website, post a link to the Privacy Statement online. HPAC also requires that Partner Agencies post the Privacy Statement at each intake desk(s) or a comparable location(s). Lastly, HPAC requires that all staff have access to hard copies of the Privacy Statement when out in the field.

#### Privacy Statement and Protected Personal Information (PPI) Disclosure

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As stated above, every HMIS Partner Agency must have a Privacy Statement that describes how and when the agency will use and disclose a client's Protected Personal Information (PPI). PPI includes name, Social Security Number (SSN), date of birth, zip code, project entry and/or exit date.

Partner Agencies may be required to collect a client's PPI by law or by funders. Partner Agencies also collect PPI to monitor project operations, to better understand the needs of persons experiencing homelessness, and to improve services for persons experiencing homelessness. HPAC only permits agencies to collect PPI with a client's written consent.

Partner Agencies may use and disclose PPI to:

- Verify eligibility for services
- Provide clients with and/or refer clients to services that meet their needs
- Manage and evaluate the performance of programs
- Report about program operations and outcomes to funders and/or apply for additional funding to support agency programs
- Collaborate with other local agencies to improve service coordination, reduce gaps in services, and develop community-wide strategic plans to address basic human needs
- Participate in research projects to better understand the needs of people served

Partner Agencies may also be required to disclose PPI for the following reasons:

- When the law requires it
- When necessary to prevent or respond to a serious and imminent threat to health or safety
- When a judge, law enforcement or administrative agency orders it

Partner Agencies are obligated to limit disclosures of PPI to the minimum necessary to accomplish the purpose of the disclosure. Uses and disclosures of PPI not described above may only be made with a client's written consent. Clients have the right to revoke consent at any time by submitting a request in writing.

Clients also have the right to request in writing:

- A copy of all PPI collected
- An amendment to any PPI used to make decisions about the client's care and services (this request may be denied at the discretion of the agency, but the client's request should be noted in the project records)
- An account of all disclosures of client PPI
- Restrictions on the type of information disclosed to outside partners
- A current copy of the agency's Privacy Statement

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<sup>5</sup> 2004 HMIS Data and Technical Standards Final Notice:

<https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

Partner Agencies may reserve the right to refuse a client’s request for inspection or copying of PPI in the following circumstances:

- Information compiled in reasonable anticipation of litigation or comparable proceedings
- The record includes information about another individual (other than a health care or homeless provider)
- The information was obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) and a disclosure would reveal the source of the information
- The Partner Agency believes that disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual

If an agency denies a client’s request, the client should receive a written explanation for the denial. The client has the right to appeal the denial by following the established HPAC Partner Agency Agreement grievance procedure. Regardless of the outcome of the appeal, the client will have the right to add to his or her project records a concise statement of disagreement. The agency must disclose the statement of disagreement whenever it discloses the disputed PPI.

All individuals with access to PPI are required to complete formal training in privacy requirements at least annually.

Partner Agencies can amend their Privacy Statements at any time. Amendments may affect information obtained by the agency before the date of the change. An amendment to the Privacy Statement regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated. The agency must make available a record of all amendments to the Privacy Statement upon a client’s request.

As stated previously, a Privacy Statement must reflect, at a minimum, the baseline requirements outlined within HUD’s 2004 HMIS Data and Technical Standards Final Notice. In any instance where an agency’s Privacy Statement is not consistent with HUD standards, HUD standards will take precedence.

### Consumer Notice

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The Consumer Notice explains the reason for asking for personal information and notifies the client of the Privacy Statement. The Consumer Notice shall be available in each of the County’s threshold languages: English, Spanish, and Russian. HPAC requires that agencies either adopt HPAC’s standard Consumer Notice or adopt their own Consumer Notice, which meets all of the minimum requirements set forth in HUD’s 2004 HMIS Data and Technical Standards Final Notice<sup>6</sup>.

In addition to having a Consumer Notice, HPAC requires that participating HMIS agencies post the Consumer Notice at each intake desk or a comparable location. Lastly, HPAC requires that all staff have access to hard copies of the Consumer Notice when out in the field.

### List of Participating Agencies

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The List of Participating Agencies names all current HMIS using providers, which allows clients to see which organizations have access to their information. Participating Agencies must sign the HPAC Interagency HMIS Data Sharing Agreement to be included on the list.

HPAC requires that participating HMIS agencies post the List of Participating Agencies at each intake desk or a comparable location. Lastly, HPAC requires that all staff have access to hard copies of the List of Participating Agencies when out in the field.

As of the date of this document, the participating agencies are:

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<sup>6</sup> 2004 HMIS Data and Technical Standards Final Notice:

<https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

- City of Davis
- City of West Sacramento
- City of Woodland
- CommuniCare Health Centers
- Davis Community Meals and Housing
- Downtown Streets Team
- Empower Yolo
- Fourth and Hope
- Interfaith Rotating Winter Shelter – Davis
- Yolo Community Care Continuum
- Yolo County Children’s Alliance
- Yolo County Health and Human Services Agency

This list is subject to change, and the HMIS Daily Operator will provide updated lists when necessary. For the most up to date list, please visit the [Provider Resources](#) section of the HPAC website.

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#### Informed Consent and Release of Information Authorization

The Informed Consent and Release of Information Authorization must be signed by all adult clients and unaccompanied youth. This gives the client the opportunity to refuse the sharing of his or her information to other agencies within the system. HPAC requires client signatures prior to inputting their information in HMIS. HPAC also requires agencies to update Informed Consent and Release of Information Authorization forms every five years.

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#### Language Access and Forms

Generally, clients should not sign any form that is not printed in their preferred written language, unless absolutely necessary. The HMIS administrator aims to make all HMIS forms available in the three threshold languages of Yolo County: English, Spanish, and Russian. However, HMIS forms are currently only available in English, with translations into Spanish and Russian in development. Meanwhile, should a client’s preferred written language be one other than English, it is acceptable for the client to sign an English version, provided a complete and accurate verbal translation of the document is provided to the client prior to signing.

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#### Accessibility to Local Subpopulations

The homeless population in Yolo County spans the complete range of subpopulations as identified by HUD.

1. Adults without children
2. Adults accompanied by children
3. Unaccompanied youth
4. Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including human trafficking
5. Persons at imminent risk of homelessness, for purposes of administering homeless prevention assistance

Participants shall not be denied access to the Coordinated Entry process on the basis of belonging to any given subpopulation. Persons included in more than one of the subpopulations may be served at all points of entry for which they qualify as a target population, as well as points of entry not specializing in a particular subpopulation.

Should a household who identifies as part of a particular subpopulation present to a point of entry that does not specialize in their subpopulation and that has limited resources, the household must be referred to another point of entry and have an assessment completed within 48 hours.

To achieve this, referring agencies will coordinate with the point of entry to which the household is being referred, to schedule an appointment for assessment falling within 48 hours of when the household made initial contact with the referring agency.

### **Physical Accessibility**

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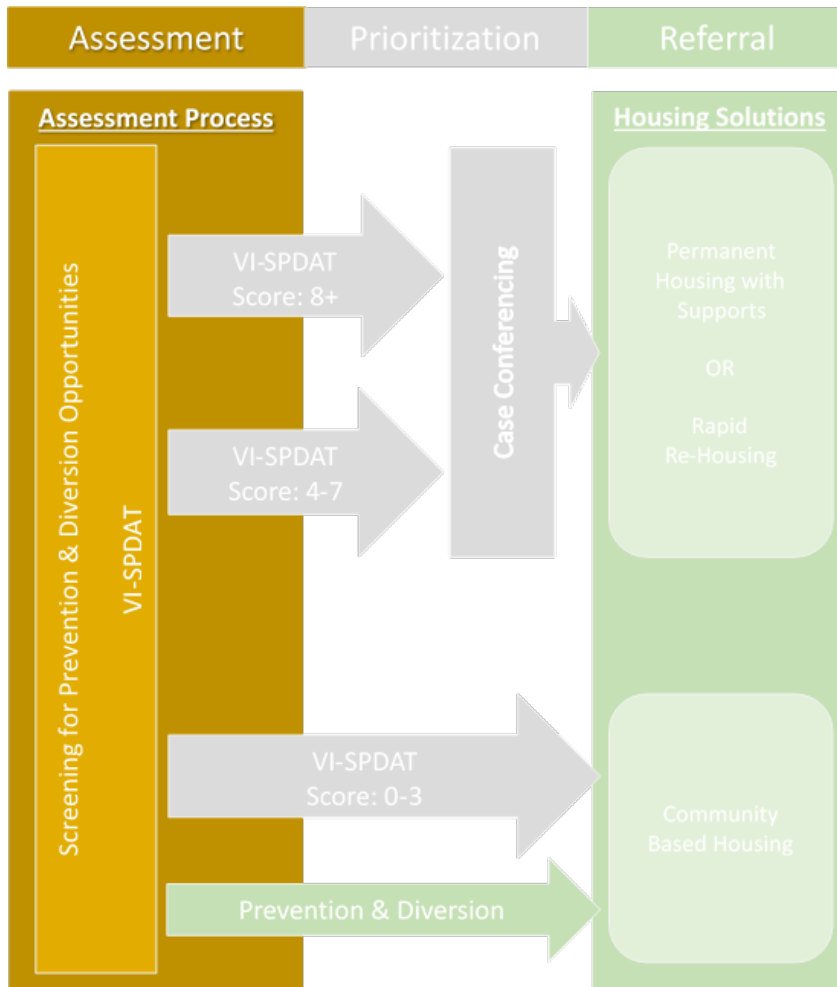
All providers in the Coordinated Entry System must be compliant with ADA standards. No individual shall be excluded from the Coordinated Entry process due to physical accessibility barriers.

### **Connection to Mainstream Resources**

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Coordinated Entry marketing materials shall be available to all providers offering mainstream resources. Providers offering mainstream resources shall act as Referral Sites in the Coordinated Entry System.

## Section 2: Assessment



The objective of assessment is to establish an individual's or family's degree of vulnerability to becoming or remaining homeless in order to best match them with resources that meet their needs.

### Standardized Access and Assessment Tools

The assessment process shall begin with an initial triage period where diversion and prevention options are evaluated first. Participants will only be fully assessed and enrolled in emergency homeless and housing services and the Coordinated Entry System after all other safe and appropriate alternatives have been exhausted. A full assessment shall be completed within 48 hours of the household's contact with the Coordinated Entry system, if it is determined that the household's homelessness or risk of homelessness cannot be resolved by resources outside of the homeless system. The primary assessment tool utilized to determine vulnerability will be the

Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT).

### Prevention

An individual or family may present at a referral or entry point while they are currently housed, but at risk of losing their housing. In this case, prevention services may be the most appropriate course of action. Prevention services would work towards mitigating the reason for housing loss. This may be through a community resource paying rent owed, mediation with landlord to prevent eviction for issues unrelated to nonpayment, and/or financial planning counseling for the individual or family, among others. Prevention services will attempt to keep the household in their current housing situation.

### Diversion

When an individual or family presents at a referral or entry point in circumstances where they are already homeless or homelessness is imminent, diversion to community-based housing or other resources may occur. Diversion services would assist potential program participants in exploring all safe and appropriate alternative housing options that are immediately available. If appropriate, the individual or family may be functionally diverted from the Coordinated Entry System when their housing need has been met. This will most often take the form of the individual or family moving in with a family member or friend, to an affordable housing unit, or to other community-based housing. Diversion moves the household into safe and appropriate alternative housing.

## Housing Needs Assessment

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The Coordinated Entry System will consistently assess all persons using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). For a full description of the VI-SPDAT see Appendix A.

HPAC will use two different versions of the VI-SPDAT to assess adults without children and adults accompanied by children. HPAC will not use a separate assessment tool for any of the following subpopulations:

- Unaccompanied youth
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)

Application of the VI-SPDAT may not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information, through case conferencing or otherwise, that appears relevant to the CoC's written prioritization policies. For example, although a separate formal assessment for Transition Aged Youth (TAY) is available, it will not be used in the assessment process, but questions from that assessment tool specific to Transition Aged Youth may be integrated into Case Conferencing for TAY individuals.

### Timeliness of Assessment Data Entry

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Every assessment shall be entered in HMIS within three (3) days of the assessment being completed, regardless of whether the individual or family being assessed formally enrolls in a project. This is consistent with the HMIS data standards and timeliness requirements previously established in the HPAC HMIS Policies and Procedures Manual. To meet this requirement, services providers are *strongly encouraged* to utilize only live data entry methods when conducting the VI-SPDAT, rather than completing the VI-SPDAT on paper and entering the data into HMIS at a later time.

### Assessment across Stages of Coordinated Entry

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Coordinated Entry providers will use a progressive and phased process in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. The assessment process, including information gathered from assessment tools, case workers, and others working with households, shall provide sufficient information to make prioritization decisions.

Assessment phases may include:

- Screening for diversion or prevention;
- Assessing shelter and other emergency needs;
- Identifying housing resources and barriers; and,
- Evaluating vulnerability to prioritize for assistance.

Assessments conducted in different phases shall build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral.

Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources.

The phased assessment process used during coordinated entry is not intended to replace more specialized assessment approaches but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed



to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

All of the following assessment approaches shall be considered when assessing a participant:

- **Progressive and Phased Assessment:** As discussed above, this approach is essential to building trust with participants that may be otherwise reluctant to share sensitive information such as substance use disorders, health status, past trauma, and others.
- **Trauma-informed Assessment:** All Coordinated Entry providers and assessors shall utilize trauma-informed techniques with all populations regardless of a person's history. All assessors shall be trained in how to conduct trauma-informed assessments with subpopulations to reduce the chance of re-traumatization.
- **Safety Planning:** Assessors shall be trained on safety planning and other "next-step" procedures if the assessment uncovers safety issues pertaining to domestic violence, sexual assault, child abuse or neglect, stalking, and trafficking.
- **Private Space for Assessments:** The assessment space and experience shall be designed to allow people to safely reveal sensitive information or safety issues. The space shall allow for both visual and auditory privacy. Assessors are allowed to gather information from each adult in the household in separate interviews, if appropriate.
- **Skip-logic for Unnecessary or Irrelevant Assessment Questions:** Assessment questions shall be adjusted to be appropriate for specific subpopulations, for example:
  - For unaccompanied youth aged 17 or younger, questions relating to veterans can be skipped.
  - For men, questions regarding pregnancy and prenatal care can be skipped.
- **Accessible Language:** Assessment instructions and questions for children and youth shall reflect their level of development and be administered in a culturally competent manner.
- **Translation Services:** Multiple language options shall be available. Confidential phone interpreters or translators may be utilized if face-to-face language options are limited.

The aforementioned assessment approaches shall guide the assessment process for every individual. Providers shall be cognizant that a change in a participant's circumstances may precipitate further assessment.

### **Participant Autonomy**

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All participants in the coordinated entry process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. Participants may refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance.

Assessment staff shall engage participants in an appropriate and respectful manner to collect only necessary assessment information. Should a consumer choose not to provide a piece of requested information, coordinated entry staff shall communicate to those participants the impact of incomplete assessment responses. Staff shall also discern whether the consumer's hesitance to provide information is due to them not wanting to speak with a particular assessor and provide an alternate assessor if necessary. Assessment staff shall make every effort to assess and resolve the person's housing needs based on a participant's responses to assessment questions no matter how limited those responses.

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment process may attempt to collect specific information about a person's diagnoses or disabilities, but only in so far as is necessary to determine program eligibility to make appropriate referrals, or in so far as is necessary to provide a reasonable accommodation for the person being served.

#### **Protocols for When a Participant Refuses to Provide Information**

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Participants are allowed to refuse to answer some or all of the questions. If they do not want to give information, providers shall:

- Explain the impact of incomplete responses and continue to perform outreach and engagement activities to build the relationship.
- Offer a different assessor or environment in which to complete the assessment.
- Consider participants that cannot be placed in housing because of a lack of information during Case Conferencing.
- Track how often participants are unable to be housed due to lack of information and evaluate further staff training needs to reduce occurrences.

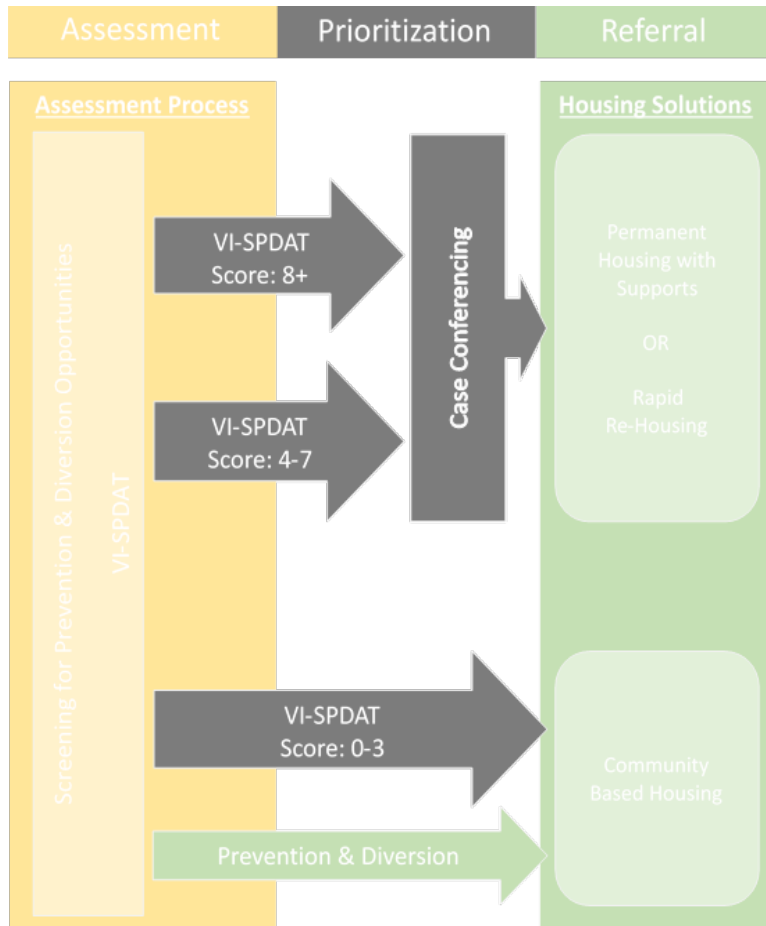
#### **Assessment Training**

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Training opportunities for all agencies and persons authorized by HPAC to serve as Coordinated Entry Points of Entry or to administer VI-SPDATs shall be available at least once annually. Training curricula and protocols shall be updated and distributed annually, and shall include the following topics:

- Review of HPAC's Coordinated Entry Policies and Procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Completion of the VI-SPDAT assessment and entry into HMIS;
- Criteria for uniform decision-making and referrals;
- Cultural and linguistic competency;
- How to conduct trauma-informed assessments, including for special populations;
- Safety planning and how to identify safety issues during the assessment process; and,
- Personal and data privacy considerations and procedures to protect confidential information.

## Section 3: Prioritization



Individuals and families are prioritized for a full continuum of housing and service interventions according to HPAC’s CoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions. Those with the highest VI-SPDAT scores are prioritized highest for longer-term housing solutions. HPAC shall use the Coordinated Entry System to prioritize homeless persons within the CoC’s geographic area for access to housing and supportive services.

The Coordinated Entry prioritization process combines the individual person’s assessment results to determine each person’s level of vulnerability. The person’s assessed vulnerability, in combination with consideration of HPAC’s prioritization policies and procedures will establish his or her level of priority for resources in the homeless system. Persons with the highest priority shall be referred to projects connected to the Coordinated Entry System as vacancies become available.

While it is recognized that a participant’s fitness for housing will also inform housing placement decisions, prioritization is the core of the housing placement process. As such, the prioritization process will identify a pool of the most vulnerable individuals to be considered first for placement when permanent housing becomes available, rather than identifying a single individual who is the top priority. Final decisions regarding who will be referred to a new vacancy will be made during the case conferencing process at the time the vacancy first occurs. This prioritization method requires ongoing coordination and cooperation of service providers throughout the community, facilitated by regularly occurring case conferencing meetings.

### Determining a Priority Level

Priority decisions will be made based on the severity of the following factors:

- VI-SPDAT Score
- Chronic Homelessness and/or Length of Time Homeless
- Disabling Conditions

Four priority levels have been identified that will guide housing placement decisions. The CoC shall make decisions of prioritization based on the following scheme:

**NOTE FOR HUD:** The Prioritization Scheme below utilizes information from the VI-SDPAT Assessment tools attached. See page 37 for the Family assessment tool, and page 48 for the Single Adult assessment tool.

YOLO COUNTY COORDINATED ENTRY PRIORITIZATION SCHEME		
	DECIDING FACTORS	REFERRED TO
<b>PRIORITY 1</b>	1) VI-SPDAT Score: 8+ 2) Chronic Homelessness and Length of Time Homeless a) Participants who are chronically homeless and with the longest length of time homeless will be prioritized first. 3) Co-Occurring Disabling Conditions a) Those with co-occurring disabling conditions will be prioritized first. i) Physical Health ii) Mental Health iii) Substance Use Disorder iv) Developmental Disability	<ul style="list-style-type: none"> <li>– Case Conferencing</li> <li>– Permanent Housing with Supports (includes HUD funded PSH)</li> <li>– Rapid Re-Housing</li> </ul>
<b>PRIORITY 2</b>	1) VI-SPDAT Score: 8+; 2) Length of Time Homeless a) Longest length of time homeless but not chronically homeless. 3) Disabling Conditions a) Those without co-occurring disabling conditions but with at least one. i) Physical Health ii) Mental Health iii) Substance Use Disorder iv) Developmental Disability	<ul style="list-style-type: none"> <li>– Case Conferencing</li> <li>– Permanent Housing with Supports (includes HUD funded PSH)</li> <li>– Rapid Re-Housing</li> </ul>
<b>PRIORITY 3</b>	1) VI-SPDAT Score: 4-7 2) Chronic Homelessness and/or Length of Time Homeless a) Participants that are chronically homeless and with the longest length of time homeless will be prioritized highest within Priority Level 3. 3) Disabling Conditions a) Participants with co-occurring disabling conditions will be prioritized the highest within Priority Level 3, followed by participants with at least one. i) Physical Health ii) Mental Health iii) Substance Use Disorder iv) Developmental Disability	<ul style="list-style-type: none"> <li>– Case Conferencing</li> <li>– Permanent Housing with Supports (includes HUD funded PSH)</li> <li>– Rapid Re-Housing</li> </ul>
<b>PRIORITY 4</b>	1) VI-SPDAT Score: 0-3	<ul style="list-style-type: none"> <li>– Community Based Housing</li> </ul>
<b>NOTE</b>	All priorities are subject to change as needed and decided on by HPAC.	

## Case Conferencing

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Case Conferencing is the continuous process by which a multi-disciplinary team of providers meet to designate a housing and/or case management high-priority list. Case Conferences shall occur at least monthly, even when there are no permanent housing beds available, in the form of Multi-Disciplinary Teams (MDT) in each of the three major cities: Davis, West Sacramento, and Woodland. In addition to the monthly MDT meetings, Case Conferences for Housing Placement will occur when needed to fill available permanent housing beds.

Each Case Conference shall strive to include the participation of at least one representative from each CoC- and ESG-funded housing project, as well as representatives involved in street outreach, veteran service organizations, emergency shelters, hospitals and other physical and behavioral health providers.

Participation in case conferences may be done in person, over the phone or through use of other participatory technology, or some combination thereof.

If during Case Conferencing it becomes clear that a participant's assessment score is inconsistent with their actual vulnerability, the case conferencing team may request that an individual be re-assessed. Each such instance shall be tracked by Coordinated Entry staff and shall be used to inform Coordinated Entry evaluation procedures. The Case Conferencing process will also attempt to meet the housing needs of participants who are not eligible for housing due to a lack of information provided by the participant.

## Managing the Priority List

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To manage prioritization for referral and placement into CoC resources, Coordinated Entry staff shall use HMIS to prepare and maintain a single priority list, known as the Community Queue. The priority list shall include persons by name and/or identification code, their assigned VI-SPDAT scores, and their placement ranking level according to the aforementioned prioritization scheme.

Coordinated Entry staff shall utilize the Community Queue function in HMIS to refer individuals and families for housing. To ensure that the Community Queue is representative of those individuals and families currently homeless and searching for housing in the community, an individual or family that has no interaction in HMIS for 120 days will be removed from the list. As such, case managers and other Coordinated Entry shall regularly update HMIS records for individuals and families with whom they are interacting, to ensure that active clients are not erroneously removed from the list and that clients are appropriately removed from the list once housed.

## Using the Priority List to fill all Vacancies

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While Case Conferencing meetings will occur regularly, they may also be convened when needed to fill a new housing vacancy. Based on the Community Queue, Case Conferences shall determine which individual or family is the most appropriate to fill the vacancy. While it is permissible to place a participant of lower vulnerability prior to a participant with higher vulnerability, due to that individual's better fitness with the housing placement option, Case Conferences shall only consider participants with lower vulnerability after all of the most vulnerable participants have been considered for housing.

The Yolo County Health and Human Services Agency (HHS) will facilitate the **Case Conference for Housing Placement**, in its capacity as staff to the Davis/Woodland/Yolo County Continuum of Care (CoC), in compliance with the process detailed below:

1. Housing provider notifies HHS of vacant units as soon as conditions permit.
2. HHS schedules a Case Conference to take place within 1-2 weeks.
3. HHS notifies participating Coordinated Entry service providers of the vacancy and solicits referrals through targeted outreach to community service providers that serve the project's target populations, for a specified "referral period". This ensures that any potentially eligible individuals who are not already

on the existing countywide Community Queue in HMIS, have the opportunity to be assessed and considered for the vacancy.

4. Service providers review previous referrals and make new referrals to the Community Queue.
  - a. For providers who are not HMIS Partner Agencies, HHSA will facilitate completion of the VI-SPDAT and referral to the Community Queue in HMIS.
5. After the referral period has ended, HHSA screens all referrals active on the Community Queue for eligibility to the housing project:
  - a. Referrals that meet eligibility requirements for the housing project move on to Step 6.
  - b. Referrals that are ineligible to the housing project remain on the Community Queue to be considered for other housing options.
6. HHSA compiles eligible referrals into a list prioritized by highest vulnerability as indicated by the VI-SPDAT numerical score.
7. HHSA facilitates the Case Conference attended by the housing project Case Manager(s) and representatives from Yolo County HMIS Partner Agencies. Attendees of the Case Conference review the list and select five (5) individuals or families to refer to the housing project. As the facilitator, HHSA ensures that those individuals with the highest need for Permanent Supportive Housing and the most barriers to housing retention are prioritized first.
8. HHSA communicates the results of the Case Conference:
  - a. By providing the housing provider with the list of those referred to housing ranked by prioritization and with a point of contact indicated for each individual or family, and
  - b. By notifying Case Conference attendees of the results and ongoing service coordination needs of those referred to housing and those not referred to housing.
9. The housing provider offers available units to the most vulnerable individuals and families first, in compliance with the CoC and ESG Interim Rules and CPD-17-01.
  - a. The housing provider and case managers are responsible for collaborating to ensure the following activities are completed: preparation of program related documents, complete interviews as part of tenant selection process, and other actions needed to facilitate the client's housing placement.
  - b. In the event the client is not connected to a case manager, the housing provider will work through direct client engagement to ensure the above items are completed.
10. Housing provider then reports back to HHSA within 1 week with the status of referrals and documents the following:
  - a. Attempt at contact, and
  - b. Whether the individual or family will be placed in housing, or
  - c. Reason why an individual is not placed in housing.
11. If all of the selected individuals or families are inaccessible, ineligible, or otherwise unable to be housed at that time, steps 2-10 will be repeated as quickly as possible.

### **Using the Case Conference to Facilitate Linkage to Resources**

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During any **Case Conference for Housing Placement**, the needs of individuals not selected for referral to housing shall still be considered. By the end of the Case Conference, every individual or family discussed shall have at least one action to address their barriers to housing identified.

Such actions may include, but are not limited to:

- Case managers re-engaging the individual or family,
- Convening a Multi-Disciplinary Team meeting to establish a care coordination plan for the individual, or

- Referral to other mainstream services that the individual or family is eligible to.

### **Using Multi-Disciplinary Teams (MDTs) as Ongoing Service Coordination**

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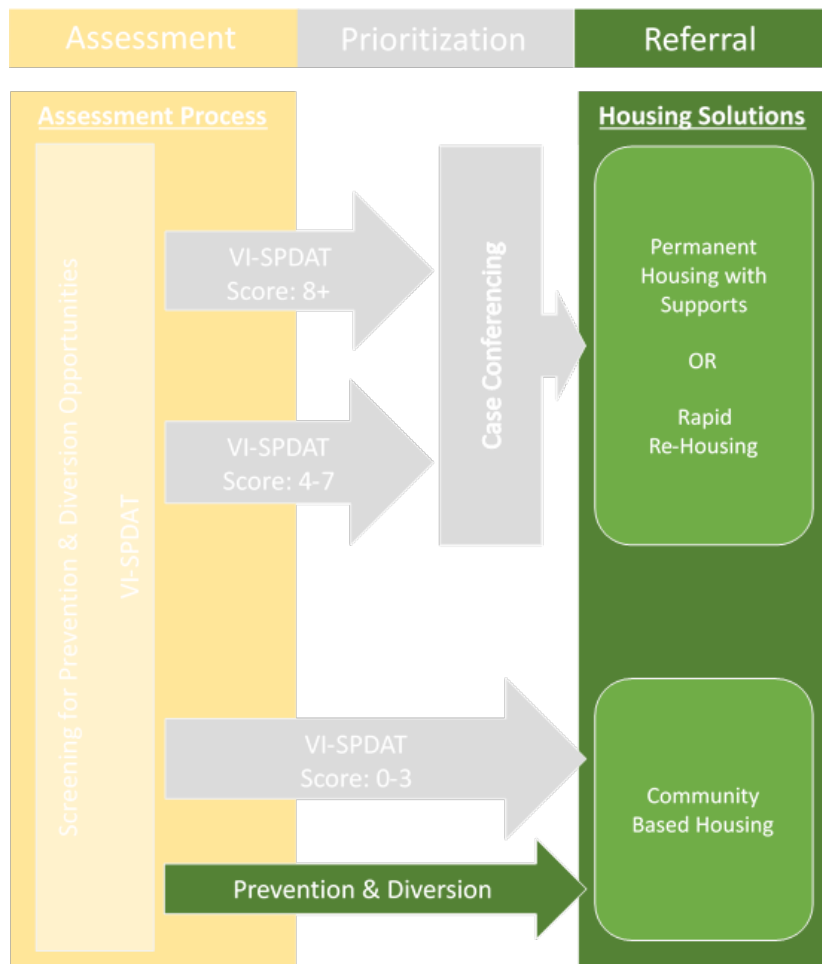
Recognizing that ongoing services coordination is a vital component in assisting individuals and families living homeless resolve their barriers to housing, HPAC will utilize **Multi-Disciplinary Teams (MDTs)** for coordination of ongoing services. MDTs generally meet monthly in each of the three major cities in Yolo County and include participation from a variety of stakeholders including, but not limited to: homeless services, behavioral healthcare, and physical healthcare providers; criminal justice system representatives; and mainstream benefit providers.

An individual or family does not have to be active on the Community Queue, nor registered in HMIS, for their care to be discussed at the MDT. However, an MDT Release of Information must be signed by the client prior to discussing their case. When an individual or family's care is discussed at an MDT who is not already in HMIS, the case manager will identify housing needs and facilitate completion of the VI-SPDAT and referral to the Community Queue.

Cases will be identified for discussion at MDTs by direct referral from case managers and by utilizing the Community Queue. Before every MDT meeting, HHSA will send out a list of the Top 5 individuals on the Community Queue to HMIS agencies, requesting that an MDT release of information be acquired. Action steps identified during MDTs include, but are not limited:

- Case managers re-engaging the individual or family in services,
- Referral to other mainstream services,
- Referral to specialized programs to address housing, behavioral and physical healthcare, and criminal justice related needs,
- Facilitating warm hand-offs to additional services whenever possible.

## Section 4: Referral



All CoC-program and ESG-program recipients must use the Coordinated Entry System established by HPAC as the only referral source from which to consider filling vacancies in CoC- or ESG-funded housing and/or services.

### Participating Project List

Coordinated Entry staff shall maintain and annually update a Participating Project List to identify all resources that may be accessed through referrals from the coordinated entry process. This list shall provide information on required eligibility criteria for each participating project.

### Eligibility Screening and Determination

Each CoC-funded project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public.

Projects within the Coordinated Entry

System may not use the coordinated entry process to screen people out due to perceived barriers related to housing or services, including, but not limited to:

- Too little or no income;
- Active or past substance abuse;
- Domestic violence history;
- Resistance to receiving services:
- Type or extent of a disability;
- Services or supports that are needed because of a disability;
- History of evictions or of poor credit;
- History of lease violations;
- History of not being a leaseholder;
- Criminal record;
- Sexual orientation or gender identity and expression.

Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes.



## Referral Rejection Protocols

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Providers should rarely reject a referral from the Coordinated Entry System. CoC or ESG programs may reject a client referred by the Coordinated Entry System only if:

- That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
- The program lacks the capacity to safely accommodate that client.

Whenever a program rejects a referral, the program must document the time of the rejection and the reason for the rejection, and communicate that information to both the client and to Coordinated Entry staff.

All CoC and ESG providers are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A provider that repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. HPAC will provide training and technical assistance on this topic upon request. HPAC's Project Selection Committee is encouraged to reallocate the funding of low-capacity providers that cannot or will not make diligent efforts to improve their capacity to serve high-needs clients.

When a client has been rejected from a program, Coordinated Entry staff shall consider the reasons provided, attempt to determine whether the client can be safely and lawfully placed in that program or a different program in the future, and raise the client's case again at the next case conference to locate alternative housing for the client. A household shall not lose its priority or be returned to a general waiting list simply because he or she was rejected by a provider.

### When Appropriate Beds Are Not Available

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When a household is recommended for Permanent Supportive Housing but no beds are currently available, the household may be referred to "bridge housing" in other program types, and/or for any other available resource that would be of use to the household. In referring households to bridge housing, case conference participants shall attempt to balance the need to provide immediate care for the community's most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community's long-term ability to increase its supply of available and affordable housing.

### When Clients Are Difficult to Locate or Refuse Housing

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When a client is referred for housing, Coordinated Entry staff should see to it that a diligent attempt is made to locate that client and persuade the client to enter the housing program. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after five business days of attempts to engage the intended tenant(s), the housing placement may be considered open again, and returned to the coordinated entry system for additional referral attempts with new client(s). Coordinated Entry staff shall complete a standardized form with case notes recording when and how attempts were made to contact the client during the five-business day period. Such records shall be kept for five years following the end of the five-business day contact attempt period.

The fact that a client could not be located or persuaded to enter housing should not be used to remove or cancel the client's priority for receiving housing or services. However, if a client cannot be found, or refuses a housing opportunity matched for him or her on three consecutive occasions, then Coordinated Entry staff shall convene a case conference to re-evaluate that client's appropriateness for housing placement. Decisions

in these cases shall be made on a case-by-case basis, and may include continued efforts to enroll in housing through the Coordinated Entry System, referral to alternate project types, and reclassification in the Coordinated Entry System as “inactive.” Case conference participants also shall determine which agency is best suited to reach out to the client to engage them in the discussion and report back to the group at the next case conference.

Some prospective tenants may explicitly reject a housing placement. When this happens, Coordinated Entry staff should attempt to determine the reason for the clients’ refusal to accept the offered housing and to communicate during a case conference. Whenever possible, case conferencing participants should take clients’ known preferences into account when generating referrals.

If case conference participants believe that a client no longer resides in the CoC’s geographic area, and the CoC has no effective means of contacting that client, then Coordinated Entry staff may remove the client from the priority list.

## Section 5: Evaluation

HPAC will consult with each participating project and project participants annually to evaluate the intake, assessment, and referral processes associated with the Coordinated Entry System. Solicitations for feedback shall address the quality and effectiveness of the entire coordinated entry experience for participating projects and households.

Feedback will be collected utilizing multiple strategies, including:

- Surveys designed to reach the entire population or a representative sample of participating providers and households,
- Focus groups of five or more participants that approximate the diversity of the participating providers and households, and,
- Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

The data collected through the evaluation process will inform needed updates to the existing policies and procedures manuals governing HPAC, the use of HMIS, and the Coordinated Entry system. All existing protocols governing the privacy and confidentiality of participant information shall govern the collection and use of data collected for evaluation purposes.

## APPENDIX A: Key Terms

### **Affirmative Marketing and Outreach**

The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

### **Assessment**

In the context of the coordinated entry process, HUD uses the term *Assessment* to refer to the use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance.

### **Community Based Housing**

Housing that is not directly related to a homeless services program within the Coordinated Entry System. It may take the form of housing with family, roommate arrangements, affordable housing units not restricted to a particular program, among other options.

### **Coordinated Entry**

The CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576, respectively, use the terms "*centralized or coordinated assessment*" and "*centralized or coordinated assessment system*;" however, HUD and its Federal partners have begun to use the terms "*coordinated entry*" and "*coordinated entry process*." "*Centralized or coordinated assessment system*" remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials, these Policies and Procedures uses the terms "*Coordinated Entry*" or "*Coordinated Entry System*" ("CES").

The CoC Program interim rule at 24 CFR § 578.3 defines centralized or coordinated assessment as a "*centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.*"

<b>Crisis Response System</b>	All the services and housing available to persons who are homeless or at imminent risk of experiencing literal homelessness.
<b>Diversion</b>	The process of diverting a participant from the homeless system by resolving their housing need outside of the system. This most often takes on the form of a Referral Site or Point of Entry aiding the consumer in securing community based housing. It differs from <i>prevention</i> in that <i>diversion</i> is utilized once an individual or family is already homeless or homelessness is imminent, while <i>prevention</i> effectively prevents the individual from becoming homeless and keeps the individual or family in their current housing situation.
<b>Domestic Violence</b>	In the context of these Policies and Procedures, the term <i>domestic violence</i> will be used to refer to victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking.
<b>Eligibility</b>	In the context of the Coordinated Entry System, determining eligibility is a project-level process governed by written standards as established in 24 CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information may not be used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.
<b>Emergency Solutions Grant (ESG)</b>	<p>HUD funded program that provides grants to fund projects that:</p> <ol style="list-style-type: none"> <li>1. Engage homeless individuals and families living on the street</li> <li>2. Improve the number and quality of emergency shelters for homeless individuals and families</li> <li>3. Help operate these shelters</li> <li>4. Provide essential services to shelter residents</li> <li>5. Rapidly house homeless individuals and families; and,</li> <li>6. Prevent families/individuals from becoming homeless.</li> </ol>
<b>Homeless System</b>	Refers specifically to the services and housing available only to persons who are literally homeless.
<b>U.S. Department of Housing and Urban Development (HUD)</b>	The U.S. Department of Housing and Urban Development oversees the implementation of the Continuum of Care Program, an aspect of which is the Coordinated Entry System.
<b>Participants</b>	Once a person is enrolled in a housing or supportive services program they are called program <i>participants</i> .
<b>Permanent Supportive Housing (PSH)</b>	Official HUD housing type characterized by an indefinite lease or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

<b>Prevention</b>	The process of preventing a consumer’s homelessness by resolving the issue that would make them homeless. It differs from <i>diversion</i> in that <i>prevention</i> keeps an individual or family in their current housing, preventing them from becoming homeless, while <i>diversion</i> meets the consumer’s need by securing new housing.
<b>Points of Entry</b>	<i>Points of Entry</i> are the places in the Coordinated Entry system where an individual or family experiencing homelessness is formally assessed and prioritized for housing and/or connected with an appropriate housing solution.
<b>Prioritization</b>	The coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.
<b>Projects or Programs</b>	Housing or supportive services intended to help a program participant to rapidly exit homelessness and remain stably housed.
<b>Rapid Re-Housing (RRH)</b>	An intervention, informed by a Housing First approach that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
<b>Referral Site</b>	<i>Referral Sites</i> are the places – either virtual or physical – where an individual or family in need of assistance accesses the coordinated entry process. Assessments beyond simple prevention/diversion evaluations are not conducted, rather the individual or family is referred to a <i>Point of Entry</i> for a complete assessment.
<b>Scoring</b>	In the context of the Coordinated Entry System, the term <i>scoring</i> is used to refer to the process of deriving a numerical indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an <i>Assessment Score</i> for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.
<b>Suitability</b>	<i>Suitability</i> gauges the appropriateness of a match between a consumer and a program based on that match being right for a particular person given the case at hand and resource limitations. <i>Suitability</i> will be considered in the

matching process, but may not conflict with any other system characteristics, including the system's Housing First orientation, low barriers, or client choice.

**VI-SPDAT**

The *Vulnerability Index – Service Prioritization Decision Assistance Tool* is the primary assessment tool utilized in the Yolo County Coordinated Entry system to inform prioritization and referral. It is an evidence-informed tool that combines both medical and social science research consisting of approximately 30 questions meant to quantify the vulnerability of homeless persons with a numeric score. The score not only allows providers to link clients with appropriate services and housing, but it also assists informs prioritization based upon the acuity of need.



# VI-SPDAT VERSION 2.0 FOR FAMILIES REVISED 9-15-16

BASIC INFORMATION	
Assessment Date:	Location of Contact:
Agency:	Outreach Contract:
Client Name:	Nickname:
Primary Language:	Date of Birth:
Age:	Gender:
Race:	Ethnicity:
Zip Code of Last Permanent Address:	Social Security Number:
Number of Additional Adults in Household (including children 18 and older):	
Total Household Members Seeking Housing (including adults and children):	
Is there a Secondary Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Second Head of Household Name:	
If Yes, Second Head of Household Gender:	
If Yes, Second Head of Household Date of Birth:	
If Yes, Second Head of Household Age:	
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1</b>	
Total Number of Children Under Age 18 that are Currently with You, or that You Have Reason to Believe will be Joining You When You Get Housed:	
Please Provide a List of the Child(ren) Name(s) and Date(s) of Birth:	
Is any member of the family currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE</b>	
<b>IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE</b>	
Important Instructions:	
<ul style="list-style-type: none"> <li>Please read all questions as is to the client.</li> <li>The order of the VI-SPDAT cannot change. As a self-reported tool, the sequence is vitally important.</li> <li>An individual must provide informed consent prior to the VI-SPDAT being completed.</li> <li>Please tell the client that most questions only require a Yes or No answer. Some questions require a one-word answer.</li> <li>Please note that some questions are personal in nature.</li> <li>Please note that you cannot complete the VI-SPDAT solely through observation or using known information within your organization.</li> </ul>	



## A. HISTORY OF HOUSING AND HOMELESSNESS

<p>What is you and your family's current housing status?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Category 1 – Homeless</li> <li><input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing</li> <li><input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes</li> <li><input type="checkbox"/> Category 4 – Fleeing Domestic Violence</li> <li><input type="checkbox"/> At Risk of Homelessness</li> <li><input type="checkbox"/> Client Doesn't Know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Data Not Collected</li> </ul>
<p>What is the main reason for why you and your family are homeless?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Not Homeless</li> <li><input type="checkbox"/> Credit Problems</li> <li><input type="checkbox"/> Domestic Violence</li> <li><input type="checkbox"/> Drug or Alcohol Problems</li> <li><input type="checkbox"/> Eviction Due to Foreclosure (Owner Occupied)</li> <li><input type="checkbox"/> Eviction Due to Foreclosure (Rental)</li> <li><input type="checkbox"/> Eviction for Non-Financial Reasons</li> <li><input type="checkbox"/> Eviction for Non-Payment</li> <li><input type="checkbox"/> Financial</li> <li><input type="checkbox"/> Fire/Condemnation</li> <li><input type="checkbox"/> Gambling</li> <li><input type="checkbox"/> Incarceration</li> <li><input type="checkbox"/> Kicked Out by Family/Friends</li> <li><input type="checkbox"/> Left State Foster Care</li> <li><input type="checkbox"/> Loss of Public Assistance/Aid</li> <li><input type="checkbox"/> Loss of Job</li> <li><input type="checkbox"/> Medical Problems, Non-Mental Health Problems</li> <li><input type="checkbox"/> Mental Health Problems</li> <li><input type="checkbox"/> New to Area – No Deposit Money</li> <li><input type="checkbox"/> New to Area – No Social Supports</li> <li><input type="checkbox"/> Previous Evictions/Unpaid Utilities</li> <li><input type="checkbox"/> Unable to Find Work</li> <li><input type="checkbox"/> Other</li> </ul>
<p>Where did you and your family sleep last night?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Shelter, including Motel Paid for with Voucher</li> <li><input type="checkbox"/> Transitional Housing for Homeless Persons</li> <li><input type="checkbox"/> Permanent Housing for Formerly Homeless Persons</li> <li><input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility</li> <li><input type="checkbox"/> Substance Use Treatment Facility or Detox Center</li> <li><input type="checkbox"/> Hospital or Other Residential Non-Psychiatric Medical Facility</li> <li><input type="checkbox"/> Jail, Prison, or Juvenile Detention Center</li> <li><input type="checkbox"/> Staying or Living with a Family Member</li> <li><input type="checkbox"/> Staying or Living with a Friend</li> <li><input type="checkbox"/> Hotel or Motel Paid for Without Emergency Shelter Voucher</li> <li><input type="checkbox"/> Foster Care Home or Foster Care Group Home</li> <li><input type="checkbox"/> Place Not Meant for Human Habitation</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Safe Haven</li> <li><input type="checkbox"/> Rental by Client with VASH Subsidy</li> <li><input type="checkbox"/> Rental by Client with Other Ongoing Housing Subsidy</li> <li><input type="checkbox"/> Owned by Client with Ongoing Housing Subsidy</li> <li><input type="checkbox"/> Rental by Client with No Ongoing Housing Subsidy</li> <li><input type="checkbox"/> Owned by Client with No Ongoing Housing Subsidy</li> <li><input type="checkbox"/> Long-Term Care Facility or Nursing Home</li> <li><input type="checkbox"/> Rental by Client with GPD TIP Subsidy</li> <li><input type="checkbox"/> Residential Project/Halfway House with No Homeless Criteria</li> <li><input type="checkbox"/> Client Doesn't Know</li> <li><input type="checkbox"/> Client Refused</li> <li><input type="checkbox"/> Data Not Collected</li> </ul>
<p>Where do you and your family sleep most frequently?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Shelters</li> <li><input type="checkbox"/> Transitional Housing</li> </ul>

	<input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER," "TRANSITIONAL HOUSING," OR "SAFE HAVEN," THEN SCORE 1</b>	
Are you or any members of your family currently staying on the streets or an emergency shelter? <b>This will include clients who may be entering from an institutional stay of 90 days or less, but resided on the streets or in a shelter prior to entering that institution.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If yes, what is the approximate date this current episode of homelessness started?	Date: _____
How long has it been since you and your family lived in permanent stable housing?	<input type="checkbox"/> Less than a Week <input type="checkbox"/> 1 Week to 3 Months <input type="checkbox"/> 3 to 6 Months <input type="checkbox"/> 6 Months to 1 Year <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 2 or More Years <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past three years, how many times have you and your family been housed and then homeless again?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1</b>	
If four or more times, what is the total number of months, you and your family have spent homeless on the streets or in an emergency shelter in the past three years?	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
What is the total length of time you and your family have lived on the streets or in shelters in your life?	<input type="checkbox"/> Less than a Week <input type="checkbox"/> 1 Week to 3 Months <input type="checkbox"/> 3 to 6 Months <input type="checkbox"/> 6 Months to 1 Year <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 2 or More Years <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If more than two years, how many years have you	Years: _____

and your family been homeless in your life?	
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**B. RISKS**

In the past six months, how many times have you or anyone in your family received health care at an emergency department/room?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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In the past six months, how many times have you or anyone in your family taken an ambulance to the hospital?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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In the past six months, how many times have you or anyone in your family been hospitalized as an inpatient?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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In the past six months, how many times have you or anyone in your family used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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In the past six months, how many times have you or anyone in your family talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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In the past six months, how many times have you or anyone in your family stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE**

Have you or anyone in your family been attacked or beaten up since they've become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM**

Do you or any member of the family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES**

Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "YES," TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION**

**C. SOCIALIZATION AND DAILY FUNCTIONING**

Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "YES," TO THE FIRST QUESTION OR "NO" TO SECOND QUESTION, THEN SCORE 1 FOR MONEY MANAGEMENT**

Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY**

Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "NO," THEN SCORE 1 FOR SELF-CARE**

Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
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**IF "NO," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS**

## D. WELLNESS

Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH</b>	
Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE</b>	
Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
A mental health issue or concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
A past head injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH</b>	
<b>IF THE FAMILY SCORED 1 EACH FOR PHYSICAL, SUBSTANCE USE, AND MENTAL HEALTH:</b> Does	<input type="checkbox"/> No <input type="checkbox"/> Yes

any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES," THEN SCORE 1 FOR TRI-MORBIDITY</b>	
Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEDICATIONS</b>	
Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES," THEN SCORE 1 FOR ABUSE AND TRAUMA</b>	

<b>E. FAMILY UNIT</b>	
Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES</b>	
In the last 180 days, have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF THERE ARE SCHOOL-AGED CHILDREN:</b> Do your children attend school more often than not each week?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO THE FIRST TWO QUESTIONS OR "NO" TO THE LAST QUESTION, SCORE 1 FOR NEEDS OF CHILDREN</b>	
Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you anticipate any other adults or children coming to live with you within the first 180 days of being	<input type="checkbox"/> No <input type="checkbox"/> Yes

housed?	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY</b>	
Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult . . .	
Three or more hours per day for children aged 13 or older?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Two or more hours per day for children aged 12 or younger?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF THERE ARE CHILDREN BOTH 12 AND UNDER AND 13 AND OVER:</b> Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "NO" TO THE FIRST QUESTION, OR "YES" TO THE LAST TWO QUESTIONS, SCORE 1 FOR PARENTAL ENGAGEMENT</b>	

**FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AS WELL AS SUPPORT SERVICES.**

Do you or anyone in your family have a physical, mental, or emotional impairment (including an impairment caused by alcohol, drug abuse, PTSD, or brain injury), a developmental disability, HIV or AIDS and is it expected to be long-continuing OR of an indefinite duration AND substantially impedes your ability to live independently where it could be improved by the provision of more suitable housing conditions? <b>(this will be "Yes" if client is receiving SSI/SSDI)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Have you or anyone in your family ever been in prison?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Have you or anyone in your family ever been in jail?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Are you or anyone in your family currently facing any criminal charges in Yolo County?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Are you or anyone in your family a registered sex offender?	<input type="checkbox"/> No <input type="checkbox"/> Yes

	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Are you or is anyone in your family not a U.S. citizen?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Are you or anyone in your family a veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If yes, what era did you, he, or she serve in?	<input type="checkbox"/> Persian Gulf Era (August 1991-September 2001) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Between Korean and Vietnam War (February 1955-July 1964) <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Between WWII and Korean War (August 1947-May 1950) <input type="checkbox"/> Post September 11 (September 2011-Present) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If yes, what was your, his, or her discharge status?	<input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you or anyone in your family have a permanent physical disability that limits your mobility? <b>(i.e. wheelchair, amputation, unable to climb stairs)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Have you or anyone in your family ever been in foster care?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
What is your sexual orientation?	<input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
What type of health insurance do you and your family have, if any? <b>(check all that apply)</b>	<input type="checkbox"/> Yolo County Medi-Cal <input type="checkbox"/> Medi-Cal from Another County <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Other: _____
When is the last time you or anyone in your family had a physical health exam?	Date: _____
Do you or anyone in your family have cash income?	<input type="checkbox"/> Earned/Employment Income Amount: _____ <input type="checkbox"/> Unemployment Income Amount: _____ <input type="checkbox"/> TANF/CalWORKs Amount: _____ <input type="checkbox"/> General Assistance (GA)



	<p>Amount: _____</p> <p><input type="checkbox"/> Supplemental Security Income (SSI) Amount: _____</p> <p><input type="checkbox"/> Social Security Disability Insurance (SSDI) Amount: _____</p> <p><input type="checkbox"/> Social Security Retirement Amount: _____</p> <p><input type="checkbox"/> Worker's Compensation Amount: _____</p> <p><input type="checkbox"/> VA Service—Connected Disability Compensation Amount: _____</p> <p><input type="checkbox"/> VA Service—Connected Disability Pension Amount: _____</p> <p><input type="checkbox"/> Alimony and Other Spousal Support Amount: _____</p> <p><input type="checkbox"/> Employment Pension or Retirement Income for Former Job Amount: _____</p> <p><input type="checkbox"/> Private Disability Insurance Amount: _____</p> <p><input type="checkbox"/> Child Support Amount: _____</p> <p><input type="checkbox"/> Other Cash Income Source: _____ Amount: _____</p> <p>Total Cash Income Amount: _____</p> <p>Total Gross Annual Amount: _____</p>
Where did you and your family grow up?	City/Region: _____ State: _____
Where do you and your family consider home?	City/Region: _____ State: _____
Where do you and your family want to live?	City/Region: _____ State: _____
What brought you and your family to Yolo County?	<p><input type="checkbox"/> Myself or one of my family members grew up here</p> <p><input type="checkbox"/> We have family here</p> <p><input type="checkbox"/> We have friends here</p> <p><input type="checkbox"/> We were sent here By whom: _____</p> <p><input type="checkbox"/> It was suggested that we come here By whom: _____</p> <p><input type="checkbox"/> There are good social services here</p> <p><input type="checkbox"/> There is affordable housing here</p> <p><input type="checkbox"/> There is good weather here</p> <p><input type="checkbox"/> Other Please specify: _____</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p>
How long have you and your family been in Yolo County?	<p><input type="checkbox"/> Less than 1 Month</p> <p><input type="checkbox"/> 1-2 Months</p> <p><input type="checkbox"/> 3-5 Months</p> <p><input type="checkbox"/> 6-11 Months</p> <p><input type="checkbox"/> 1 to 2 Years</p> <p><input type="checkbox"/> 2 or More Years If more than 2 years, please specify: _____</p> <p><input type="checkbox"/> Client Doesn't Know</p> <p><input type="checkbox"/> Client Refused</p>
Where did you and your family live prior to coming to Yolo County?	<p>City/Region: _____</p> <p>State: _____</p> <p><b>WRITE NOT APPLICABLE IF LIVED IN YOLO COUNTY ENTIRE LIFE.</b></p>

Are you or anyone in your family currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, are you or anyone in your family seeking employment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you and your family have any pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, how many and what types?	Answer: _____
On a regular day, where is it easiest to find you and your family and what time of day is easiest to do so?	Answer: _____
Do you or anyone in your family have a phone number where someone can safely get in touch with you or leave you a message?	Phone Number: _____
Do you or anyone in your family have an email address where someone can safely get in touch with you or leave you a message?	Email Address: _____
OK, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you observe signs or symptoms of problematic alcohol or drug use?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## SCORING SUMMARY

**0 to 3: No Housing Intervention**

**4 to 8: An Assessment for Rapid Re-Housing**

**9+: An Assessment for Permanent Supportive Housing/Housing First**



# VI-SPDAT VERSION 2.0 FOR SINGLE ADULTS REVISED 9-15-16

## BASIC INFORMATION

Assessment Date:	Location of Contact:
Agency:	Outreach Contract:
Client Name:	Nickname:
Primary Language:	Date of Birth:
Age:	Gender:
Race:	Ethnicity:
Zip Code of Last Permanent Address:	Social Security Number:
Number of Additional Adults in Household (must conduct a separate VI-SPDAT):	

### IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1

Important Instructions:

- Please read all questions as is to the client.
- The order of the VI-SPDAT cannot change. As a self-reported tool, the sequence is vitally important.
- An individual must provide informed consent prior to the VI-SPDAT being completed.
- Please tell the client that most questions only require a Yes or No answer. Some questions require a one-word answer.
- Please note that some questions are personal in nature.
- Please note that you cannot complete the VI-SPDAT solely through observation or using known information within your organization.

## A. HISTORY OF HOUSING AND HOMELESSNESS

What is your current housing status?	<input type="checkbox"/> Category 1 – Homeless <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes <input type="checkbox"/> Category 4 – Fleeing Domestic Violence <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
What is the main reason for why you are homeless?	<input type="checkbox"/> Not Homeless <input type="checkbox"/> Credit Problems <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Drug or Alcohol Problems <input type="checkbox"/> Eviction Due to Foreclosure (Owner Occupied) <input type="checkbox"/> Eviction Due to Foreclosure (Rental) <input type="checkbox"/> Eviction for Non-Financial Reasons <input type="checkbox"/> Eviction for Non-Payment <input type="checkbox"/> Financial <input type="checkbox"/> Fire/Condemnation <input type="checkbox"/> Gambling

	<input type="checkbox"/> Incarceration <input type="checkbox"/> Kicked Out by Family/Friends <input type="checkbox"/> Left State Foster Care <input type="checkbox"/> Loss of Public Assistance/Aid <input type="checkbox"/> Loss of Job <input type="checkbox"/> Medical Problems, Non-Mental Health Problems <input type="checkbox"/> Mental Health Problems <input type="checkbox"/> New to Area – No Deposit Money <input type="checkbox"/> New to Area – No Social Supports <input type="checkbox"/> Previous Evictions/Unpaid Utilities <input type="checkbox"/> Unable to Find Work <input type="checkbox"/> Other
Where did you spent last night?	<input type="checkbox"/> Emergency Shelter, including Motel Paid for with Voucher <input type="checkbox"/> Transitional Housing for Homeless Persons <input type="checkbox"/> Permanent Housing for Formerly Homeless Persons <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility <input type="checkbox"/> Substance Use Treatment Facility or Detox Center <input type="checkbox"/> Hospital or Other Residential Non-Psychiatric Medical Facility <input type="checkbox"/> Jail, Prison, or Juvenile Detention Center <input type="checkbox"/> Staying or Living with a Family Member <input type="checkbox"/> Staying or Living with a Friend <input type="checkbox"/> Hotel or Motel Paid for Without Emergency Shelter Voucher <input type="checkbox"/> Foster Care Home or Foster Care Group Home <input type="checkbox"/> Place Not Meant for Human Habitation <input type="checkbox"/> Other <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by Client with VASH Subsidy <input type="checkbox"/> Rental by Client with Other Ongoing Housing Subsidy <input type="checkbox"/> Owned by Client with Ongoing Housing Subsidy <input type="checkbox"/> Rental by Client with No Ongoing Housing Subsidy <input type="checkbox"/> Owned by Client with No Ongoing Housing Subsidy <input type="checkbox"/> Long-Term Care Facility or Nursing Home <input type="checkbox"/> Rental by Client with GPD TIP Subsidy <input type="checkbox"/> Residential Project/Halfway House with No Homeless Criteria <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected
Where do you sleep most frequently?	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER,” “TRANSITIONAL HOUSING,” OR “SAFE HAVEN,” THEN SCORE 1</b>	
Are you currently staying on the streets or an emergency shelter? <b>This will include clients who may be entering from an institutional stay of 90 days or less, but resided on the streets or in a shelter prior to entering that institution.</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If yes, what is the approximate date this current episode of homelessness started?	Date: _____
How long has it been since you lived in permanent stable housing?	<input type="checkbox"/> Less than a Week <input type="checkbox"/> 1 Week to 3 Months <input type="checkbox"/> 3 to 6 Months <input type="checkbox"/> 6 Months to 1 Year <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 2 or More Years

	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past three years, how many times have you been housed and then homeless again?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1**

If four or more times, what is the total number of months, you've spent homeless on the streets or in an emergency shelter in the past three years?	<input type="checkbox"/> 1 Month <input type="checkbox"/> 2 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months <input type="checkbox"/> 5 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 7 Months <input type="checkbox"/> 8 Months <input type="checkbox"/> 9 Months <input type="checkbox"/> 10 Months <input type="checkbox"/> 11 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> More than 12 Months <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
What is the total length of time you have lived on the streets or in shelters in your life?	<input type="checkbox"/> Less than a Week <input type="checkbox"/> 1 Week to 3 Months <input type="checkbox"/> 3 to 6 Months <input type="checkbox"/> 6 Months to 1 Year <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 2 or More Years <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If more than two years, how many years have you been homeless in your life?	Years: _____

**B. RISKS**

In the past six months, how many times have you received health care at an emergency department/room?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past six months, how many times have you taken an ambulance to the hospital?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past six months, how many times have you been hospitalized as an in-patient?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time

	<input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
In the past six months, how many times have you stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	<input type="checkbox"/> 0 Times <input type="checkbox"/> 1 Time <input type="checkbox"/> 2 Times <input type="checkbox"/> 3 Times <input type="checkbox"/> 4 Times <input type="checkbox"/> 5 or More Times <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE</b>	
Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM</b>	
Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to rent a place to live?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES," THEN SCORE 1 FOR LEGAL ISSUES</b>	
Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

**IF "YES," TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION**

### **C. SOCIALIZATION AND DAILY FUNCTIONING**

Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

**IF "YES," TO THE FIRST QUESTION OR "NO" TO SECOND QUESTION, THEN SCORE 1 FOR MONEY MANAGEMENT**

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY**

Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE**

Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

**IF "NO," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS**

### **D. WELLNESS**

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

When you are sick or not feeling well, do you avoid getting help?

No  
 Yes  
 Client Doesn't Know  
 Client Refused

<b>FOR APPLICABLE RESPONDENTS ONLY:</b> Are you currently pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH</b>	
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE</b>	
Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
A mental health issue or concern?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
A past head injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH</b>	
<b>IF THE RESPONDENT SCORE 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY</b>	
Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEDICATIONS</b>	
Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
<b>IF "YES," THEN SCORE 1 FOR ABUSE AND TRAUMA</b>	



**FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AS WELL AS SUPPORT SERVICES.**

<p>Do you have a physical, mental, or emotional impairment (including an impairment caused by alcohol, drug abuse, PTSD, or brain injury), a developmental disability, HIV or AIDS and is it expected to be long-continuing OR of an indefinite duration AND substantially impedes your ability to live independently where it could be improved by the provision of more suitable housing conditions? <b>(this will be "Yes" if client is receiving SSI/SSDI)</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>Have you ever been in prison?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>Have you ever been in jail?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>Are you currently facing any criminal charges in Yolo County?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>Are you a registered sex offender?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>What is your citizenship status?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>Are you a veteran?</p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>If yes, what era did you serve in?</p>	<p><input type="checkbox"/> Persian Gulf Era (August 1991-September 2001)  <input type="checkbox"/> Post Vietnam (May 1975-July 1991)  <input type="checkbox"/> Vietnam Era (August 1964-April 1975)  <input type="checkbox"/> Between Korean and Vietnam War (February 1955-July 1964)  <input type="checkbox"/> Korean War (June 1950-January 1955)  <input type="checkbox"/> Between WWII and Korean War (August 1947-May 1950)  <input type="checkbox"/> Post September 11 (September 2011-Present)  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>If yes, what was your discharge status?</p>	<p><input type="checkbox"/> Honorable  <input type="checkbox"/> General Under Honorable Conditions  <input type="checkbox"/> Under Other than Honorable Conditions  <input type="checkbox"/> Bad Conduct  <input type="checkbox"/> Dishonorable  <input type="checkbox"/> Uncharacterized  <input type="checkbox"/> Client Doesn't Know  <input type="checkbox"/> Client Refused</p>
<p>Do you have a permanent physical disability that limits your mobility? <b>(i.e. wheelchair, amputation, unable to climb stairs)</b></p>	<p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Client Doesn't Know</p>

	<input type="checkbox"/> Client Refused
Have you ever been in foster care?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
What is your sexual orientation?	<input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
What type of health insurance do you have, if any? <b>(check all that apply)</b>	<input type="checkbox"/> Yolo County Medi-Cal <input type="checkbox"/> Medi-Cal from Another County <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Other: _____
When is the last time you had a physical health exam?	Date: _____
Do you have cash income?	<input type="checkbox"/> Earned/Employment Income Amount: _____ <input type="checkbox"/> Unemployment Income Amount: _____ <input type="checkbox"/> TANF/CalWORKs Amount: _____ <input type="checkbox"/> General Assistance (GA) Amount: _____ <input type="checkbox"/> Supplemental Security Income (SSI) Amount: _____ <input type="checkbox"/> Social Security Disability Insurance (SSDI) Amount: _____ <input type="checkbox"/> Social Security Retirement Amount: _____ <input type="checkbox"/> Worker's Compensation Amount: _____ <input type="checkbox"/> VA Service—Connected Disability Compensation Amount: _____ <input type="checkbox"/> VA Service—Connected Disability Pension Amount: _____ <input type="checkbox"/> Alimony and Other Spousal Support Amount: _____ <input type="checkbox"/> Employment Pension or Retirement Income for Former Job Amount: _____ <input type="checkbox"/> Private Disability Insurance Amount: _____ <input type="checkbox"/> Child Support Amount: _____ <input type="checkbox"/> Other Cash Income Source: _____ Amount: _____ Total Cash Income Amount: _____ Total Gross Annual Amount: _____
Where did you grow up?	City/Region: _____ State: _____
Where do you consider home?	City/Region: _____ State: _____
Where do you want to live?	City/Region: _____

	State: _____
What brought you to Yolo County?	<input type="checkbox"/> I grew up here <input type="checkbox"/> I have family here <input type="checkbox"/> I have friends here <input type="checkbox"/> I was sent here By whom: _____ <input type="checkbox"/> It was suggested that I come here By whom: _____ <input type="checkbox"/> There are good social services here <input type="checkbox"/> There is affordable housing here <input type="checkbox"/> There is good weather here <input type="checkbox"/> Other Please specify: _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
How long have you been in Yolo County?	<input type="checkbox"/> Less than 1 Month <input type="checkbox"/> 1-2 Months <input type="checkbox"/> 3-5 Months <input type="checkbox"/> 6-11 Months <input type="checkbox"/> 1 to 2 Years <input type="checkbox"/> 2 or More Years If more than 2 years, please specify: _____ <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Where did you live immediately prior to coming to Yolo County?	City/Region: _____ State: _____ <b>WRITE NOT APPLICABLE IF LIVED IN YOLO COUNTY ENTIRE LIFE.</b>
Are you currently employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, are you seeking employment?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, how many and what types?	Answer: _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Answer: _____
Do you have a phone number where someone can safely get in touch with you or leave you a message?	Phone Number: _____
Do you have an email address where someone can safely get in touch with you or leave you a message?	Email Address: _____
OK, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>OBSERVATION ONLY:</b> Surveyor, do you observe signs or symptoms of problematic alcohol or drug	<input type="checkbox"/> No <input type="checkbox"/> Yes

use?	
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## SCORING SUMMARY

<b>0 to 3: No Housing Intervention</b>
<b>4 to 7: An Assessment for Rapid Re-Housing</b>
<b>8+: An Assessment for Permanent Supportive Housing/Housing First</b>



SERVICE FINDER →

ABOUT US LIVING BUSINESS GOVERNMENT I WANT TO... Q

- HEALTH & HUMAN SERVICES
  - Adults
  - Boards & Committees
    - Behavioral Health Quality Improvement Committee
    - Child Welfare Services Subcommittee
    - Community Services Action Board
    - County Nutrition Action Partnership (CNAP)
    - Cultural Competence Committee
    - Emergency Medical Care Committee (EMCC)
    - Health Council
    - Healthcare Preparedness Coalition
    - Healthy Yolo
    - Homeless and Poverty Action Coalition (HPAC)
    - HPAC Meeting Archive
    - Continuum of Care (CoC) Funding Competition**
    - Emergency Solutions Grant (ESG)
    - California Emergency Solutions & Housing (CESH) Grant
    - Homeless Emergency Aid Program (HEAP)
    - Homeless Housing, Assistance, and Prevention Program (HHAP)
    - Provider Resources

Government > General Government Departments > Health & Human Services > Boards & Committees > Homeless and Poverty Action Coalition (HPAC)

## CONTINUUM OF CARE (COC) FUNDING COMPETITION

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### Continuum of Care (CoC) Notice of Funding Opportunity (NOFO)

Each year the United States Department of Housing and Urban Development (HUD) releases a NOFO for its CoC program. The CoC program is designed to provide funding for nonprofit providers and local governments to quickly rehouse individuals and families experiencing homelessness while minimizing the trauma and displacement caused by homelessness.

#### FY 2021 CoC Competition

The United States Department of Housing and Urban Development (HUD) released its Notice of Funding Availability (NOFA) for the 2021 Continuum of Care (CoC) Competition on August 18, 2021. You can access additional information regarding the CoC Program and the 2021 NOFA on the [HUD website](#).

For information regarding how the local CoC funding competition will be implemented in Yolo, please see the [2021 CoC Notice of Funding for the Davis/Woodland/Yolo County CoC \[CA-21\]](#). This document provides important information regarding available funding, eligibility requirements and timelines.

The Homeless and Poverty Action Coalition (HPAC) adopted the [FY 2021 CoC Project Ranking and Selection Process](#) on October 1, 2021. Applicants should review the Notice of Funding and Selection Process carefully for details on meeting important deadlines and to learn about their applications will be ranked in the local competition.

#### FY 2021 CoC Program - Yolo County Local Selection Process Timeline

8/17/21	HUD released Notice of Funding Availability (NOFA) for 2021 CoC Competition
9/23/21	CoC Technical Subcommittee reviews project ranking and selection process
10/1/21	CoC formally adopts project ranking and selection process and posts online
10/7/21	Notice of Intent Due to Homeless Services Team for New Projects
10/15/21 @ 11:59pm	Project applications must be submitted to CoC in e-sub
10/18/21	Homeless Services Team conducts threshold review of project applications
10/20/21-10/28/21	Ranking of project applications
10/29/21	CoC formally adopts project ranking at special HPAC Meeting
10/29/21 @ 5:00pm	Notification letters issued to applicants







## Yolo County Homeless and Poverty Action Coalition (HPAC)

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### FY 2019 Continuum of Care (CoC) Competition

#### *Project Reallocation, Ranking, and Selection Process*

*Adopted 10/01/2021*

#### **PROJECT SELECTION SUBCOMMITTEE**

During the FY 2021 CoC competition HPAC will establish an objective Project Selection Subcommittee to develop a recommendation regarding which project applications should be sent to HUD for funding in the FY2021 CoC competition. The Subcommittee will include:

- Representatives from non-conflicted CoC agencies and stakeholders
- A minimum of 5 participants, maximum of 10 participants
- Participants representing both public and private agencies
- Participants representing all geographic areas within the HPAC jurisdiction
- No more than one representative from an agency

The County Homeless Services Team will act as staff to committee but will not participate in ranking or voting.

#### **PROJECT REALLOCATION, RANKING, AND SELECTION PROCEDURE**

##### SUBMISSION OF PROJECT APPLICATIONS

All project applications must be submitted in [e-snaps](#) by **October 15, 2021 at 11:59pm**.

- Applications received late, but within 8 hours of the due date/time will receive a 5-point score reduction.
- Projects received after 7:59am on 10/18/21 may receive an additional point reduction, to be determined by the Project Selection Subcommittee.
- It is recommended that applicants take a screenshot of their Submissions List and Project Summaries after submitting. In the event that the e-snaps system has issues, this can be used as evidence that the project was submitted on-time.
- If an applicant is having issues with submitting the application in e-snaps by the deadline due to system error they may submit a PDF version of the application, along with evidence that the e-snaps system was not working.

For renewal projects, the Annual Performance Report (APR) from the Homeless Management Information System (HMIS) should be submitted directly to the Homeless Services Team at [Anisa.Vallejo@yolocounty.org](mailto:Anisa.Vallejo@yolocounty.org) by **October 15, 2021 at 11:59pm**. Victim service providers should submit APR data from a comparable database to HMIS.

In addition to the application in e-snaps, project applicants may submit a supplementary response (no longer than 5 pages) directly to the Homeless Services Team at [Anisa.Vallejo@yolocounty.org](mailto:Anisa.Vallejo@yolocounty.org), to address any areas where they believe members of the Project Selection Subcommittee may require additional information or explanations. These responses will be distributed to Subcommittee members along with the project applications. Project applicants may also participate in a brief in-person interview with the Project Selection Subcommittee prior to their cumulative ranking process to answer questions and address any areas of concern.

##### PREPARATION FOR REVIEW PROCESS



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#### Minimum Threshold Review

**10/18/21:** Homeless Services Team conducts a minimal threshold review on new projects to ensure that projects meet minimum requirements as described below. Per guidance from HUD, all renewal projects will be assumed to meet the threshold requirements.

- Project type and population served is eligible for CoC funding
- Project serves CoC service area
- Project meets 25% match requirements
- Project meets HUD project eligibility and quality thresholds (as described in Section V.C.3.b & c of the HUD NOFO)

If a project does not meet the threshold requirements the Project Selection Subcommittee will be notified. Depending on the severity of the issue, the Subcommittee may reject the project for funding, or work with the applicant on addressing the issue.

#### Distribution of Application Scoring Packets

**10/20:** Homeless Services Team prepares and distributes application packets to the members of the Project Selection Subcommittee.

#### SCORING

**10/20-10/28:** Members of the Project Selection Subcommittee independently review and score all renewal projects<sup>1</sup> and new projects<sup>2</sup> (out of 70 possible points). Separate scoring sheets will be used for renewal and new projects. Renewal projects that have been in operation for less than 1 year, and have not completed an Annual Performance Report (APR), will be scored using the new project rubric. Victim service providers will be evaluated using the same scoring sheets as other projects, but should submit APR data from a database comparable to HMIS.

#### REALLOCATION, RANKING AND PROJECT SELECTION

**10/20-10/28:** Members of the Project Selection Subcommittee meet to complete the following tasks:

- Interview project applicants to address any outstanding questions
- Assign a cumulative score to each new and renewal project
- Consider reallocation of under-performing projects
- Select new projects
- Assign a rank to each project application

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<sup>1</sup> **Renewal Projects:** project that will be under grant agreement by December 31, 2021 and will have an expiration date in CY 2022

<sup>2</sup> **New Projects:** Any new project proposal for:

- *Permanent supportive housing projects dedicated to chronically homeless*
- *Permanent supportive housing projects meeting the definition of DedicatedPLUS*
- *Rapid re-housing projects*
- *Joint Transitional Housing and Rapid Re-Housing projects*
- *Supportive Services Only (SSO) projects for coordinated entry*
- *HMIS project (only HMIS lead can apply)*
- *Domestic Violence Bonus Projects*





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Minutes will be recorded at the meeting, provided at the subsequent HPAC meeting with the ranking results, and made available to the public.

#### Cumulative Scoring of Renewal and New Projects

The Subcommittee's first task will be to develop a cumulative score for each project by aggregating the scores assigned to each project by each individual member of the Subcommittee.

#### Reallocation of Under-Performing Projects

Next, the Subcommittee will consider whether reallocation<sup>3</sup> of under-performing renewal projects is necessary.

- The Subcommittee will recommend reallocation of any projects not meeting a minimum scoring threshold of 45 points (60% of total available points).
- The Subcommittee will recommend development of a Corrective Action Plan for any projects scoring between 45 to 55 points (60-73% of total available points).
  - ✓ Projects recommended for corrective action must develop and share a Corrective Action Plan with HPAC by December 15, 2021. The Homeless Services Team will assist projects with development of the Plan and will provide technical assistance as needed. Additionally, HPAC's Performance and Monitoring Subcommittee will continually monitor the Plan and provide ongoing assistance with improvement efforts. If project has not demonstrated improvement before FY22 CoC process (as demonstrated by improved score), the project may be recommended for reallocation.

#### Selection of Renewal and New Projects

After considering all renewal projects and determining the need for reallocation of under-performing projects the Project Selection Subcommittee will recommend all remaining renewal projects for funding in the FY21 CoC competition. After renewals have been reviewed and recommended for funding, the Subcommittee will determine the amount of funding available for new projects using the formula provided below.

<b>STEP 1:</b>	\$557,569	<i>Annual Renewal Demand</i>
	\$33,239	<i>CoC Bonus</i>
	+ \$99,718	<i>Domestic Violence Bonus</i>
	<b>= \$690,526</b>	<b>Total Available Funds</b>
<b>STEP 2:</b>	\$690,526	<i>Total Available Funds</i>
	- \$xxx,xxx	<i>Cost of Recommended Renewals</i>
	<b>= \$xxx,xxx</b>	<b>Balance Available for New Projects</b>

The Subcommittee will review the new project proposals, giving consideration to the score of each project, the geographic disbursement of projects, and whether the project addresses a critical

<sup>3</sup> **Reallocation:** When funds are shifted from an existing renewal project to create new projects



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community need that is currently unmet. The Subcommittee will select projects for funding until the available funding runs out. All remaining new projects will be rejected for funding.<sup>4</sup>

#### Ranking of New and Renewal Projects

Once the Subcommittee has selected all new and renewal projects that will be recommended for funding, the Subcommittee will assign a rank<sup>5</sup> and tier<sup>6</sup> to each project. Projects will be placed in order from highest to lowest based on cumulative score, and assigned a rank in that order.

<b>TIER 1:</b>	\$557,569	<i>100% of the CoC's Annual Renewal Demand (ARD)</i>
<b>TIER 2:</b>	+ \$33,239	<i>Difference between Tier 1 and max amount of renewal, reallocation, and CoC Bonus funds<sup>7</sup></i>
	<hr style="width: 20%; margin-left: 0;"/>	
	\$590,808	<i>Total Available Funding</i>

The Subcommittee retains the right to alter the initial ranking and tier placement for strategic reasons, if initial scoring is likely to result in any critical services gaps, including lack of services in a community or lack of services for a priority population.

#### PUBLIC MEETING AND HPAC ADOPTION

**10/29/21:** The Project Selection Subcommittee will bring its final recommendation regarding project reallocation, selection, rejection, and rank/tier to the full HPAC board at a public meeting on **October 29, 2021**. The draft recommendation will be posted on the HPAC website and emailed to the membership a minimum of 48-hours prior to the board meeting. The meeting will be publicly advertised via the HPAC distribution list..

The HPAC board will make a final determination regarding which projects will be recommended to HUD for funding, and will hold a vote of all non-conflicted directors.

#### NOTIFICATION TO APPLICANTS

**10/29:** The Homeless Services Team will send an email to each project applicant stating whether their project was accepted or rejected. If rejected, the letter will explain the reason for the rejection. If accepted, the letter will state the rank and tier assignment. In addition, all applicants may request copies of the cumulative score associated with their project, or a debrief with the Homeless Services Team.

#### SOLO APPLICATIONS TO HUD

Eligible project applicants that attempted to participate in the CoC planning process in the CA-521 Davis/Woodland/Yolo County Continuum of Care, that believe they were denied the right to participate in a reasonable manner, may submit a solo project application to HUD and may be awarded a grant.

<sup>4</sup> Projects **selected for funding** will be recommended to HUD for funding in the FY21 CoC competition. Projects **rejected for funding** will not be recommended to HUD for funding in the FY21 CoC competition.

<sup>5</sup> **Project Rank:** Once selected for funding, all projects must be placed in order of preference or "ranked".

<sup>6</sup> **Project Tier:** Once ranked, projects must be placed in two tiers. Projects in tier 1 will be conditionally selected by HUD for funding. Projects in tier 2 will be selected by HUD in order of CoC score and project score until no more funds are available.

<sup>7</sup> **Bonus Funding:** \$33,239 is available for CoC Bonus projects, and \$99,718 is available for DV Bonus projects.



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applicants must submit their solo project application in e-snaps to HUD by **8:00 PM EST, on November 16, 2021.**

Yolo CoC Scoring Rubric: Renewal Projects		
PROGRAM DESIGN		
<b>Type of Project</b>	Does the type of project (PSH, RRH, TH, SSO, HMIS) meet HUD priorities as described in Section II.A of the HUD NOFO and demonstrate the ability to meet a local community need?	<b>10</b> 10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
<b>Housing First</b>	Does the project plan to operate using a Housing First model, by minimizing service participation requirements and preconditions (meaning that they do not screen out potential participants based on clients possessing (1) too little income, (2) active or history of substance use, (3) criminal record, with exception of state mandated restrictions, and (4) history of domestic violence)?	<b>10</b> 10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
<b>Serving Priority and Vulnerable Populations</b>	<p>If PSH, does project serve exclusively the chronically homeless<sup>8</sup>, or prioritize the chronically homeless for beds as they turn over?</p> <hr/> <p>If not PSH, does the project serve high rates of highly vulnerable populations (including veterans, people with a history of victimization or abuse, people with mental illness or substance use disorder, people with a criminal history, unaccompanied minors and/or transition aged-youth)?</p>	<b>5</b> 5 Pts: Prioritizes chronically homeless with bed turnover 3Pts: Demonstrates in recent APR that a minimum of 50% of clients were chronically homeless 0 Pts: Does not prioritize chronically homeless
		Consider rates of each population served according to HMIS data. Also consider plan for outreach and engagement with vulnerable populations. 5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
		<b>Points Sub-Total: 25</b>

<sup>8</sup> A person or household who is “chronically homeless” according to HUD includes an unaccompanied homeless individual with a disabling condition who has either (1) been homeless continuously for a year or more, or (2) has had at least four episodes of homelessness in the past three years. A disabling condition may include (1) a diagnosis of substance use disorder, (2) a serious mental illness, (3) a development disability, (4) a chronic physical illness, and (5) the co-occurrence of two or more of the previously mentioned conditions.



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<b>PROGRAM PERFORMANCE</b> <i>(Answers should be based on FY 20/21 HMIS data)</i>			
<b>Housing Stability and Exits</b>	<p>If permanent supportive housing, do at least 80% of participants remain housed or exit to another permanent housing destination?</p> <hr style="width: 30%; margin-left: 0;"/> <p>If transitional housing, do at least 80% of homeless persons exit to permanent housing?</p>	<b>10</b>	<p>Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues, Yolo County housing market, affordable housing availability and local vacancy rates.</p> <p>10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible</p>
<b>Income</b>	<p>Does project demonstrate that at least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured?</p>	<b>10</b>	<p>Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues.</p> <p>10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible</p>
<b>Mainstream Benefits</b>	<p>Does the project demonstrate success in connecting participants with and ensuring participants mainstream resources (including Food Stamps, General Assistance, SSI, TANF, Unemployment, Veterans Benefits, Veterans Healthcare and Workforce Investment Act)?</p>	<b>10</b>	<p>Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues.</p> <p>10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible</p>
<b>Bed Utilization</b>	<p>Does the project routinely operate at 85% capacity according to quarterly bed utilization reports from previous funding year?</p>	<b>5</b>	<p>Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues.</p> <p>5 Pts: Excellent 4 Pts: Strong 3 Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible</p>
			<b>Points Sub-Total: 35</b>
<b>GRANT MANAGEMENT (20 Points)</b>			



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<b>HPAC Participation</b>	Did agency (or sub recipient) staff attend/participate in HPAC subcommittees during the past year?	<b>5</b> Consider HPAC participation levels and supplemental responses. 5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
<b>Drawdown Rates and Fund Utilization</b>	In the previous funding year, did the project draw down at least 95% of funds within 90 days of the project's expiration date? <i>(determined using supplemental information from HUD)</i>	<b>5</b> Consider data from HUD. Also consider supplemental responses from applicant regarding any performance issues. 5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
		<b>Points Sub-Total: 10</b>
		<b>TOTAL AVAILABLE POINTS: 70</b>



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### Yolo CoC Scoring Rubric: New Projects

#### PROGRAM DESIGN

<b>Type of Project</b>	Does the type of project (PSH, RRH, TH, SSO, HMIS) meet HUD priorities as described in Section II.A of the HUD NOFO and demonstrate the ability to meet a local community need?	<b>10</b>	10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
<b>Housing First</b>	Does the project plan to operate using a Housing First model, by minimizing service participation requirements and preconditions (meaning that they do not screen out potential participants based on clients possessing (1) too little income, (2) active or history of substance use, (3) criminal record, with exception of state mandated restrictions, and (4) history of domestic violence)?	<b>10</b>	10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
<b>Serving Priority and Vulnerable Populations</b>	If PSH, will project serve exclusively the chronically homeless, or prioritize the chronically homeless for beds as they turn over?  If not PSH, does the project serve high rates of highly vulnerable populations (including veterans, people with a history of victimization or abuse, people with mental illness or substance use disorder, people with a criminal history, unaccompanied minors and/or transition aged-youth)?	<b>5</b>	5 Pts: Serves exclusively chronically homeless 3Pts: Prioritizes chronically homeless with bed turnover 0 Pts: Does not prioritize chronically homeless  Consider rates of each population served according to HMIS data. Also consider plan for outreach and engagement with vulnerable populations. 5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible

**Points Sub-Total: 25**

#### PROGRAM PERFORMANCE

<b>Housing Stability and Exits</b>	If permanent supportive housing, how does the project plan to retain participants or ensure that they exit to permanent housing? <i>HUD Standard: 80% of participants remain housed or exit to another permanent housing destination</i>  If rapid re-housing, how does the project plan to rapidly move participants into permanent housing? <i>HUD Standard: 80% of participants remain housed or exit to permanent housing</i>	<b>10</b>	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
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<b>Income</b>	How does the project plan to increase income for participants? <i>HUD Standard: At least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured</i>	<b>10</b>	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
<b>Mainstream Benefits</b>	How does the project plan to assist participants in accessing mainstream benefits (including Food Stamps, General Assistance, SSI, TANF, Unemployment, Veterans Benefits, Veterans Healthcare and Workforce Investment Act)? <i>HUD Standard: At least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured</i>	<b>10</b>	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
<b>Bed Utilization</b>	How does the project plan to quickly fill vacancies? <i>HUD Standard: Projects operate at 85% capacity</i>	<b>5</b>	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  5 Pts: Excellent 4 Pts: Strong 3 Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
			<b>Points Sub-Total: 35</b>
<b>GRANT MANAGEMENT</b>			
<b>HPAC Participation</b>	Did agency (or sub recipient) staff participate in HPAC subcommittees meetings during the past year? If new to the community, has the agency demonstrated a commitment to HPAC participation and partner engagement in the future?	<b>5</b>	Consider HPAC participation levels and supplemental responses.  5 Pts: Excellent 4 Pts: Strong 3 Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
<b>Experience &amp; Readiness</b>	Does the applicant have experience with managing similar projects and with successful grant administration for federal funds? Will the project be able to begin drawing funds in a timely manner?	<b>5</b>	5 Pts: Excellent 4 Pts: Strong 3 Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
			<b>Points Sub-Total: 10</b>
<b>TOTAL AVAILABLE POINTS: 70</b>			



## RENEWAL SCORING TOOL

RENEWAL					
Yolo Community Care Continuum Scoring Rubric: Supported Housing Renewal Project					
TOPIC	QUESTION	INSTRUCTIONS	NOTES/WHERE TO LOOK	POSSIBLE SCORE	AWARDED SCORE
<b>Program Design</b>					
<b>Type of Project</b>	Does the type of project (PSH, RRH, TH, SSO, HMIS) meet HUD priorities as described in Section II.A of the HUD NOFO and demonstrate the ability to meet a local community need?	<b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	<i>This project is a permanent supportive housing project.</i>	10	
<b>Housing First</b>	Does the project plan to operate using a Housing First model, by minimizing service participation requirements and preconditions (meaning that they do not screen out potential participants based on clients possessing (1) too little income, (2) active or history of substance use, (3) criminal record, with exception of state mandated restrictions, and (4) history of domestic violence)?	<b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	See project application, Section 3B, Questions 3. May also consider project description (Section 3B, Question 1) and information from in-person interview.	10	
<b>Serving Priority Populations</b>	If PSH, does project serve exclusively the chronically homeless, or prioritize the chronically homeless for beds as they turn over?	<b>5 Pts:</b> Prioritizes chronically homeless with bed turnover <b>3Pts:</b> Demonstrates in recent APR that a minimum of 50% of clients were chronically homeless <b>0 Pts:</b> Does not prioritize chronically homeless	Consider the project application, (Section 3C and/or Section 5B), and information from in-person interview.	5	
	If not PSH, does the project serve high rates of highly vulnerable populations (including veterans, people with a history of victimization or abuse, people with mental illness or substance use disorder, people with a criminal history, unaccompanied minors and/or transition aged-youth)?	Consider rates of each population served according to HMIS data. Also consider plan for outreach and engagement with priority populations. <b>5 Pts:</b> Excellent <b>4Pts:</b> Strong <b>3Pts:</b> Fair <b>2 Pts:</b> Needs Work <b>1 Pts:</b> Poor <b>0 Pts:</b> Terrible			
<b>Program Design Sub-Total:</b>				<b>25</b>	<b>0</b>
<b>Program Performance</b>					



<b>Housing Stability and Exits</b>	If permanent supportive housing, do at least 80% of participants remain housed or exit to another permanent housing destination?	Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues, Yolo County housing market, affordable housing availability and local vacancy rates.	Consider the APR Summary, Housing Stability and Exits boxes. May also consider information from in-person interview.	10	
	If transitional housing, do at least 80% of homeless persons exit to permanent housing?	<b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	X		
<b>Income</b>	Does project demonstrate that at least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured?	Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues. <b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	Consider the APR Summary, Income boxes. May also consider information from in-person interview.	10	
<b>Mainstream Benefits</b>	Does the project demonstrate success in connecting participants with and ensuring participants mainstream resources (including Food Stamps, General Assistance, SSI, TANF, Unemployment, Veterans Benefits, Veterans Healthcare and Workforce Investment Act)?	Consider HMIS data, as compared to other local projects. May also consider interview responses from applicant regarding performance issues. <b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	Consider the APR summary, Mainstream Benefits boxes. May also consider information from in-person interview.	10	

<b>Bed Utilization</b>	Does the project routinely operate at 85% capacity according to quarterly bed utilization reports from previous funding year?	Consider HMIS data, as compared to other local projects. May also consider interview responses from applicant regarding performance issues. <b>5 Pts:</b> Excellent <b>4Pts:</b> Strong <b>3Pts:</b> Fair <b>2 Pts:</b> Needs Work <b>1 Pts:</b> Poor <b>0 Pts:</b> Terrible	Consider the APR summary, bed utilization boxes. May also consider information from in-person interview.	5	
<b>Program Performance Sub-Total:</b>				<b>35</b>	<b>0</b>
<b>Grant Management</b>					
<b>HPAC Participation</b>	Did agency (or sub recipient) staff attend/participate in HPAC subcommittees during the past year?	Consider HPAC participation levels and supplemental responses. <b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	<i>Yolo Community Care Continuum has staff on the HPAC Board.</i>	5	
<b>Drawdown Rates and Fund Utilization</b>	In the previous funding year, did the project draw down at least 95% of funds within 90 days of the project's expiration date? (determined using supplemental information from HUD)	Consider data from HUD. Also consider interview responses from applicant regarding any performance issues. <b>5 Pts:</b> Excellent <b>4Pts:</b> Strong <b>3Pts:</b> Fair <b>2 Pts:</b> Needs Work <b>1 Pts:</b> Poor <b>0 Pts:</b> Terrible	Funds were recaptured by HUD. Per YCCC "There is a shortage of available housing in our area that has prevented us from leasing more units; we are working as a continuum to resolve this situation."	5	
<b>Grant Management Sub-Total:</b>				<b>10</b>	<b>0</b>
<b>Total Points:</b>				<b>70</b>	<b>0</b>

**NEW SCORING TOOL**

<b>Empower Yolo: PSH Domestic Violence Bonus- New</b>					
<b>TOPIC</b>	<b>QUESTION</b>	<b>INSTRUCTIONS</b>	<b>NOTES/ WHERE TO LOOK</b>	<b>POSSIBLE SCORE</b>	<b>AWARDED SCORE</b>
<b>Program Design</b>					
<b>Type of Project</b>	Does the type of project (PSH, RRH, TH, SSO, HMIS) meet HUD priorities as described in Section II.A of the HUD NOFO and demonstrate the ability to meet a local community need?	<b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	<i>This project is rapid re-housing.</i>	10	
<b>Housing First</b>	Does the project plan to operate using a Housing First model, by minimizing service participation requirements and preconditions (meaning that they do not screen out potential participants based on clients possessing (1) too little income, (2) active or history of substance use, (3) criminal record, with exception of state mandated restrictions, and (4) history of domestic violence)?	<b>10 Pts:</b> Excellent <b>8 Pts:</b> Strong <b>6 Pts:</b> Fair <b>4 Pts:</b> Needs Work <b>2 Pts:</b> Poor <b>0 Pts:</b> Terrible	See project application, Section 3B, Question 5. May also consider project description (Section 3B, Question 5a & 5b) and information from interview.	10	
<b>Serving Priority Populations</b>	If PSH, will project serve exclusively the chronically homeless, or prioritize the chronically homeless for beds as they turn over?	<b>5 Pts:</b> Serves exclusively chronically homeless <b>3Pts:</b> Prioritizes chronically homeless with bed turnover <b>0 Pts:</b> Does not prioritize chronically homeless	Consider the project application, (Section 3B question 3 Section 5A & 5B), and information from interview.	5	

	<p>If not PSH, does the project serve high rates of highly vulnerable populations (including veterans, people with a history of victimization or abuse, people with mental illness or substance use disorder, people with a criminal history, unaccompanied minors and/or transition aged-youth)?</p>	<p>Consider rates of each population served according to APR. Also consider plan for outreach and engagement with priority populations.  <b>5 Pts:</b> Excellent  <b>4 Pts:</b> Strong  <b>3 Pts:</b> Fair  <b>2 Pts:</b> Needs Work  <b>1 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>			
<b>Program Design Sub-Total:</b>				<b>25</b>	<b>0</b>
<b>Program Performance</b>					
<b>Housing Stability and Exits</b>	<p>If permanent supportive housing, how does the project plan to retain participants or ensure that they exit to permanent housing?  <i>HUD Standard: 80% of participants remain housed or exit to another permanent housing destination</i>  If rapid re-housing, how does the project plan to rapidly move participants into permanent housing?  <i>HUD Standard: 80% of participants remain housed or exit to permanent housing</i></p>	<p>Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  <b>10 Pts:</b> Excellent  <b>8 Pts:</b> Strong  <b>6 Pts:</b> Fair  <b>4 Pts:</b> Needs Work  <b>2 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>	<p>Consider the project application, (Sections 3B, 4A, 4B, 5A, 5B, 5C), and information from interview.</p>	10	
<b>Income</b>	<p>How does the project plan to increase income for participants?  <i>HUD Standard: At least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured</i></p>	<p>Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  <b>10 Pts:</b> Excellent  <b>8 Pts:</b> Strong  <b>6 Pts:</b> Fair  <b>4 Pts:</b> Needs Work  <b>2 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>	<p>Consider the project application, (Sections 3B, 4A, 4B, 5A, 5B, 5C), and information from interview.</p>	10	

<b>Mainstream Benefits</b>	<p>How does the project plan to assist participants in accessing mainstream benefits (including Food Stamps, General Assistance, SSI, TANF, Unemployment, Veterans Benefits, Veterans Healthcare and Workforce Investment Act)?</p> <p><i>HUD Standard: At least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured</i></p>	<p>Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:</p> <p><b>10 Pts:</b> Excellent  <b>8 Pts:</b> Strong  <b>6 Pts:</b> Fair  <b>4 Pts:</b> Needs Work  <b>2 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>	<p>Consider the project application, (Sections 3B, 4A, 4B, 5A, 5B, 5C), and information from interview.</p>	10	
<b>Bed Utilization</b>	<p>How does the project plan to quickly fill vacancies?</p> <p><i>HUD Standard: Projects operate at 85% capacity</i></p>	<p>Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:</p> <p><b>10 Pts:</b> Excellent  <b>8 Pts:</b> Strong  <b>6 Pts:</b> Fair  <b>4 Pts:</b> Needs Work  <b>2 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>	<p>Consider the project application, (Sections 3B, 4A, 4B, 5A, 5B, 5C), and information from interview.</p>	5	
<b>Program Performance Sub-Total:</b>				<b>35</b>	<b>0</b>
<b>Grant Management</b>					
<b>HPAC Participation</b>	<p>Did agency (or sub recipient) staff participate in HPAC subcommittees meetings during the past year? If new to the community, has the agency demonstrated a commitment to HPAC participation and partner engagement in the future?</p>	<p>Consider HPAC participation levels and interview responses.</p> <p><b>10 Pts:</b> Excellent  <b>8 Pts:</b> Strong  <b>6 Pts:</b> Fair  <b>4 Pts:</b> Needs Work  <b>2 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>	<p><i>Empower Yolo has staff on the HPAC Board.</i></p>	5	

<b>Experience and Readiness</b>	<p>Does the applicant have experience with managing similar projects and with successful grant administration for federal funds? Will the project be able to begin drawing funds in a timely manner?</p>	<p><b>5 Pts:</b> Excellent  <b>4Pts:</b> Strong  <b>3Pts:</b> Fair  <b>2 Pts:</b> Needs Work  <b>1 Pts:</b> Poor  <b>0 Pts:</b> Terrible</p>	<p>This is a new application for CoC funding. This project has no history of receiving HUD CoC funding, and therefore have no history of issues with timely drawdowns or funds being recaptured.</p>	<p>5</p>	
<b>Grant Management Sub-Total:</b>				<b>10</b>	<b>0</b>
<b>Total Points:</b>				<b>70</b>	<b>0</b>

**FINAL PROJECT SCORES FOR RANKED NEW AND RENWAL PROJECTS**

<b>Scoring Summary of all 2021 CoC Grant Applications</b>							
<b>Scoring Criteria</b>	<b>POSSIBLE SCORE</b>	<b>Ave Scores</b>					
<b>Program Design</b>		<b>DCMH TH</b>	<b>Fourth &amp; Hope Consolidated</b>	<b>Fourth &amp; Hope Reallocation</b>	<b>YCCC SHP</b>	<b>Empower Yolo - DV Bonus</b>	<b>Average</b>
<b>Type of Project</b>	10	10.00	10.00	9.50	10.00	9.50	9.80
<b>Housing First</b>	10	10.00	10.00	10.00	10.00	10.00	10.00
<b>Serving Priority Populations</b>	5	4.75	5.00	5.00	5.00	5.00	4.95
<b>Program Design Sub-Total:</b>	<b>25</b>	24.75	25.00	24.50	25.00	24.50	24.75
<b>Program Performance</b>							
<b>Housing Stability and Exits</b>	10	8.00	10.00	10.00	10.00	8.00	9.20
<b>Income</b>	10	6.00	8.00	6.00	7.00	6.00	6.60
<b>Mainstream Benefits</b>	10	7.00	6.50	7.00	9.50	8.50	7.70
<b>Bed Utilization</b>	5	3.25	4.25	4.25	4.25	3.75	3.95
<b>Program Performance Sub-Total:</b>	<b>35</b>	24.25	28.75	27.25	30.75	26.25	27.45
<b>Grant Management</b>							
<b>HPAC Participation</b>	10	4.75	5.00	5.00	5.00	5.00	4.95
<b>Drawdown Rates and Fund Utilization</b>	5	3.50	5.00	5.00	3.00	4.25	4.15
<b>Grant Management Sub-Total:</b>	<b>15</b>	8.25	10.00	10.00	8.00	9.25	9.10
<b>Total Points:</b>	<b>75</b>	57.25	63.75	61.75	63.75	60.00	61.30

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.



## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

**If "Revision", select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 10/21/2021

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** CA0308

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Yolo Community Care Continuum

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2623205

	<b>c. Organizational DUNS:</b>	001517374	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 285 West Court Street suite 207

**Street 2:**

**City:** Woodland

**County:**

**State:** California

**Country:** United States

**Zip / Postal Code:** 95695

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.

**First Name:** Debbie

**Middle Name:**

**Last Name:** Gravink

**Suffix:**

**Title:** Fiscal Director

**Organizational Affiliation:** Yolo Community Care Continuum

**Telephone Number:** (530) 758-2160

**Extension:**  
**Fax Number:** (530) 758-1386  
**Email:** [fiscal@y3c.org](mailto:fiscal@y3c.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (State(s) only):** California  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** SHP 2021

**16. Congressional District(s):**

**a. Applicant:** CA-003  
(for multiple selections hold CTRL key)

**b. Project:** CA-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 05/01/2022

**b. End Date:** 04/30/2023

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Michele

**Middle Name:**

**Last Name:** Kellogg

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 758-2160  
**(Format: 123-456-7890)**

**Fax Number:** (530) 758-1386  
**(Format: 123-456-7890)**

**Email:** main@y3c.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2021

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Yolo Community Care Continuum

**Prefix:** Ms.

**First Name:** Michele

**Middle Name:**

**Last Name:** Kellogg

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Yolo Community Care Continuum

**Telephone Number:** (530) 758-2160

**Extension:**

**Email:** main@y3c.org

**City:** Woodland

**County:**

**State:** California

**Country:** United States

**Zip/Postal Code:** 95695

**2. Employer ID Number (EIN):** 94-2623205

**3. HUD Program:** Continuum of Care Program

### 4. Amount of HUD Assistance Requested/Received



**4a. Total Amount Requested for this project:** \$169,556

**5. State the name and location (street address, city and state) of the project or activity:** SHP 2021 285 West Court Street suite 207  
Woodland California

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

### Part I Threshold Determinations

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** No

### Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Michele Kellogg, Executive Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Yolo Community Care Continuum

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I**

X

**acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Michele

**Middle Name**

**Last Name:** Kellogg

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 758-2160  
**(Format: 123-456-7890)**

**Fax Number:** (530) 758-1386  
**(Format: 123-456-7890)**

**Email:** main@y3c.org

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2021

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X
---

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Yolo Community Care Continuum

**Name / Title of Authorized Official:** Michele Kellogg, Executive Director

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2021

# 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Yolo Community Care Continuum  
**Street 1:** 285 West Court Street suite 207  
**Street 2:**  
**City:** Woodland  
**County:** Yolo  
**State:** California  
**Country:** United States  
**Zip / Postal Code:** 95695

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

X

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Michele

**Middle Name:**

**Last Name:** Kellogg

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 758-2160  
**(Format: 123-456-7890)**

**Fax Number:** (530) 758-1386  
**(Format: 123-456-7890)**

**Email:** main@y3c.org

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2021

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |



- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Yolo Community Care Continuum

Prefix: Ms.

**First Name:** Michele

**Middle Name:**

**Last Name:** Kellogg

**Suffix:**

**Title:** Executive Director

**Signature of Authorized Certifying Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 10/21/2021

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award due to reallocation?** No

**2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.** Make changes

**3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>

<b>Part 7 - Attachment(s) &amp; Certification</b>	
<b>7A. Attachment(s)</b>	<input checked="" type="checkbox"/>
<b>7B. Certification</b>	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Budget needs revision based on the GIW

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

**1. Did you submit your previous year's Annual Performance Report (APR) on time?** Yes

**2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** No

**3. Do you draw funds quarterly for your current renewal project?** Yes

**4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?** Yes

**4a. If HUD recaptured funds provide an explanation.**

There is a shortage of available housing in our area that has prevented us from leasing more units; we are working as a continuum to resolve this situation.

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
  - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
  - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
  
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application No requesting to consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.**

**Total Expected Sub-Awards: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		



### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** CA0308

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2. CoC Number and Name:** CA-521 - Davis, Woodland/Yolo County CoC

**3. CoC Collaborative Applicant Name:** Yolo Community Care Continuum

**4. Project Name:** SHP 2021

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** PSH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**8. Does this project include Replacement Reserves as a CoC Operating Cost?** No  
(Attachment Requirement)

### **3B. Project Description**

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

**1. Provide a description that addresses the entire scope of the proposed project.**

Yolo Community Care Continuum’s (YCCC) Supported Housing program (SHP) provides housing and support services to at least thirteen very low income people with serious mental illness. 100% of those served have mental health diagnoses such as schizophrenia, major depression and bipolar illness and most of those individuals are chronically homeless. These single adults all came from places not meant for human habitation or emergency shelters. Mental illness significantly impacts participants' ability to retain housing due to behaviors that are often misunderstood by landlords.

YCCC uses a Housing First model that has been highly effective in helping our clients remain in housing and achieve their goals. YCCC offers a low barrier approach to housing and does not refuse services to individuals due to inability to pay, substance use or other traditional obstacles. All services provided are designed to assist residents to obtain and remain in permanent housing, increase skills and/or income and achieve greater self determination.

Services offered to individual participants include:

- Assistance in restoring or maintaining an individual’s functional skills
- Meal planning, shopping, meal preparation
- Assessment/teaching independent living skills such as laundry, house cleaning
- Support resources counseling for the individual and/or family
- Outreach, evaluation and admission of new referrals
- Assistance to access medical, educational, social, needed community services
- Identification and pursuit of supports and resources
- Monitor of service delivery to ensure an individual's access to service and the service delivery system
- Ensure individual is linked to mental health resources
- Coordinate treatment with other treatment providers
- Transport individuals to medical, psychiatric or benefits appointments
- Provide counseling and stabilization to participant in crisis including assessment, evaluation and collateral services
- Develop a service plan to address development of independent living skills, and skills necessary to improve and maintain functioning level necessary for community living

Income evaluations are completed upon admission to the program and are

updated annually or as income level changes. YCCC partners with local homeless service providers and SMART-Y, Yolo County's benefits assistance program, to help program participants receive the benefits they are entitled to due to their mental illness.

This year we predict that 75% of the individuals served will maintain or increase their income as a result of being in the program. We anticipate that 80% of individuals housed will remain housed. Program participants who get their benefits or jobs will be assisted to find other living situations of their choice if that is what they desire. YCCC anticipates that our bed utilization rate will be between 89-100%.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing** Yes

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3d. Does the project follow a "Housing First" approach?** Yes

### 3C. Dedicated Plus

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

#### Dedicated and DedicatedPLUS

**A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**1. Is this project "100% Dedicated,"** 100% Dedicated

**“DedicatedPLUS,” or “N/A”?**  
**(Only select “N/A” if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).**

## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Bi-monthly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Applicant	Weekly
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Applicant	Weekly
Transportation	Applicant	Monthly
Utility Deposits	Partner	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes

**this project, subrecipient, or partner agency?**

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** No



## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

**Total Units: 3**

**Total Beds: 13**

**Total Dedicated CH Beds: 13**

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	2	6
Shared housing	---	1	7

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 2

**b. Beds:** 6

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 6

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### **4. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 139 & 141 Elliot St.

**Street 2:**

**City:** Woodland

**State:** California

**ZIP Code:** 95695

**5. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

064134 Woodland, 069113 Yolo County

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

- a. Units:** 1
- b. Beds:** 7

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?**

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

**4. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 1752 Drew Circle

**Street 2:**

**City:** Davis

**State:** California

**ZIP Code:** 95618

**5. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

060942 Davis, 069113 Yolo County

## 5A. Program Participants - Households

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		13		13

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	12		12
Persons ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	13	0	13

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	10	1	0	10	0	12	0	2	0	0
Persons ages 18-24		0	0	0	0	1	0	0	0	0
<b>Total Persons</b>	10	1	0	10	0	13	0	2	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year
5. Select the costs for which funding is requested:
- |                     |                                     |
|---------------------|-------------------------------------|
| Leased Units        | <input checked="" type="checkbox"/> |
| Leased Structures   | <input type="checkbox"/>            |
| Rental Assistance   | <input type="checkbox"/>            |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input checked="" type="checkbox"/> |
| HMIS                | <input checked="" type="checkbox"/> |

## 6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<b>Total Annual Assistance Requested:</b>		\$90,831	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$90,831	
<b>Total Units:</b>		3	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
CA - Yolo, CA HUD...	3	\$90,831	\$90,831

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

**Metropolitan or non-metropolitan** CA - Yolo, CA HUD Metro FMR Area  
**fair market rent area:** (0611399999)

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom	2	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom	1	
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>3</b>	<b>\$90,831</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$90,831</b>

**Click the 'Save' button to automatically calculate totals.**



## 6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$19,681
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$19,681

**1. Will this project generate program income** Yes  
**described in 24 CFR 578.97 to use as Match**  
**for this project?**

**1a. Briefly describe the source of the program income:**

We collect rent from individuals who get an income. Rent is never more than 29% of their income.

**1b. Estimate the amount of program income** \$18,753  
**that will be used as Match for this project:**

Type	Source	Contributor	Value of Commitments
Cash	Private	Rent	\$19,681

## Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Rent  
**(Be as specific as possible and include the office or grant program as applicable)**
- 4. Amount of Written Commitment:** \$19,681

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$90,831
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$50,834
4. Operating	\$17,465
5. HMIS	\$1,725
6. Sub-total Costs Requested	\$160,855
7. Admin (Up to 10%)	\$8,701
8. Total Assistance plus Admin Requested	\$169,556
9. Cash Match	\$19,681
10. In-Kind Match	\$0
11. Total Match	\$19,681
12. Total Budget	\$189,237

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	CA0308L9T211407 Y...	10/21/2015
3) Other Attachment	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** CA0308L9T211407 YCCC match and leverage documentation

## **Attachment Details**

**Document Description:**

## **7B. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official** Michele Kellogg

**Date:** 10/21/2021

**Title:** Executive Director

**Applicant Organization:** Yolo Community Care Continuum

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**



## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	10/21/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

Renewal Project Application FY2021	Page 50	10/21/2021
------------------------------------	---------	------------

<b>1D. SF-424 Congressional District(s)</b>	10/21/2021
<b>1E. SF-424 Compliance</b>	10/21/2021
<b>1F. SF-424 Declaration</b>	10/21/2021
<b>1G. HUD-2880</b>	10/21/2021
<b>1H. HUD-50070</b>	10/21/2021
<b>1I. Cert. Lobbying</b>	10/21/2021
<b>1J. SF-LLL</b>	10/21/2021
<b>IK. SF-424B</b>	10/21/2021
<b>Submission Without Changes</b>	10/21/2021
<b>Recipient Performance</b>	10/21/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	10/21/2021
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	10/21/2021
<b>3B. Description</b>	10/21/2021
<b>3C. Dedicated Plus</b>	10/21/2021
<b>4A. Services</b>	10/21/2021
<b>4B. Housing Type</b>	10/21/2021
<b>5A. Households</b>	10/21/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/21/2021
<b>6B. Leased Units</b>	10/21/2021
<b>6D. Match</b>	10/21/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/21/2021
<b>7B. Certification</b>	10/21/2021

October 21, 2015

Michelle Kellogg  
Yolo Community Care Continuum  
P.O. Box 1101  
Davis, CA 95617

Dear Michelle,

The Woodland United Way Assessment and Allotment Committee has finalized its recommendations for the allocation of funds for the 2015-16 year which were approved by the United Way Board of Directors on the May 28<sup>th</sup> meeting. We would like to thank you for your time and effort in working with us during this process.

The Committee carefully reviewed all of the requests, evaluated budgets and funding options, and assessed how full or partial funding could be utilized to still produce stated outcomes. This allocation process was especially difficult for all involved due to the number of valuable programs for which funding was requested.

*match \$1,666 for last 2 months of grant operating year*

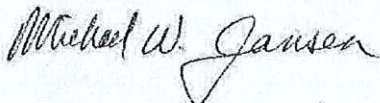
It is our great pleasure to be able to support your program this fiscal year. Your agency allocation is \$10,000 for the 2015-16 year. Payment will be made monthly starting in July 2015 through June 2016. Please return the enclosed agency contract after it has been signed and reviewed by your Board President to the Woodland United Way office by June 30, 2015.

In addition to the allocation, the A&A committee made some comments regarding your presentation, site visit and/or proposal. We hope that you will take the following comments into consideration.

After reading the proposal a committee member commented that he was not very impressed with the program. Following the site visit and presentation he had changed his mind and became a strong advocate during allocation negotiations. The committee thanks you for following up on the budget questions. They regret not being able to fully fund your organization. Woodland United Way is proud to be your community partner.

On behalf of the Woodland United Way Board of Directors, thank you for your continued support and for the dedicated services that you are providing to our community. Should you have any questions regarding your 2015-16 allocation, please contact Lori Ross at (530) 662-3633. We look forward to continuing our partnership in this upcoming year.

Sincerely,



Mike Jansen Chairperson  
Woodland United Way Allocations & Allotment Committee



**AGREEMENT NO. 2015-0058**

This Amendment ("Second Amendment") is made and entered into as of the last date signed below herein by and between the County of Yolo, a political subdivision of the State of California ("County") and Yolo Community Care Continuum, a California Non-Profit Corporation authorized to do business in the State of California ("Contractor") to amend Agreement No. 14-131 as stated below.

**RECITALS:**

**WHEREAS**, on or about June 24, 2014, the parties entered into Agreement No. 14-131 (the "Agreement"); and

**WHEREAS**, on or about June 19, 2015, the parties amended the Agreement (Amendment #1 of the Agreement); and

**WHEREAS**, the parties would now like to amend the Agreement to:

1. Add SAMHSA funding in the amount of \$50,311 for fiscal year 2015-16 for the Access to Care for Homeless and the Indigent (ACHIP) Services;  
Add SAMHSA funding in the amount of \$50,311 for fiscal year 2016-17 for the ACHIP services, for a new contract maximum amount of \$1,911,774;
2. Revise Exhibit A.1, Scope of Services for ACHIP services;
3. Revise Exhibit A.2, Scope of Services for Farmhouse services;
4. Revise Exhibit C, Terms of Payment to clarify the requirements of the Agreement;
5. Revise Exhibit D, Terms and Conditions, to correct Program Report section; and
6. Revise Exhibit E.1, Contract Budget for fiscal year 2015-16 for the ACHIP Services increased amount.

**NOW, THEREFORE, IT IS HEREBY AGREED AS FOLLOWS:**

**AGREEMENT**

1. Section III, **COMPENSATION AND PAYMENT TERMS**, paragraph B, is hereby amended to read as follows:

**B.** Any other provision of this Agreement notwithstanding, the maximum payment obligation to Contractor shall be no greater than **ONE MILLION NINE HUNDRED ELEVEN THOUSAND SEVEN HUNDRED SEVENTY FOUR DOLLARS (\$1,911,774)** as follows:

Scope	Fiscal Year 2014-15	Fiscal Year 2015-16	Fiscal Year 2016-17	Total
Access to Care for Homeless and the Indigent (ACHIP) Medi-Cal FFP	\$300,000	\$300,000	\$300,000	\$900,000
SAMHSA Funds	-0-	\$50,311	\$50,311	\$100,622

*#13,000 match / and \$150,000 leverage for grant operating year*

Adult Residential Treatment (Farmhouse) MHSAs	\$310,384	\$300,384	\$300,384	\$911,152
Total	\$610,384	\$650,695	\$650,695	\$1,911,774

2. Exhibit A.1, Scope of Services for ACHIP Services, is hereby amended to read as attached.
3. Exhibit A.2, Scope of Services for Farmhouse Services, is hereby amended to read as attached.
4. Exhibit C, TERMS OF PAYMENT, is hereby amended to read as attached.
5. Exhibit D, TERMS AND CONDITIONS, Section IV, REPORTS, paragraph C, Program Report is hereby amended to read as follows:

- Performance Outcome Measures (POM)  
Contractor shall maintain data and reports of performance outcome measures in compliance with the Federal and State requirements.

Contractor shall submit to Yolo County Health and Human Services Agency the following reports, in a format acceptable to Director, electronically via email to [yoloADMH@yolocounty.org](mailto:yoloADMH@yolocounty.org) or by fax (530) 666-8637 attention to Yolo County Health and Human Services Agency, Quality Management, as required in Exhibit A.1 and A.2.

- o Bi-annual Consumer Satisfaction Surveys
- o Additional POMs that will be developed in collaboration with Yolo County Health and Human Services Agency.
- Demographic Data, including but not necessarily limited to:
  - o Number of individuals served, by age, gender, race/ethnicity/culture if known
  - o Date, time, and location of services provided
  - o Type of service provided
  - o Referrals for other services and referral disposition
  - o Additional reporting requirements that may be developed as the program progresses, or if reporting requirements change by the California Department of Health Care Services (DHCS), or Yolo County Health and Human Services Agency.

Any and all of the attachments to this Amendment are incorporated herein by the references set forth above. Except as specifically amended hereinabove the Agreement shall remain in full force and effect according to its terms.

IN WITNESS WHEREOF the parties have executed this Amendment as of the day and year last set forth below.

CONTRACTOR

COUNTY OF YOLO

By Michele Kellogg  
Michele Kellogg, Executive Director Date  
Yolo Community Care Continuum 10-5-15

By Joan Planell 10/8/15  
Joan Planell, Director Date  
Health and Human Services Agency

Approved as to Form:

Philip J. Pogledich  
Philip J. Pogledich, County Counsel

	A	B	C	D	E	F
1	Yolo Community Care Continuum				EXHIBIT E.1 - Contract Budget	
2	Exhibit A.1, scope of services -ACHIP				Contract #:2015-0068	FY 2015/16
3					Budget	Averaged
4	# of budget month>				12	Monthly Budget
5	<b>EXPENDITURE</b>					
6	<b>Treatment/Program Cost</b>					
7	<b>Personnel</b>					
8	Salaries				169,470	14,123
9	Benefits				31,235	2,603
10	<b>Subtotal Personnel</b>				<b>200,705</b>	<b>16,726</b>
11	<b>Operating</b>					
12	Rent				6,000	500
13	Facility Repair and Maintenance				900	75
14	Utilities (Electricity, Water, Sewer)				1,800	150
15	Communication (Phone, Pager)				5,400	450
16	Equipment Lease				5,400	450
17	Equipment Repair & Maintenance				360	30
18	Travel (Rate \$ _____ /M)				3,600	300
19	Insurance				3,500	292
20	Licenses/Fees				600	50
21	Office Supplies				3,000	250
22	Staff Training				3,837	320
23	Program Supplies				1,700	142
24	<b>Subtotal Operating</b>				<b>38,097</b>	<b>3,008</b>
25	<b>Direct to Clients</b>					
26	Client Food				3,900	325
27	Client Transportation				600	50
28	Medications and Lab Work				6,000	500
29	Residential Substance Abuse Treatment				34,000	2,833
30	Residential Mental Health Treatment				34,000	2,833
31	<b>Subtotal Direct to Clients</b>				<b>78,500</b>	<b>6,542</b>
32	<b>Total Treatment/Program Cost</b>				<b>315,802</b>	<b>26,276</b>
33	<b>Non Treatment/Program Cost</b>					
34	Administrative Cost (<=15% of Treatment Cost)				45,009	3,751
35	<b>Total Non Treatment/Program Cost</b>				<b>45,009</b>	<b>3,751</b>
36	<b>TOTAL EXPENDITURE</b>				<b>360,811</b>	<b>30,026</b>
37						
38	<b>REVENUES</b>					
39	County Contract				350,311	29,193
40	Yolo County Probation Grant				10,000	833
41	<b>TOTAL REVENUE</b>				<b>360,311</b>	<b>30,026</b>
42						
43	<b>Personnel Details</b>					
44					Budget	Budget
45	Position Title				Budget FTE	Sal & Ben
46	Program Director				1.00	49,140
47	Housing Support Staff				1.00	31,694
48	Psychiatrist				0.20	76,888
49	Mental Health Workers				1.30	43,185
50	<b>Total</b>				<b>3.50</b>	<b>200,705</b>



## **Yolo County Homeless and Poverty Action Coalition (HPAC)**

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Davis/Woodland/Yolo County Continuum of Care (CA-521)

**No applications submitted to the FY2021 CoC Local Program Competition were rejected or reduced. As such, no notification to applicants of rejection or reduction was required.**

**See the Local Project Selection Subcommittee Notes attached for evidence that all applications submitted were ranked and maintained their requested funding amounts in the ranking process.**

**See separate Attachment 1E-5a - Public Posting - Projects Accepted for evidence that all applicants were notified of ranking status.**





## Yolo County Homeless and Poverty Action Coalition (HPAC)

### FY 2021 Continuum of Care (CoC) Competition

#### Project Selection Subcommittee Meeting Notes

October 27, 2021

#### COMMITTEE MEMBERS

Alysa Meyer, Legal Services of Northern California  
Julie Baumgartner, Volunteers of America NCNN  
Don Bosley, Mercy Coalition of West Sacramento  
Joanie Erickson, HEART of Davis

#### STAFF TO COMMITTEE

Anisa Vallejo, Program Coordinator, Yolo County Health and Human Services Agency

#### APPLICATION SUBMISSION

Applications were due by 11:59pm on October 15, 2021. As of that time, three applications for renewal projects and one application for new projects were submitted. An additional application was received at noon on Thursday 10/21.

Applications Submitted in FY2021 CoC Local Competition				
Organization	Application	Project	Housing Type	Amount
City of Davis/ Davis Community Meals and Housing	Renewal	Transitional Housing	TH	\$66,282
City of Woodland/ 4th and Hope	Renewal	Reallocation (2015) PSH	PSH	\$181,318
City of Woodland/ 4th and Hope	Renewal	Consolidated PSH	PSH	\$140,413
Empower Yolo	New (DV Bonus)	Domestic Violence Bonus	RRH	\$99,718
Yolo Community Care Continuum	Renewal	Supported Housing	PSH	\$169,556
				<b>Total: \$657,287</b>

#### REALLOCATION, SCORING, AND RANKING PROCESS

Subcommittee members received the initial four application packets on Wednesday, October 20, 2021 with the last application packet being sent on Thursday, October 21, 2021. The selection committee had end of day on Tuesday, October 26, 2021 to individually score each project on a 70-point scale. The Subcommittee met as a group on Wednesday, October 27, 2021 and conducted 15-minute interviews with each of the applicants to address any questions. Interviews were scheduled as follows:

- 1:30-1:45pm - Bill Pride, Davis Community Meals and Housing; Kelly Stachowicz & Dago Fierros, City of Davis
- 1:45-2:00pm - Lynette Irlmeier, Empower Yolo
- 2:00-2:15pm - Amber Salazar and James McLeod, Yolo Community Care Continuum
- 2:15-2:30pm - Amara Pickens & Will Mason, Yolo Wayfarer Center, dba Fourth and Hope; Dan Sokolow, City of Woodland

After the interviews were completed, the Subcommittee reviewed the individual scores of each project and developed aggregate scores for each project. In accordance with the FY2021 CoC Selection Process, the Subcommittee deducted 6 points from the Yolo Community Care Continuum's score due to a late submittal. Also,



## Yolo County Homeless and Poverty Action Coalition (HPAC)

### FY 2021 Continuum of Care (CoC) Competition

#### Project Selection Subcommittee Meeting Notes

October 27, 2021

it was determined that reallocation of under-performing renewal projects was not necessary nor was development of a Corrective Action Plan, as no project scored lower than 55 points. Then, the Subcommittee decided on a final rank for each project.

The Subcommittee's recommended rank and tier placement for each project are listed below.

Rank and Tier Placement as Recommended by CoC Project Selection Subcommittee				
Rank	Applicant	Project	Amount	Score
<b>TIER 1</b>				
1	City of Woodland/ 4th and Hope	Consolidated PSH	\$140,413	63.8
2	City of Woodland/ 4 <sup>th</sup> and Hope	Reallocation (2015) PSH	\$181,318	61.8
3	Yolo Community Care Continuum	Supported Housing	\$169,556	57.8
4	City of Davis/ Davis Community Meals	Transitional Housing	\$66,282	57.3
<b>TIER 2</b>				
5	Empower Yolo	Domestic Violence Bonus	\$99,718	60.0
			<b>TOTAL:</b>	<b>\$657,287</b>

### NOTES ON RANKING DETERMINATIONS

The Subcommittee began the initial discussion regarding the rank of each project by placing all projects in order by score. All five projects scored within seven points of each other, and the Subcommittee decided to move the project ranking for one project based on a discussion about community need.

- The City of Woodland/ Fourth and Hope (Consolidated PSH) project was the highest scoring project (63.75). The Subcommittee ranked this project as **number 1** (placed in tier 1).
- The City of Woodland/ Fourth and Hope (Reallocation 2015 PSH) project was the second highest scoring project (61.75 points). The Subcommittee ranked this project up as **number 2** (placed in tier 1).
- The Yolo Community Care Continuum (SHP) project was the fourth highest scoring project (57.75 points). The Subcommittee chose to move this project up in ranking to **number 3** (placed in tier 1) based on need of the CoC as a whole. The Subcommittee determined that keeping beds available in Yolo County was critical and that maintaining the number of supported housing units offered by this program was crucial. This was determined by taking into consideration the limited number of supported housing units available in the County and the high need for those units (i.e., the high number of unsheltered persons currently living in Yolo County). As per the last unsheltered point-in-time count, the countywide unsheltered count is estimated at approximately 61% of the overall homeless population.
- The City of Davis/Davis Community Meals (Transitional Housing) was the fifth highest scoring project (57.25 points). The Subcommittee chose to move this project up in ranking to **number 4** (placed in tier 1) based on need of the CoC as a whole. The Subcommittee determined that keeping beds available in Davis was critical and that maintaining a small number of transitional housing units offered by this program was crucial. This was determined by taking into consideration the limited number of transitional housing units available in the County and the high need for those units (i.e., the high number of



## Yolo County Homeless and Poverty Action Coalition (HPAC)

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### FY 2021 Continuum of Care (CoC) Competition

#### *Project Selection Subcommittee Meeting Notes*

*October 27, 2021*

unsheltered persons currently living in Yolo County). As per the last unsheltered point-in-time count, the countywide unsheltered count is estimated at approximately 61% of the overall homeless population.

- The Empower Yolo (Domestic Violence Bonus) project was the third highest scoring project (60.0 points). The Subcommittee ranked this project as **number 5** (placed in tier 2) because it is a new project and placing it in Tier 1, rank 3 would have resulted in YCCC's project straddling Tiers 1 and 2, and DCMH's project being placed entirely in tier 2. The importance of maintaining existing beds was an important factor in the ranking decision.



## Yolo County Homeless and Poverty Action Coalition (HPAC)

### FY 2021 Continuum of Care (CoC) Competition

#### Project Selection Subcommittee Meeting Notes

October 27, 2021

#### ATTACHMENT A: AGGREGATED PROJECT SCORES

Scoring Criteria	Total Points Available	Davis Community Meals Transitional Housing (\$66,282)	Fourth and Hope Consolidated Permanent Supportive Housing (\$140,413)	Fourth and Hope Reallocation (2015) Permanent Supportive Housing (\$181,318)	Yolo Community Care Continuum Supported Housing Project (\$169,556)	Empower Yolo Domestic Violence Bonus Project (\$99,718)
Type of Project	10	10	10	9.5	10	9.5
Housing First	10	10	10	10	10	10
Serving Priority Populations	5	4.75	5	5	5	5
<b>PROGRAM DESIGN SUB TOTAL:</b>	<b>25</b>	24.75	25	24.5	25	24.5
Housing Stability and Exits	10	8	10	10	10	8
Income	10	6	8	6	7	6
Mainstream Benefits	10	7	6.5	7	9.5	8.5
Bed Utilization	5	3.25	4.25	4.25	4.25	3.75
<b>PROGRAM PERFORMANCE SUB TOTAL:</b>	<b>35</b>	24.25	28.75	27.25	30.75	26.25
HPAC Participation	5	4.75	5	5	5	5
Drawdown Rates and Fund Utilization	5	3.5	5	5	3	4.25
<b>GRANT MANAGEMENT SUB TOTAL:</b>	<b>10</b>	8.25	10	10	8	9.25
<b>SUBTOTAL:</b>	<b>70</b>	57.25	63.75	61.75	63.75	60
Late Submission Deduction					-6	
<b>TOTAL:</b>		<b>57.25</b>	<b>63.75</b>	<b>61.75</b>	<b>57.75</b>	<b>60</b>

- (ESG)
- California Emergency Solutions & Housing (CESH) Grant
- Homeless Emergency Aid Program (HEAP)
- Homeless Housing, Assistance, and Prevention Program (HHAP)
- Provider Resources
- Local Mental Health Board
- MCAH Advisory Board
- Perinatal Mental Health Collaborative
- + Behavioral Health Provider Stakeholder Work Group
- Steps to Success (Prop 47)
- Yolo County Tobacco Prevention Coalition
- Yolo County's Anti-Tobacco Youth Coalition
- Substance Use Disorder System Provider Meeting
- + Children & Youth
- Employment Services
- + Families
- + Mental Health
- + Providers & Partners
- + Substance Abuse
- + Welfare

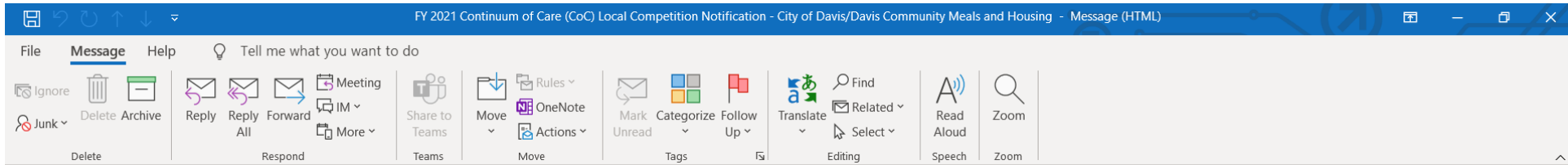
10/1/21	CoC formally adopts project ranking and selection process and posts online
10/7/21	Notice of Intent Due to Homeless Services Team for New Projects
10/15/21 @ 11:59pm	Project applications must be submitted to CoC in e-snaps
10/18/21	Homeless Services Team conducts threshold review of project applications
10/20/21-10/28/21	Ranking of project applications
10/29/21	CoC formally adopts project ranking at special HPAC Meeting
10/29/21 @ 5:00pm	Notification letters issued to applicants
11/10/21	CoC Coordinator sends comments and corrections to project applicants on apps
11/8/21	Project applicants return final corrected applications in e-snaps
11/10/21	CoC target for uploading the entire collaborative application and project priority listing to the HPAC website
11/12/21	CoC target for submitting collaborative application and project priority listing
11/16/21 @ 4:59pm	CoC application due to HUD



**FY 2021 CoC Priority Ranking**

On Friday, October 29, 2021 during a special meeting the HPAC Board voted to approve the following CoC Priority Listing:

Rank and Tier Placement as Recommended by CoC Project Selection Subcommittee				
Rank	Applicant	Project	Amount	Score
<b>TIER 1</b>				
1	City of Woodland/ 4th and Hope	Consolidated PSH	\$140,413	63.8
2	City of Woodland/ 4th and Hope	Reallocation (2015) PSH	\$181,318	61.8
3	Yolo Community Care Continuum	Supported Housing	\$169,556	57.8
4	City of Davis/ Davis Community Meals	Transitional Housing	\$66,282	57.3
<b>TIER 2</b>				
5	Empower Yolo	Domestic Violence Bonus	\$99,718	60.0
			<b>TOTAL:</b>	<b>\$657,287</b>



## FY 2021 Continuum of Care (CoC) Local Competition Notification - City of Davis/Davis Community Meals and Housing



Anisa Vallejo

To: William Pride; Dagoberto Fierros; Kelly Stachowicz

Cc: Jeneba Lahai; Ian Evans; Rachel Ladd (Rachel.Ladd@yolocounty.org)

Reply Reply All Forward

Fri 10/29/2021 10:58 AM

Hello there,  
Thank you for submitting a project application to HPAC's FY 2021 CoC local competition.

I am writing to inform you that HPAC officially accepted your Transitional Housing project application during its meeting on October 29, 2021. Therefore, HPAC will submit your project as part of its CoC Application. Per the table below, HPAC ranked your project fourth within Tier 1 for the total requested amount of \$66,282.

Rank and Tier Placement as Recommended by CoC Project Selection Subcommittee				
Rank	Applicant	Project	Amount	Score
<b>TIER 1</b>				
1	City of Woodland/ 4th and Hope	Consolidated PSH	\$140,413	63.8
2	City of Woodland/ 4 <sup>th</sup> and Hope	Reallocation (2015) PSH	\$181,318	61.8
3	Yolo Community Care Continuum	Supported Housing	\$169,556	57.8
4	City of Davis/ Davis Community Meals	Transitional Housing	\$66,282	57.3
<b>TIER 2</b>				
5	Empower Yolo	Domestic Violence Bonus	\$99,718	60.0
<b>TOTAL:</b>			<b>\$657,287</b>	

If you believe HPAC denied your agency the opportunity to participate in the local competition and HPAC unfairly rejected or reallocated your project, pursuant to 24 CFR 578.35(c) you may appeal directly to HUD by submitting as a Solo Applicant prior to the application deadline of September 30, 2019 by 8:00 p.m. eastern time.

Sincerely,

**Anisa Vallejo**  
HNSA Program Coordinator

FY 2021 Continuum of Care (CoC) Local Competition Notification - City of Woodland/Fourth & Hope - Message (HTML)

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FY 2021 Continuum of Care (CoC) Local Competition Notification - City of Woodland/Fourth & Hope



Anisa Vallejo

To: Dan Sokolow; dzeck@fourthandhope.org; Amara Pickens  
 Cc: Jeneba Lahai; Ian Evans; Rachel Ladd (Rachel.Ladd@yolocounty.org)

Reply Reply All Forward ...

Fri 10/29/2021 11:09 AM

Hello,  
 Thank you for submitting a project application to HPAC's FY 2021 CoC local competition.

I am writing to inform you that HPAC officially accepted your Consolidated PSH and Reallocation (2015) PSH applications during its meeting on October 29, 2021. Therefore, HPAC will submit your projects as part of its CoC Application. Per the table below, HPAC ranked your projects within Tier 1 for the total requested amount of \$321,731.

Rank and Tier Placement as Recommended by CoC Project Selection Subcommittee				
Rank	Applicant	Project	Amount	Score
<b>TIER 1</b>				
1	City of Woodland/ 4th and Hope	Consolidated PSH	\$140,413	63.8
2	City of Woodland/ 4 <sup>th</sup> and Hope	Reallocation (2015) PSH	\$181,318	61.8
3	Yolo Community Care Continuum	Supported Housing	\$169,556	57.8
4	City of Davis/ Davis Community Meals	Transitional Housing	\$66,282	57.3
<b>TIER 2</b>				
5	Empower Yolo	Domestic Violence Bonus	\$99,718	60.0

**TOTAL: \$657,287**

If you believe HPAC denied your agency the opportunity to participate in the local competition and HPAC unfairly rejected or reallocated your project, pursuant to 24 CFR 578.35(c) you may appeal directly to HUD by submitting as a Solo Applicant prior to the application deadline.

Sincerely,

Anisa Vallejo

FY 2021 Continuum of Care (CoC) Local Competition Notification - Empower Yolo - Message (HTML)

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FY 2021 Continuum of Care (CoC) Local Competition Notification - Empower Yolo



Anisa Vallejo

To: Lynnette Irlmeier (lynnette@empoweryolo.org)  
 Cc: Jeneba Lahai; Ian Evans; Rachel Ladd (Rachel.Ladd@yolocounty.org)

Reply Reply All Forward ...

Fri 10/29/2021 11:08 AM

Hello,  
 Thank you for submitting a project application to HPAC's FY 2021 CoC local competition.

I am writing to inform you that HPAC officially accepted your Domestic Violence Bonus project application during its meeting on October 29, 2021. Therefore, HPAC will submit your project as part of its CoC Application. Per the table below, HPAC ranked your project fifth within Tier 2 for the total requested amount of \$99,718.

Rank and Tier Placement as Recommended by CoC Project Selection Subcommittee				
Rank	Applicant	Project	Amount	Score
<b>TIER 1</b>				
1	City of Woodland/ 4th and Hope	Consolidated PSH	\$140,413	63.8
2	City of Woodland/ 4 <sup>th</sup> and Hope	Reallocation (2015) PSH	\$181,318	61.8
3	Yolo Community Care Continuum	Supported Housing	\$169,556	57.8
4	City of Davis/ Davis Community Meals	Transitional Housing	\$66,282	57.3
<b>TIER 2</b>				
5	Empower Yolo	Domestic Violence Bonus	\$99,718	60.0
<b>TOTAL:</b>			<b>\$657,287</b>	

If you believe HPAC denied your agency the opportunity to participate in the local competition and HPAC unfairly rejected or reallocated your project, pursuant to 24 CFR 578.35(c) you may appeal directly to HUD by submitting as a Solo Applicant prior to the application deadline.

Sincerely,

Anisa Vallejo  
 HHSA Program Coordinator



FY 2021 Continuum of Care (CoC) Local Competition Notification - Yolo Community Care Continuum - Message (HTML)

File Message Help Tell me what you want to do

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Read Aloud Zoom Speech Zoom

FY 2021 Continuum of Care (CoC) Local Competition Notification - Yolo Community Care Continuum



Anisa Vallejo  
 To Amber Salazar; James McLeod  
 Cc Jeneba Lahai; Ian Evans; Rachel Ladd (Rachel.Ladd@yolocounty.org)

Reply Reply All Forward

Fri 10/29/2021 11:08 AM

Hello,  
 Thank you for submitting a project application to HPAC's FY 2021 CoC local competition.

I am writing to inform you that HPAC officially accepted your Supported Housing Program application during its meeting on October 29, 2021. Therefore, HPAC will submit your project as part of its CoC Application. Per the table below, HPAC ranked your project third within Tier 1 for the total requested amount of \$169,556.

Rank and Tier Placement as Recommended by CoC Project Selection Subcommittee				
Rank	Applicant	Project	Amount	Score
<b>TIER 1</b>				
1	City of Woodland/ 4th and Hope	Consolidated PSH	\$140,413	63.8
2	City of Woodland/ 4 <sup>th</sup> and Hope	Reallocation (2015) PSH	\$181,318	61.8
3	Yolo Community Care Continuum	Supported Housing	\$169,556	57.8
4	City of Davis/ Davis Community Meals	Transitional Housing	\$66,282	57.3
<b>TIER 2</b>				
5	Empower Yolo	Domestic Violence Bonus	\$99,718	60.0

**TOTAL: \$657,287**

If you believe HPAC denied your agency the opportunity to participate in the local competition and HPAC unfairly rejected or reallocated your project, pursuant to 24 CFR 578.35(c) you may appeal directly to HUD by submitting as a Solo Applicant prior to the application deadline.

Sincerely,



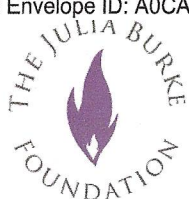
## Grant Agreement

This Grant Agreement is entered into between The Julia Burke Foundation ("Grantor") and Empower Yolo, Inc. ("Grantee").

1. Grant. Grantor shall transfer to the Grantee cash in the amount of \$200,000.
2. Purpose: For the purpose providing a new roof to the shelter building, adding solar panels to the roof, and replacing the fence with a new higher fence.
3. Obligations of Grantee.
  - a. Grantee shall return to Grantor any portion of the amount granted which is not used for the purposes of the Grant set forth in paragraph 2 of this Agreement.
  - b. Until otherwise notified by Grantor, Grantee shall submit to Grantor full and complete annual reports on the manner in which the principal and income (if any) arising from the Grant have been used, and such annual reports shall be due no later than 90 days after the close of Grantee's annual accounting period.
  - c. Grantee shall maintain records of receipts and expenditures and shall make its books and records available to Grantor at reasonable times.
  - d. Grantee will provide Grantor advance drafts of all media releases regarding this Grant, and agrees to obtain Grantor's consent prior to publication or distribution in any format of any media release referring to Grantor.
  - e. Grantee shall not use any portion or proceeds from the Grant:
    - (i) to carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Internal Revenue Code Section 4945(d)(1)),
    - (ii) to influence the outcome of any specific public election, or to carry on, directly or indirectly, any voter registration drive (within the meaning of Internal Revenue Code Section 4945(d)(2)),
    - (iii) to make any grant to an individual or to another organization unless such grant shall be specifically described in Paragraph 2 hereof, or
    - (iv) to undertake any activity for any purpose other than one specified in Internal Revenue Code Section 170(c)(2)(B).
    - (v) to provide material support to any person or entity that engages in violent or terrorist activities.
  - f. Grantee shall notify Grantor of any organizational changes during the term of the grant, including, but not limited to, any changes in key personnel and changes in the Grantee's tax-exempt status.
4. Miscellaneous: This Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into between California residents and wholly to be performed in California. This Agreement constitutes the entire agreement between the parties. This Agreement may not be modified, and no provision waived, without the prior written consent of the party against whom enforcement of the amendment or waiver is sought.

DS  
AS

DS  
LI



## Grant Agreement

In witness, whereof, the undersigned have executed this Agreement on the dates indicated.

JULIA BURKE FOUNDATION

DocuSigned by:  
*Amy Stoneham*  
75240E8C0635482...

By: Amy Stoneham

Its: Chief Financial officer

Date: 05/06/2021 | 9:05 PM PDT

EMPOWER YOLO, INC.

DocuSigned by:  
*Lynnette Irlmeier*  
420E48F3CCB149D...

By: Lynnette Irlmeier

Its: Executive Director

Date: 05/07/2021 | 8:35 AM PDT



67M

**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
GRANT SUBAWARD FACE SHEET**

The California Governor's Office of Emergency Services (Cal OES) hereby makes a Grant Subaward of funds to the following:

1. Subrecipient: Empower Yolo, Inc 1a. DUNS#: 364419150
2. Implementing Agency: Empower Yolo, Inc. 2a. DUNS#: 364419150
3. Implementing Agency Address: 175 Walnut Street Woodland 95695-3154  
(Street) (City) (Zip+4)
4. Location of Project: Woodland Yolo 95695-3154  
(City) (County) (Zip+4)
5. Disaster/Program Title: Transitional Housing (H) Program 6. Performance Period: 1/1/2021 to 12/31/2021  
(Start Date) (End Date)
7. Indirect Cost Rate: 10% de minimis Federally Approved ICR (if applicable): \_\_\_\_\_ %

Item Number	Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Cost
8.	2018	VOCA		\$15,605					\$15,605
9.	2019	VOCA		\$113,351					\$113,351
10.	Select	Select							
11.	Select	Select							
12.	Select	Select							
<b>Total</b>	<b>Project</b>	<b>Cost</b>		<b>\$128,956</b>	<b>\$128,956</b>				<b>\$128,956</b>

13. **Certification** - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

14. **CA Public Records Act** - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

15. **Official Authorized to Sign for Subrecipient:**

Name: Lynnette Kilmeter Title: Executive Director

Payment Mailing Address: 175 Walnut Street City: Woodland Zip Code+4: 95695-3154

Signature: [Signature] Date: 9/14/2020

16. Federal Employer ID Number: 943027535

(FOR Cal OES USE ONLY)

I hereby certify upon my personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.

[Signature] 12/3/2020  
(Cal OES Fiscal Officer) (Date)

[Signature] 12/7/2020  
(Cal OES Director or Designee) (Date)

ENY: 2020-21 Chapter: 6 SL: 18408  
Item: 0690-102-0890 Pgm: 0385  
FAIN #: 2018-V2-GX-0029 10/01/17-09/30/21  
Fund: Federal Trust AL#: 16.575  
Program: Transitional Housing Program  
Match Req.: 20%. C/IK bases on TPC- Match Waived  
Project ID: OES18VOCA000012  
SC: 2020-18408 Amount: \$ 15,605

ENY: 2020-21 Chapter: 6 SL: 18409  
Item: 0690-102-0890 Pgm: 0385  
FAIN #: 2019-V2-GX-0053 10/01/18-09/30/22  
Fund: Federal Trust AL#: 16.575  
Program: Transitional Housing Program  
Match Req.: 20%. C/IK based on TPC- Match Waived  
Project ID: OES19VOCA000012  
2020-18409 Amount: \$ 113,351

SEP 29 2020

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