Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
 1. the CoC Application, and
 2. the CoC Priority Listing.

 The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
 - 24 CFR part 578
 - Special NOFO CoC Application Navigational Guide
 - Section 3 Resources
 - Frequently Asked Questions

 As the Collaborative Applicant, you are responsible for reviewing the following:
 1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
 2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

 CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1A-1. CoC Name and Number: CA-503 - Sacramento City & County CoC

1A-2. Collaborative Applicant Name: Sacramento Steps Forward

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Sacramento Steps Forward

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

1B. Project Capacity, Review, and Ranking–Local Competition

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	09/02/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's 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

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform the applicants why their projects were rejected or reduced?	Yes
3.	If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/05/2022

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/05/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	Special NOFO Section VII.B.2.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 2,500 characters)

1. Data was impacted by COVID interruptions in outreach data collection but reduction also due to successful strategies implemented over past yr. 1)DETERMINING RISK FACTORS FOR 1ST TIME HMLSSNESS(FTH): CoC has improved ability to ID risk factors for FTH thru analysis of Rapid Access Problem Solving(RAPS) data. CoC launched RAPS to expand staffing of 2-1-1 (+3 FT staff) & increase access pts (+4). Initial assessment captures info on factors contributing to FTH, analyzed via monthly reports. In FY 2021-22, 68 households were diverted from homelessness with financial assistance from 4 agencies. On average, $2,510 was provided per household for them to resolve their housing crisis, with the majority of funds going towards security deposits. CoC's System Performance Committee analyzes data across demographics & recommends strategies to improve prevention & diversion.

2. STRATEGY TO ADDRESS AT RISK HOUSEHOLDS: A) IMPROVE DIVERSION: State funds are being used to improve diversion system practices, outreach standards, links to prevention, awareness of resources & coordination of services/housing for ppl involved w/criminal legal system. During this past year, the CoC began blending RAPS with the new Coordinated Access System (CAS) initiative and expanded the amount of funds available for problem-solving by an additional $3,298,200. New Problem-Solving Access Points (PSAP) have been activated and the CoC continues to build on best practices for quick intervention to address homelessness. Triage assessment IDs clients w/low service needs for immediate assist. Clients w/higher needs are connected w/add'l vulnerability assessments & resources. B)REDUCE EVICTIONS: Thru past yr eviction moratoriums protected renters. City of Sac partnered w/Sac Mediation Center to assist tenants w/Eviction Moratorium Ordinance & rent repayment programs. C)INCREASE PREVENTION: Thru partnership w/PHA & City & County of Sac., Sac. Emergency Rental Assist.(SERA) program has distributed $90 mil in prevention assistance to 11,400 households (Feb '22). SERA includes up to 15 mos emergency rent & utilities assistance for low-income renters at risk of homelessness.

3. System Perf.Cmte, staffed by SSF Chief Planning Officer

	2A-2.	Length of Time Homeless–Strategy to Reduce. (All Applicants)	
		Special NOFO Section VII.B.2.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 2,500 characters)

1. COC has multi-tier STRATEGY TO REDUCE LOTH: A) CoC PRIORITIZES MOST VULNERABLE IN COORD.ENTRY (CE): LOTH is high in CE prioritization scheme which brings pplw/ longer time hmless to top of list. B) CoC INCENTIVIZES PSH IN LOCALCOMPETITION w/12pt incentive for new PSH projects serving seniors/youth. This helps to increase amount of housing available to ppl w/long LOTH. C) CoC ENGAGES HIGHLY VULNERABLE PPL IN PROJECT ROOMKEY: Individuals in Proj. Roomkey engaged w/intensive housing-focused wraparound services. The County extended project locations (through August 2022) to ensure stable and safe exits for participants. As of Jan '22, 425 ppl had exited to PH & effort is ongoing. D)CoC CO-LOCATED HOUSING PROBLEM SOLVING RESOURCES AT ACCESS PTS. CoC's RAPS pilot was allocated an additional $4.5 million this year to expand problem solving resources & increase # of access pts as well as funds for diversion to reduce LOTH. E) CoC implements HOUSING FIRST approach to lower barriers & connect people w/housing more quickly. F) DEDICATED HOUSING FOR PPL EXPERIENCING CHRONIC HOMELESSNESS (CH): 128 people experiencing CH (18% of total) were referred to EHVs. The CoC referred over 246 recently homeless households, which includes RRH Bridge and PSH Move On. 160 of these EHVs were from PSH programs.

2. STRATEGY TO ID LONGLOTH: A) CoC utilizes HMIS data including CES ASSESSMENT DATA to ID ppl w/longest LOTH. CES tracks length of current episode of hmlessness for ppl& families w/VI-SPDAT. Client level LOTH is included in lists used for case conferencing. Family shelters have specific algorithm for ID'ing LOTH used to transition families more quickly out of hmlssness

3. System Perf. Cmte, staffed by SSF Chief Planning Officer

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1. In 2022, rate of exits to permanent housing destinations for people residing in ES, SH, TH, & RRH increased by 9% over previous year. STRATEGIES TO CONTINUE TO INCREASE RATE OF EXIT TO PH include: INCREASE HOUSING RESOURCES AVAILABLE: Through use of state resources, the community will continue to expand the housing resources available to individuals experiencing homelessness. Through Proj Roomkey, Sac expanded affordable housing by 112 units across 3 projects for households at/below30%AMI & experiencing hmlessness or at risk. As of March '22, 440 total individuals have exited the COVID-19 Project Roomkey shelters to stable housing since they opened in April 2020. The state's Project Homekey supports conversion of hotels and motels to permanent housing, and awarded $23.9 million in funding to SHRA in Jan 2022. 3 Homekey sites are underway. A main strategy of the Local Homelessness Action Plan (LHAP) is to ensure emergency shelter and interim housing is focused on rehousing by increasing permanent housing exits across all emergency shelter and interim housing programs. CoC has included 26 PSH projects in CoC Priority Listing this year, including 4 new projects. Improved prevention/diversion efforts over the past year continue to keep more PH available for higher need households.

2. Rate of retention of PH or exit to PH destinations in 2021 was 99%. STRATEGIES TO MAINTAIN AND INCREASE THIS HIGH RATE OF RETENTION OF PH / EXITTO PH DESTINATIONS include: A) EMERGENCY TRANSFERS IN COORDINATED ENTRY: The Coordinated Entry System accommodated 3 emergency transfers between permanent housing locations to ensure clients can retain their permanent housing. B) MOVE ON PILOT: The SHRA Move On program pilot referred 92 participants to an EHV over the past year. These vouchers have been successful in moving PSH residents to other permanent housing destinations, while improving flow throughout the full system. C) State funding supports a county-wide property liaison & landlord point of contact. D) The Pathways program provides 24/7 on-call support & ongoing psychiatric care for ppl w/SMI to retain their PH after exiting homelessness. D) The Renewal project scoring tool contains a scoring factor (Factor 8A) that measures PSH flow to other permanent housing, including housing with rental subsidy.

3. System Perf. Cmte, staffed by SSF Chief Planning Officer

2A-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1. In 2021, rate of returns to hmlssness(RTH) w/in 6mos was 9% & RTH w/in 1yrwas 6%, nearly the same as '20. 1)CoC STRATEGIES TO ID PPL RETURNING TO HMLSSNESS: CoC tracks RTH & risk factors contributing to RTH. CoC uses VI-SPDAT, CES, & HMIS data to ID ppl & families returning to hmlssness. When client returns to system, factors contributing to return are reviewed & inform development of service plans. In addition to individual data, CoC uses STELLA & aggregate data for broad look at RTH & develops RTH profiles to share w/providers & develop strategies to reduce RTH. Additionally, individual proj. cohort data is reviewed to ID & track RTH.

2. STRATEGY TO REDUCERTH: A) CoC INCENTIVIZES CONNECTIONS TO MAINSTREAM RESOURCES: CoC-funded prgrms are scored in local competition on ability to improve clients' connections to mainstream resources. B) CoC provides EMERGENCY TRANSFERS to ppl in PH facing eviction. Transfers can be initiated by clients or providers & take priority over community queue. C)CASECONFERENCING: CoC facilitates case conferencing processes including processes dedicated to TAY/Veterans, to pair clients w/best housing options. D) ENHANCED LANDLORD ENGAGEMENT: SHRA Landlord Incentive Prgrm offers financial incentives (e.g. risk mngmt fund to cover damage to units) for landlords renting to HCV holders to maintain relationships & prevent RTH. Additionally, the County Board of Supervisors approved initial project recommendations for the American Plan Rescue Act in Jan 2022, which allocated $10 million towards Landlord Engagement and Rehousing Supports including supportive services, landlord engagement strategies and incentives, and flexible rental subsidies. The CoC aims to reduce the number of persons who return to homelessness after exiting homelessness to permanent housing through efforts specified in the Local Homelessness Action Plan (LHAP).

3. System Perf. Cmte, staffed by SSF Chief Planning Officer

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase employment cash sources;
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 2,500 characters)

1. In 2021, 10% of adults in system increased employment income.1)STRATEGIES TO INCREASE EMPLOYMENT INCOME: A)CoC ENSURE PROVIDERS ARE AWARE OF RESOURCES for clients to increase employment income. CoC held training for provider orgs on creating prof. dev .opportunities for ppl experiencing hmlssness. SSF features Ppl's Guide on their site w/steps for job search/action plan & resources for emergency assistance after job loss. B)CoC connects clients w/EMPLOYMENT TRAINING & ED PRGRMS to facilitate career advancement. CoC has active formal partnership w/Sac. Employment & Training Agency (SETA). They commit to serve ppl experiencing hmlssness & sit on CoC Board. SETA's 13 job cntrs provide career coaching for adults & youth. LSS (CoC provider) runs State Dept of Rehab verified pre-employment & supported employment prgrm, offering job training & support to residents of PSH. Hope Cooperative (CoC provider) has work readiness prgrm for ppl w/SMI in PSH. C)Providers of housing prgrms PRIORITIZE EMPLOYMENT & STABILITY thru resources, trainings & connections to job opportunities. D) ACCESS TO EMPLOYMENT: CoC funds employment-focused housing. Volunteers of America (VOA) rep sits on Board. VOA provides 12mo employment-focused TH for 200ppl at a time, referred thru CES. Services include pre-employment & job training, AOD recovery, credit &ID repair, case mngmnt, & housing/job placement, avail. to ppl experiencing hmlssness. VOA operates Hmless Veterans Reintegration Prgrm w /job training/placement for veterans.

2. COC WORKS W/MAINSTREAMEMPLOYMENT TO INCREASE CASH INCOME: A) CoC providers refer to SETA for job connections for youth & adults thru Sac Works prgrm & virtual job fairs. B) Food Bank provides free GED classes to CoC clients. CoC providers refer clients to CalWORKs prgrm for hmless families, w/edu, employment, & training prgrms as well as childcare, transportation & work expenses. SETA offers CSBG funded case-managed services to low income refugees and women seeking employment through 4 service providers.

3. System Perf. Cmte, staffed by SSF Chief Planning Officer

		2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
			Special NOFO Section VII.B.2.f.	
			Describe in the field below:	
		1.	the strategy your CoC has implemented 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 2,500 characters)

1. Non-employment cash income increased for 47% of adults in the system in 2021. CoC STRATEGY TO INCREASE NON-EMPLOYMENT CASH INCOME & ACCESS TO NON-EMPLOYMENT CASH SOURCES involves a focus on targeted referrals, connecting participants to resources they are not yet accessing, ensuring follow up on applications, & renewal of benefits. This occurs through A) MAINSTREAM BENEFITS TRAININGS for all CoC-funded providers, informing agencies on how best to connect individuals experiencing homelessness w/the wide range of non-employment cash benefits available. The CoC holds trainings around connecting clients to mainstream benefits, including non-employment cash income. CoC held training for CoC-funded projects on navigating the Child Tax Credit & helping clients leverage the tax credit as well as training on utilizing CA services to enhance homeless programs for seniors & families. B) PROMOTION OF RESOURCES: SSF provides information/resources on their website including People's Guide w/information on accessing non-employment cash income. C) DIRECTACCESS TO LOCALLY DISTRIBUTED BENEFITS: CoC partners w/County which maintains a Childcare Eligibility List for childcare subsidies. Eligibility is determined by family income, size, and need, including need for permanent housing. Sacramento County Dept. of Human Assist. administers federal, state & local govt programs providing temporary cash aid & food assistance & made CalWorks & CalFresh signup more accessible during the pandemic through new service center & increased phone & online support as well as in person. D)ASSESSMENT & REFERRALS: RAPS program assessment identifies clients w/low service needs & connects them w/resources including referrals to secure mainstream benefits. CoC providers regularly refer clients to the CalFresh program, as well as California Work Opportunity and Responsibility to Kids(CalWORKs) cash aid program for qualified families experiencing homelessness.

2. System Perf. Cmte, staffed by SSF Chief Planning Officer

2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
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	No	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	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	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	Yes	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	No
13.	Law Enforcement	Yes	Yes	No
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	Yes	Yes	Yes
15.	LGBTQ+ Service Organizations	Yes	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes
19.	Mental Illness Advocates	Yes	Yes	Yes

20.	Non-CoC Funded Youth Homeless Organizations	Yes	No	No
21.	Non-CoC-Funded Victim Service Providers	Yes	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
23.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
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.	Employment Development for Individuals Experiencing Homelessness;Veterans	Yes	Yes	Yes
34.	Federally Qualified Health Centers; County Public Health Dept.; Faith Community	Yes	No	Yes

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	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, other People of Color, persons with disabilities).

(limit 2,500 characters)

1. COC COMMUNICATES TRANSPARENT PROCESS TO SOLICIT NEW MEMBERS by direct outreach via listserv and public announcements on CoC website. New stkhldrs, including orgs not funded by the CoC, are invited to join the listserv (2,800+ stkhldrs: providers, healthcare, faith-based orgs, coalitions, employment agencies, gov't) through announcements on website and at CoC board and cmte mtgs. CoC solicited new members during 2022 PIT Count volunteer recruitment through city partner communication networks (local newspapers, newsletters). CoC reps engaged in several local media interviews & invited new member participation in the PIT Count as well as w/ Sacramento Steps Forward (SSF) and the CoC at large. CoC also engages in an open annual process for recruiting new board & cmte members via PUBLIC NOMINATIONS ON WEBSITE & announcements on CoC LISTSERVS.

2. COC ENSURES EFFECTIVE COMMUNICATION W/INDIVS W/ DISABILITIES by using plain txt accessible for e-readers in all announcements and conducting outreach to orgs working w/ppl w/disabilities to inform them of mtgs (including thru listservs). Board nCheck Check ominating cmte ensures representation from orgs serving ppl w/disabilities. CoC mtgs were held virtually this yr w/accessibility features enabled.

3. Demographic Survey to ID ppl in CoC w/ lived experience of homelessness; Provider referrals recommending staff or clients w/ lived experience to join Cmtes, Workgroups, and PLE Cohort; Outreach via attending community & provider events, trainings, community listening sessions that result in IDing and recruiting adtn'l ppl with lived experience of homelessness; Peer to peer outreach by PLE Cohort; 2 individuals on PLE Cohort are actively homeless.

4. CoC conducted TARGETED OUTREACH to BIPOC-led/serving orgs, adding new representatives in CoC and Racial Equity Cmte. Also leveraged outreach as part of COVID-19 response to recruit new CoC members in BIPOC communities. These individuals were invited to participate in CoC activities, continued COVID-19 community outreach & education, COVID-19 related virtual trainings and discussions, and homeless provider trainings. CoC also collaborated w/ these volunteer agencies to recruit, train, and compensate PLEs to serve as COVID-19 Encampment Champions, assisting w/ communicating evidence-based info and public health practices. New members invited to participate as guest session presenters and were sent targeted requests for content feedback via email or online surveys.

	2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
		Special NOFO Section VII.B.3.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 2,500 characters)

1. COC SOLICITS & CONSIDERS OPINIONS FROM BROAD ARRAY OF STAKEHOLDERS through A) BOARD MEMBERSHIP: 30-member CoC Board has reps from diverse orgs and fixed seats for ppl w/lived experience. TAY Board holds open monthly mtgs. B)PUBLIC MTGs, FORUMS and SURVEYS:Ex: CoC Racial Equity Committee holds monthly public meetings where partners w/ lived experience are able to give feedback to system staff and providers in order to inform improvements. C) PUBLIC COMMENT: CoC invites public input on policies/procedures and funding priorities via SSF website.

2. COC COMMUNICATES INFO with public before, during, and after mtgs to ensure opportunities for participation. Materials and info are available in various formats (handouts, e-surveys) so the public and members have background info to provide input. Members are contacted through the listserv w/PRE-MTG SURVEYS seeking input on topics to tailor mtgs to public interests. Accessible e-formats made available. New PUBLIC DATA DASHBOARD on SSF website provides info on the state of homelessness in the region. For key issues extra mtgs are held to allow public comment and promoted via listserv, website and social media. Committee mtg agendas, notes and recordings are on SSF website. The CoC holds VIRTUAL WKSHPS on variety of topics (e.g. SPMs) to share info and gather input on common issues. All CoC meetings are virtual to make them more accessible.

3. COC CONSIDERS INFO GATHERED FROM PUBLIC to guide decision-making: A) PUBLIC SUGGESTIONS are collected and considered at mtgs of all subcommittees. Subcommittee members encouraged to provide input; recommendations go to Board for consideration. B) CoC FACILITATES DISCUSSIONS W/PROVIDERS multiple times/yr to guide decision making; ex: CoC convened new DV providers to discuss data collection/databases. C) PUBLIC FORUMS SHAPE SYSTEM CHANGES: Racial Equity Committee including ppl with lived experience provides updates on the Racial Equity Action Plan and feedback to system partners.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

1. COC NOTIFIES PUBLIC THAT COC CONSIDERS PROJECT APPS FROM ORGS NOT PREVIOUSLY FUNDED. through announcing provider funding opportunities on the CoC website, through social media (Facebook, Twitter, Instagram) and by soliciting new apps through TRANSPARENT PUBLIC PROCESS w/targeted phone and email outreach to VSPs, Tribal Entities, housing authority, and healthcare partners in advance of TA Workshop.

2. COC NOTIFIES PUBLIC OF LOCAL COMPETITION AND PROCESS FOR SUBMITTING APPLICATIONS by discussing process at public mtgs (Performance Review Committee 6/28/21; CoC Board 6/8/22; System Performance Committee 8/25/22); emailing process to community-wide listservs (2,800+ recipients) (8/1/22); hosting TA Workshop to provide info to applicants including on proposal submission (8/10/22); and announcing competition on CoC website (8/16/22). Renewal and new project apps were submitted online via PRESTO software by 8/25/22.

3. COC INFORMS PUBLIC ABOUT PROJECT REVIEW & SUBMISSION TO HUD through pre-competition notices posted on CoC website and explanation at public mtgs and TA Workshop. The Project Review Committee created the project scorecard (approved by Board), reflecting HUD threshold requirements (e.g. serving eligible populations; participating in CES) and no requirement of prior CoC grant experience. All apps submitted w/in 72 hrs of the deadline are subject to threshold review and included in process. Renewal Projects are scored on performance and agency capacity; new projects are prioritized based on ability to meet community need and org capacity. This information is made publicly available through the TA workshop and supporting written materials.

4. COC COMMUNICATED EFFECTIVELY W/INDIVS W/DISABILITIES through communication about competition in accessible formats: announcements at open mtgs remotely/in ADA-accessible locations w/accommodations upon request; emails w/e-reader capabilities; offered 1-1 TA in format applicant chooses. After TA Wkshp, attendees participated in survey w/questions about accessibility/format of materials; input will inform efforts to improve future materials.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.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)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		Nonexistent

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG 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 to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. COC CONSULTS WITH ESG & ESG-CV PRGRM RECIPIENTS IN PLANNING & ALLOCATING FUNDS through Funders Collaborative in Sacramento County, which includes CoC, County HHS, Sacramento Housing and Redevelopment Agency (SHRA; the ESG recipient), Sacramento Employment and Training Agency, and regional partners. Collaborative established a regional network that decides how to allocate ESG funding, cultivates ongoing private and public relationships and aligns solutions. CoC allocated state funds to bring ESG-funded projects into HMIS to support evaluation.

2. COC PARTICIPATES IN EVALUATING & REPORTING PERFORMANCE OF ESG PROGRAM RECIPIENTS/SUBRECIPIENTS by setting performance targets and minimum standards for length of stay and permanent housing outcomes for ESG and ESG-CV-funded emergency shelter and RRH. SHRA and other ESG Subrecipients have seats on CoC Board and participate in Coordinated Entry, CE Eval, HMIS and Data Committees, and RRH Collaborative, all of which spend time focusing on ESG program reporting and evaluation. ESG, CoC and other RRH funders collaborated to create RRH Policy Manual to ensure standardization across programs.

3. COC PROVIDES PIT COUNT & HIC DATA TO CONSOLIDATED PLAN JURISDICTIONS WITHIN THE COC GEOGRAPHIC AREA as well as other relevant local homelessness info and data, through public dashboards on CoC website, updates, and newsletters shared w/jurisdiction representatives via CoC listservs.

4. COC PROVIDES INFO TO CONSOLIDATED PLAN JURISDICTIONS FOR CONSOLIDATED PLAN UPDATES by including housing reps in CoC meetings (City of Elk Grove are on Project Review Committee); sharing CoC data w/Cities to inform Con Plan including PIT, HIC, and SPM. CoC lead agency staff participate and provide information in Con Plan public meetings. Sacramento has CoC Program Manager whose duties are aligned w/Con Plans for City of Sacramento, Sacramento County, Elk Grove, Rancho Cordova, and Citrus Heights.

	2C-3.	Discharge Planning Coordination. (All Applicants)	
		Special NOFO Section VII.B.3.c.	

		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

	2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)	
		Special NOFO Section VII.B.3.d.	

		Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
	1.	Youth Education Provider	Yes
	2.	State Education Agency (SEA)	Yes
	3.	Local Education Agency (LEA)	Yes
	4.	School Districts	Yes

	2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)	
		Special NOFO Section VII.B.3.d.	

		Describe in the field below:	
	1.	how your CoC collaborates with the entities checked in Question 2C-4; and	
	2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.	

(limit 2,500 characters)

1. COC COLLABORATES W/YOUTH ED PROVIDERS that offer ed assistance and extracurriculars to homeless and runaway youth, and higher ed opportunities for TAY. Ed providers also address concerns from homeless students at monthly CoC Youth Advisory Board mtgs.

2. FORMAL YOUTH ED PARTNERSHIPS: CoC has formal prtnrshp w/Sac Employment and Training Agency which provides ed and job training for youth and has a rep on CoC Board. CoC has written agrmnt w/Waking the Village, which funds preschool for parenting TAY in housing prgrms.

3. COC COLLABORATES W/SEA and LEAs: TAY and youth housing providers collaborate w/County Office of Ed (SCOE) and McKinney Vento liaisons to connect youth to housing. This grp worked on projcts to address youth homelessness: 100 Day Challenge, Youth PIT Count, Grand Challenge for LGBTQ and POC youth w/equity focus. SCOE attends mnthly Youth Homelessness Taskforce mtg and participates in 2x/mo case conferencing mtgs.

4. FORMAL PARTNERSHIPS W/ SEA and LEAs: CoC has formal prtnrshp w/SCOE, which operates Project TEACH and ensures support for Homeless students thru collab efforts w/schools. CoC has written agrmnt w/Gang Prevention and Intervention, which collabs w/SCOE to serve youth and TAY. County expanded prgrm in '21 to serve unsheltrd/at risk youth led by CoC provider LSS, which connects youth to case mgmt, housing and srvcs prior to exiting foster care.

5. COLLABORATES W/ SCHOOL DISTRICTS: Project TEACH ensures districts connect w/homeless srvcs. Districts provide referrals, info and resource guides on web to connect families and youth to 2-1-1/access pts, CoC providers. Sac City District runs yr-round Student Connect Cntrs in prtnrshp w/CoC-funded orgs, e.g. Next Move. These cntrs provide info about ed srvcs for ppl who are homeless, and single-entry pt for case mgmt, housing and mental healthcare. Districts offer wkshps for families on accessing homeless svcs thru CoC providers.

6. FORMAL PARTNERSHIPS W/SCHOOL DISTRICTS: CoC has formal prtnrshp w/ McKinney Vento liaisons for each district. Liaisons take active role in CoC and hold monthly coord. mtgs w/providers. Liaisons host events for families IDed as homeless, connecting to resources.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

COC HAS WRITTEN POLICIES and PROCEDURES TO INFORM INDIVIDUALS and FAMILIES WHO BECOME HOMELESS OF THEIR ELIGIBILIY FOR EDUCATIONAL SERVICES. CoC policy requires all providers to designate a Homeless Students Educational Rights Lead to inform households about the education rights of homeless individuals and families and to ensure their needs are met. This requirement is also listed in contracts of RRH and PSH programs. Shelter and housing providers are also required to post information about educational rights of homeless students and provide transportation to school of choice for children residing in their facilities, w/attendance and regular reports at monthly mtgs of McKinney-Vento homeless student liaisons convened by the Local Education Agency (LEA) and Sacramento County Office of Education (SCOE).

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Indicate in the chart below whether your CoC trains project staff annually on the following mainstream resources available for program participants within your CoC's geographic area:

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	No
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	No
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	Yes

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Describe in the field below how your CoC:
1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1. SYSTEMICALLY PROVIDING UP-TO-DATE INFO ON MAINSTREAM RESOURCES AVAILABLE FOR PARTICIPANTS via monthly newsletters to listservs (2,800+ providers, clients, and community members); partnership w/Specialized Multi Advocate Resource Team (SMART) connects providers to their trainings; and CoC-led training. CoC-funded providers participate in regular SSI/SSDI Outreach, Access, and Recovery (SOAR) training. CoC provided training for CoC projects on using CA services to enhance hmless prgrms for families and seniors. CoC is partner of Pathways to Health and Home which provided 2-part training on Medicare basics, SSI Eligibility and Medi-Cal. CoC works w/County dept responsible for admin of mainstream resources; Hmless Response Team includes reps from Dept of Human Assistance.

2. WORKING W/PROJECTS TO COLLAB W/HEALTHCARE ORGS TO ASSIST PARTICIPANTS w/ HEALTHCARE SERVICES: CoC membership includes reps from healthcare orgs and CoC has grown partnerships w/ orgs thru COVID-19 efforts. CoC providers partner w/range of orgs on insurance enrollment including La Familia Counseling Ctr, school districts, Dept of Human Asst, DHHS, and WellSpace. Hospitals are a referral entity to shelter and isolation options. CoC partnered w/ Dept of Health Care Services to procure Narcan kits for distribution by volunteer network members to respond to the rising opioid epidemic. The kits are part of emergency response by directly administering to people who have overdosed on opioids or as a preventive measure, distributing to programs, community orgs, & people who know individuals who are at risk for overdose. Outreach is facilitated by COVID-19 Vaccine Ambassadors, volunteer network members, and staff who identify healthcare and behavioral health providersmental health providers and substance abuse experts.

3. The CoC partners w/ Sac County Behavioral Health to encourage program providers to access any and all mainstream resources. All contracted providers must implement SOAR w/in 6 months of contract execution to a high fidelity as a foundation of benefit acquisition support and assistance per SAMHSA. BHS providers work w/ the CoC w/ regular case conferencing for individuals experiencing homelessness w/ SMI. BHS can leverage our case management to assist w/ SOAR while the CoC facilitates case conferencing and housing eligibility. SOAR is open to all and not limited to behavioral health clients.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

	3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
		Special 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

	3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
		Special NOFO Section VII.C.	
		You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
		If you answered yes to question 3B-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 2,500 characters)

n/a

4A. Attachments Screen For All Application Questions

		Please read the following guidance to help you successfully upload attachments and get maximum points:
	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'
	3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
	4.	Attachments must match the questions they are associated with.
	5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
	6.	If you cannot read the attachment, it is likely we cannot read it either. - 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). - We must be able to read everything you want us to consider in any attachment.
	7.	Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	1B_1 Special NOFO...	10/18/2022
1B-2. Local Competition Scoring Tool	Yes	1B-2 Local Compet...	10/18/2022
1B-3. Notification of Projects Rejected-Reduced	Yes		
1B-3a. Notification of Projects Accepted	Yes	1B_3A Notificatio...	10/18/2022
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No		
P-1a. PHA Commitment	No	P-1a. PHA Commitment	10/18/2022
P-3. Healthcare Leveraging Commitment	No	P-3_Healthcare Le...	10/18/2022
P-9c. Lived Experience Support Letter	No	P-9c. Lived Exper...	10/18/2022
Plan. CoC Plan	Yes	SNOFO CoC Local P...	10/18/2022

Attachment Details

Document Description: 1B_1 Special NOFO Announcement_8.2.2022

Attachment Details

Document Description: 1B-2 Local Competition Scoring Tool

Attachment Details

Document Description:

Attachment Details

Document Description: 1B_3A Notifications of Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: P-1a. PHA Commitment

Attachment Details

Document Description: P-3_Healthcare Leveraging Commitment

Attachment Details

Document Description: P-9c. Lived Experience Support Letter

Attachment Details

Document Description: SNOFO CoC Local Plan Attachment DRAFT for
10-18-22

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/13/2022
1B. Project Review, Ranking and Selection	10/18/2022
2A. System Performance	10/18/2022
2B. Coordination and Engagement	10/18/2022
2C. Coordination and Engagement–Con't.	10/18/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	10/18/2022
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

2022 Special NOFO Update

Feedback Survey Available!

Hello Continuum of Care (CoC) Members and Community Partners,

The US Housing and Urban Development (HUD) released the Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness (**Special NOFO**) on June 22, 2022. The Sacramento CoC intends on applying for these funds and plans to engage people with lived expertise, the CoC Board, and Committees throughout the process. **The application is due on Thursday, October 20th, 2022.**

Today we are providing a **quick survey** below to gain insight on how to prioritize the Special NOFO funding opportunity. For questions regarding this funding opportunity please email **Jesse Archer**, SSF CoC Analyst.

Access the Survey

Thank you,
Michele Watts
Chief Planning Officer, Sacramento Steps Forward

Unsubscribe rdavidson@sacstepsforward.org

Update Profile |Constant Contact Data Notice

Sent bymwatts@sacstepsforward.orgpowered by

SCORING FACTORS FOR PROJECTS:
2022 Special NOFO

The review panel only review applications meeting the threshold criteria including the following:

- Applicant is eligible to apply for CoC funds
- Applicant is applying for an eligible project type
- Project serves an eligible population
- Project is willing to participate in Coordinated Entry
- Project is willing to use HMIS (or, for domestic violence [DV] survivor providers, a comparable data system)
- Project can commence on or before September 15, 2024
- Project is willing to incorporate identified healthcare leverage into project application or utilize healthcare services or resources once operational

Rating Factor	Score Range
1. HUD System Performance Objectives The project articulates how it will advance the system performance objectives set forth by HUD: • Reduce new entries into homelessness • Reduce the length of time people are homeless • Reduce returns to homelessness • Increase participant income	0-4
2. Program Planning • The New Project Application Narrative clearly describes the proposed project and program and articulates the Applicants approach and resources required to be successful. • Applicant has demonstrated how they will conduct ongoing assessment to ensure the project is promoting racial equity and described how they will take steps to address any identified disparities in how historically under-resourced races and ethnicities access the program, experience the program once enrolled, and the outcomes of the program • There is a specific plan to ensure there are no barriers to participation faced by persons of historically under-resourced races and ethnicities, particularly those over-represented in the local homelessness population • Applicant has described how the project will involve people with lived expertise of homelessness in providing input on program planning and evaluation, development of policies and procedures, and decision-making structures and processes • Project prioritizes rapid placement and stabilization in permanent housing	0-5

Rating Factor	Score Range
3. Responding to Unsheltered Homelessness • Project contributes to the CoC's efforts to reduce rates of unsheltered homelessness • Project targets participants who are coming from the street or other locations not meant for human habitation, emergency shelters, safe havens, or fleeing domestic violence • Project has a plan to engage with people in the target population to access the program •	0-3
4. Appropriateness of Housing • Type, scale, and location of the housing fit the needs of the program participants • Participants are assisted to secure housing as quickly as possible • Programs and activities are offered in a setting that enables homeless people with disabilities to fully interact with others without disabilities possible	0-3
5. Housing First Model • Project will have low barriers to entry and does not screen out applicants based on having no or low income, active or history of substance use, criminal record (except for State mandated requirements), history of domestic violence) or lack of willingness to participate in services • Project will not terminate participants for: failure to participate in services, failure to make progress on the service plan, loss of income or failure to improve income; being a victim of domestic violence, or other activities not covered in the lease agreement • What is the landlord recruitment process to educate and retain landlords who must embrace the Housing First Model?	0-3
6. Program Model • Type, scale, and location of the supportive services fit the needs of the program participants and are readily accessible. This includes services funded by the CoC grant and other project funding sources • For SSO projects, the project describes how they will connect people to permanent housing and the coordinated entry system • For RRH projects, project meets National Alliance to End Homelessness (NAEH) RRH standards as outlined in Performance-Benchmarks-and- Program-Standards.pdf (endhomelessness.org) • For PSH projects, there are sufficient services to ensure participants are successfully supported to access and sustain housing • For applicable housing programs (PSH, RRH, or TH-RRH), the applicant has described how they recruit and work with landlords. • For applicable housing programs, have documented site control.	0-6

Rating Factor	Score Range
7. Service Plan • There is a specific plan to ensure participants are individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible • There is a specific plan to ensure participants are assisted to secure services from the healthcare system. • There is a specific plan to ensure participants are assisted to obtain and remain in permanent housing in a manner that fits their needs • There is a specific plan to ensure participants are assisted to increase their incomes and live independently	0-4
8. Timing • Applicant has a clear plan to begin operations when the contract is executed. • Staffing and hiring plan to begin new program on or before September 2024.	0-2
9. Applicant Capacity • Recent relevant experience in providing housing to people experiencing homelessness • If the application has sub-recipients, applicant organizations have experience working together and with target population • Relevant experience in operation of housing projects or programs, administering leasing or rental assistance funds, delivering services and entering data and ensuring high-quality data in a system (HMIS or a similar data system) • Recent data submitted demonstrates strong performance for relevant services and/or housing provided • Applicant has specialized training for target population which may include Spoon Theory, cultural humility, LGBTQ and other specializations •	0-5
10. Grants Management • Experience administering Continuum of Care or other similar federal funding • Organizational and finance capacity to track funds and meet all HUD reporting and fiscal requirements. • Any outstanding monitoring or audit issues? If so, did they explain in the application.	0-3
11. Financial Feasibility and Effectiveness • Costs appear reasonable and adequate to support the proposed program • Match requirement is met (minimum of 25%) • Additional resources leveraged	0-3
TOTAL	
Maximum Application Total	**41**

1B-3a Notifications of Projects Accepted

From: Dena Fuentes <dfuentes@webrsg.com>
Date: Tuesday, October 4, 2022 at 3:30 PM
To: Rolf Davidson <rdavidson@sacstepsforward.org>, Erin Johansen <ejohansen@hopecoop.org>, Julie Clemens <Julie.Clemens@shelterinc.org>, Peter Bell <pbell@sacstepsforward.org>, Michele Watts <mwatts@sacstepsforward.org>
Subject: Outcome of Sacramento Contiuum of Care Special Notice of Funding Opportunity

This email is to inform you that the Sacramento Continuum of Care met this morning to consider the Review and Rank Committee's recommendations regarding the CoC Special Notice of Funding Availability. The Continuum of Care Board approved proceeding with submitting the Sacramento Special NOFO application as articulated in the table below.

Sacramento County Contiuum of Care Approved
2022 Contiuum of Care Supplemental to Address Unsheltered Homelessness
Competitive Special Notice of Funding Opportunity
Approved: October 4, 2022

Maximum Eligible Award	$ 10,636,073						
CoC Planning (Not Ranked)	$ 319,082						
Total Available for New Projects	$ 10,316,991						

Recommended List

Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount Request	Grant Amount Recommended
1	Yes	231.5	Thrive Sacramento	Shelter Inc	PSH	48	48	$ 6,974,950	$
2	No	221	Hope CalAim	TLCS Hope Cooperative	PSH	32	25	$ 1,422,078	$
3	Yes	192.25	Coordinated Acces Navigatoin (CAN Team) Expansion	Sacramento Steps Forward	SSO	n/a	n/a	$ 3,000,000	$ 927,518
	Yes	not ranked	Homeless Management Information Systems	Sacramento Steps Forward	HMIS	n/a	n/a	$ 2,063,596	$ 1,713,696

Thank you on behalf of the Sacramento Continuum of Care for submitting your applications and responding to inquiries as we continue to develop the formal application for submittal.

If you have any questions, please feel free to contact me.

Dena Fuentes

RSG
BETTER COMMUNITIES
BOLDER FUTURES.

17872 Gillette Ave | Irvine CA 92614
714.541.4585 (Office) | 714.316.0162 (Direct)

Sacramento County Continuum of Care Approved
2022 Contiuum of Care Supplemental to Address Unsheltered Homelessness
Competitive Special Notice of Funding Opportunity
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Maximum Eligible Award	$	10,636,073
CoC Planning (Not Ranked)	$	319,082
Total Available for New Projects	$	10,316,991

Recommended List

Rank	Eligible to Appeal	Score	Project	Applicant	Type	Number of Beds	Number of Units	Grant Amount Request	Grant Amount Recommended	Potential Outcome Modification
1	Yes	231.5	Thrive Sacramento	Shelter Inc.	PSH	48	48	$ 6,974,950	$ -	43 units
2	No	221	Hope CalAim	TLCS - Hope Cooperative	PSH	32	25	$ 1,422,078	$ -	n/a
3	Yes	192.25	Coordinated Acces Navigatoin (CAN Team) Expansion	Sacramento Steps Forward	SSO	n/a	n/a	$ 3,000,000	$ 927,518	TBD
	Yes	not ranked	Homeless Management Information Systems	Sacramento Steps Forward	HMIS	n/a	n/a	$ 2,063,596	$ 1,713,696	Eliminate Project Consultant for Encampment Project

October 17, 2022

Lisa Bates
Sacramento Steps Forward (SSF)
2150 River Plaza Drive, Suite 385
Sacramento, CA 95833

Re: Commitment of Housing Stabilization Vouchers (HSV) for the Special NOFO

Dear Lisa Bates,

On behalf of the Sacramento Housing and Redevelopment Agency (SHRA) we are excited to make the following commitments regarding the provision of US Department of Housing and Urban Development Housing (HUD) Housing Stability Vouchers (HSV):

1. SHRA will work with SSF, the CoC, and CoC-funded supportive services providers to pair available HSVs with supportive service resources.
2. SHRA is committed to working with CoC stakeholders to develop a coordinated entry system (CES) prioritization plan informed by input received, existing permanent housing CES criteria, and HUD's HSV requirements and HSV targeting for a potential allocation of HSVs.

SHRA looks forward to partnering with the Sacramento CoC and SSF to pair HSVs with HUD Special NOFO supportive services to rehouse people experiencing homelessness in our community.

Sincerely,

LaShelle Dozier

CONTINUUM OF CARE SUPPLEMENTAL TO ADDRESS UNSHELTERED AND RURAL HOMELESSNESS (SPECIAL NOFO)

Sacramento CoC Healthcare Leverage Commitments

This document contains letters from the five Sacramento Medi-Cal Managed Care Plans that are committed to supporting the Sacramento CoC's application to HUD for the Special NOFO with $3,840,000 in leveraged funds.

1. Aetna Better Health of California
2. Anthem Blue Cross
3. Health Net
4. Molina Healthcare
5. Kaiser Permanente

Aetna Better Health® of California
10260 Meanley Drive
San Diego, CA 92131
1-855-772-9076

aetna®

October 17, 2022

Sacramento Steps Forward
2150 River Plaza Dr. Suite 385
Sacramento, CA 95833

Re: Commitment for Health Care Services

Dear Ms. Bates,

As the five Medi-Cal Managed Care Plans (MCPs) in Sacramento County - Aetna, Anthem Blue Cross, California Health and Wellness, Kaiser Permanente, and Molina Healthcare - are pleased to provide this letter of commitment to provide healthcare resources to support the permanent housing projects being proposed as part of the Sacramento Steps Forward (SSF) and the Sacramento City and County Continuum of Care (CoC) HUD Special NOFO. Our members experiencing homelessness have significant clinical and nonclinical needs, and the MCPs are eager to partner with SSF and the CoC to extend supports and services beyond hospitals and health care settings to address homelessness in Sacramento County.

Sacramento MCPs commit $3,840,000 toward the Special NOFO projects as follows:

- MCP portion, based on Medi-Cal membership, through one or more of the following: Housing and Homelessness Incentive Program (HHIP), CalAIM Incentive Payment Program (IPP), or other direct funding.
- This commitment is available to the projects to support service provision for members in housing programs. This commitment does not restrict the project target population or require clients to be Medi-Cal eligible or CalAIM enrolled.
- If awarded, the commitment from the MCPs will cover the duration of the initial 3-year grant term of the Special NOFO projects.

As a representative of Kaiser Permanente authorized to make the commitments identified in this letter, I am pleased to offer our support.

Sincerely,

Verne Brizendine, CEO of Aetna Better Health of California

October 10, 2022

Sacramento Steps Forward
2150 River Plaza Dr. Suite 385
Sacramento, CA 95833

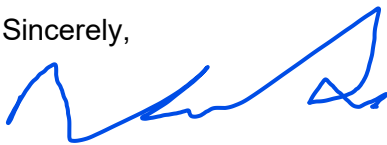**Re: Commitment for Health Care Services**

Dear Ms. Bates,

As the five Medi-Cal Managed Care Plans (MCPs) in Sacramento County - Aetna, Anthem Blue
Cross, California Health and Wellness, Kaiser Permanente, and Molina Healthcare - are
pleased to provide this letter of commitment to provide healthcare resources to support the
permanent housing projects being proposed as part of the Sacramento Steps Forward (SSF)
and the Sacramento City and County Continuum of Care (CoC) HUD Special NOFO. Our
members experiencing homelessness have significant clinical and nonclinical needs, and the
MCPs are eager to partner with SSF and the CoC to extend supports and services beyond
hospitals and health care settings to address homelessness in Sacramento County.

Sacramento MCPs commit $3,840,000 toward the Special NOFO projects as follows:

- MCP portion, based on Medi-Cal membership, through one or more of the following:
  Housing and Homelessness Incentive Program (HHIP), CalAIM Enhanced Care
  Management (ECM) or Community Supports (CS) housing services, CalAIM Incentive
  Payment Program (IPP), or other direct funding.
- This commitment is available to the projects to support service provision for members in
  housing programs. This commitment does not restrict the project target population or require
  clients to be Medi-Cal eligible or CalAIM enrolled.
- If awarded, the commitment from the MCPs will cover the duration of the initial 3-year grant
  term of the Special NOFO projects.

As a representative of Anthem Blue Cross authorized to make the commitments identified in this
letter, I am pleased to offer our support. Anthem's portion of the commitment is up to
$1,664,744 in health care resources identified above.

Sincerely,

Beau Hennemann
RVP Local Engagement and Plan Performance
beau.hennemann@anthem.com

October 14, 2022

Ms. Lisa Bates, Chief Executive Officer
Sacramento Steps Forward
2150 River Plaza Dr. Suite 385
Sacramento, CA 95833

Dear Ms. Bates:

Health Net is pleased to provide Sacramento Steps Forward (SSF), the lead organization for the Sacramento Homeless Continuum of Care, with this letter of commitment to provide health care resources to support the permanent housing projects being proposed as part of the HUD CoC Program Supplemental NOFO to Address Unsheltered and Rural Homelessness (Special NOFO).

The Medi-Cal managed care plans (MCPs) serving Sacramento County have collectively agreed to provide 50 percent of the funding being requested for the Special NOFO projects up to $3,840,000 over the initial three-year grant, if funded, proportional to each MCP's current Medi-Cal membership in Sacramento County. As Health Net is privileged to serve nearly 25 percent of Medi-Cal members in Sacramento County, we are pleased to provide up to $946,923 in health care resources to support Special NOFO projects.

Health Net is appreciative of SSF's incredible collaboration in ensuring successful implementation of the state's *California Advancing and Innovating Medi-Cal Initiative (CalAIM)* initiative. We look forward to our continued partnership to reduce and prevent homelessness in Sacramento County.

Sincerely,

Amber Kemp
Vice President, Medi-Cal Regional Lead

Abbie Totten
Plan President
Molina Healthcare of California
200 Oceangate, Suite 100
Long Beach, CA 90802
Abbie.Totten@molinahealthcare.com
Cell: (916) 798-9246

October 14, 2022

Ms. Lisa Bates, CEO
Sacramento Steps Forward
2150 River Plaza Dr. Ste. 385
Sacramento, CA 95833

Dear Ms. Bates:

As the five Medi-Cal Managed Care Plans (MCPs) in Sacramento County - Aetna, Anthem Blue Cross, California Health and Wellness, Kaiser Permanente, and Molina Healthcare - are pleased to provide this letter of commitment to provide healthcare resources to support the permanent housing projects being proposed as part of the Sacramento Steps Forward (SSF) and the Sacramento City and County Continuum of Care (CoC) HUD Special NOFO. Our members experiencing homelessness have significant clinical and nonclinical needs, and the MCPs are eager to partner with SSF and the CoC to extend supports and services beyond hospitals and health care settings to address homelessness in Sacramento County.

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- MCP portion, based on Medi-Cal membership, through one or more of the following: Housing and Homelessness Incentive Program (HHIP), CalAIM Incentive Payment Program (IPP), or other direct funding.
- This commitment is available to the projects to support service provision for members in housing programs. This commitment does not restrict the project target population or require clients to be Medi-Cal eligible or CalAIM enrolled.
- If awarded, the commitment from the MCPs will cover the duration of the initial 3-year grant term of the Special NOFO projects.

As a representative of Molina Healthcare of California authorized to make the commitments identified in this letter, I am pleased to offer our support.

Sincerely,

Abbie Totten
Plan President
Molina Healthcare of California

October 14, 2022

Sacramento Steps Forward
2150 River Plaza Dr. Suite 385
Sacramento, CA 95833

Re: Commitment for Health Care Services

Dear Ms. Bates,

As the five Medi-Cal Managed Care Plans (MCPs) in Sacramento County - Aetna, Anthem Blue Cross, Health Net, Kaiser Permanente, and Molina Healthcare - are pleased to provide this letter of commitment to provide healthcare resources to support the permanent housing projects being proposed as part of the Sacramento Steps Forward (SSF) and the Sacramento City and County Continuum of Care (CoC) HUD Special NOFO. Our members experiencing homelessness have significant clinical and nonclinical needs, and the MCPs are eager to partner with SSF and the CoC to extend supports and services beyond hospitals and health care settings to address homelessness in Sacramento County.

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- MCPs portion, based on Medi-Cal membership, through one or more of the following: Housing and Homelessness Incentive Program (HHIP), CalAIM Incentive Payment Program (IPP), or other direct funding.
- This commitment is available to the projects to support service provision for members in housing programs. This commitment does not restrict the project target population or require clients to be Medi-Cal eligible or CalAIM enrolled.
- If awarded, the commitment from the MCPs will cover the duration of the initial 3-year grant term of the Special NOFO projects.

As a representative of Kaiser Permanente authorized to make the commitments identified in this letter, I am pleased to offer our support for Kaiser Permanente's portion.

Sincerely,

Vanessa Davis, MPH
National Program Lead, Housing for Health
Kaiser Permanente

October 11, 2022

To Housing and Urban Development,

We, the Partners with Lived Expertise Cohort, write in support of the Sacramento Steps Forward and the Sacramento CoC's proposal to the Housing and Urban Development's Special Notice of Funding for 2022 to address and reduce unsheltered homelessness.

The Partners with Lived Expertise Cohort was birthed from our Racial Equity Plan and established in January of 2022 with four initial members. Through evaluation of our existing CoC Members, peer to peer outreach, and community engagement, we have grown the cohort to ten persons who are active in many of the decision-making spaces of the Sacramento CoC.

Who we are:

The PLE Cohort is made up of ten persons with lived experience of homelessness who come from racially diverse backgrounds and have experienced multiple intersectional barriers to housing. We stand together as the bridge between the system and persons experiencing homelessness. We share our own experience with others to build relationships and to inspire transformative and equitable change across the system. We recognize that this work comes at high personal cost to every one of us due to personal and systemic trauma around race, gender, socioeconomic status, and host of other factors, and because of that, work together to support one another through this work.

We are dedicated to:

- Creating better access to housing resources and services regardless of race, color, sex, age, sexual orientation, gender identity, religion, national origin, disability, veteran status, parental status, housing status, or other protected status.
- Increase the numbers of unsheltered persons that receive permanent housing as well as supportive services to treat trauma, mental and physical health, and life skills to maintain permanent housing,
- Partners with live expertise being heard, seen, acknowledged, and uplifted to positions of power to create change.
- Making a organic, lasting, and transformative change, via advocating for those without a voice to provide a greater shift in serving historically excluded and exploited people and continuing to move the work forward.
- Dismantling structural and institutional discrimination within our local homelessness response system and beyond.

On behalf of the PLE Cohort thank you for your consideration of our application.

X
_____

Dawn Basciano

X
_____

Onesimo Cendejas

X
_____

Zuri K. Colbert

X
_____

Korei Gipson

X
_____

Darrell Rogers

X
_____

Latesha Royster

X
_____

Kristy Smith

Sacramento CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs

Homelessness in Sacramento increased by 67 percent since the 2019 count[1]. It is estimated that the annual number of persons experiencing homelessness ranges from 16,500 to 20,000 people[2]. Approximately 72 percent of the population experiences unsheltered homelessness with 80 percent of those living outdoors reported being continuously homeless for over a year. Certain populations are disproportionately impacted by homelessness including Black and American Indian/Alaskan Native residents and persons with disabilities. Homelessness in Sacramento is exacerbated by declining vacancy rates, less than 3 percent, and a severe lack of naturally occurring and subsidized affordable housing options, evidenced by a 16.7 percent rise in local rents since 2019. The end of COVID-19 related rental eviction moratoriums may further exacerbate this crisis as current residents unable to pay rising rental costs are at-risk of homelessness.

The Sacramento community has rallied together to reverse these trends and strengthen the response system to shorten the length of time people experience homelessness through increased housing placements and prevent new households from entering homeless services. The community recently completed its 2022 Needs Assessment and Gaps Analysis so it can apply a data-driven approach to the development of local solutions. It also completed a Local Homeless Action Plan[3] to increase coordination, leverage resources, and attract new partners. This plan is comprised of six core strategies that represent essential components to build an effective and coordinated homelessness response system with capacity to move the needle and make homelessness rare, brief, and non-recurring within the Sacramento community. Finally, the community is moving forward to implement the recommendations of its Racial Equity Committee[4] to ensure the creation of an equitable, accountable, and transparent homelessness system that catalyzes structural change both inside and outside of our current sphere of influence and improves the lives of historically under-resourced communities.

P-1c. Landlord Recruitment (8 points)

CoC's Current Strategy, Current Strategy Performance, New Practices and Lessons Learned in Last 3 Years, CoC Plan for Use of Data to Update CoC Strategy

Landlord partners are essential in the success of the homeless crisis response system, both to support and prevent households who are facing eviction, as well as to increase access to housing options in the rental market that might otherwise not be available to people experiencing homelessness. Increased investment in landlord partnerships and the capacity to maintain and grow partnerships can indirectly and directly influence the success of prevention and rehousing efforts, particularly with owners and property managers willing to consider applicants with potential credit, rental history, or criminal justice system involvement.

Commented [YYI1]: Your narrative response must:
1. describe the current strategy your CoC uses to recruit landlords, and their units, in which to use tenant-based rental assistance including:
a. demonstrating how well this strategy works in identifying units across your CoC's entire geographic area; and
b. demonstrating how well this strategy works in identifying units in areas where the CoC has historically not been able to identify units.
2. identify any new practice(s) your CoC has implemented to recruit landlords in the past 3 years and describe the lessons learned from implementing those practices; and
3. describe how your CoC will use data, including the specific data points that will be used, to update its landlord recruitment strategy.

Commented [YYI2R1]: @Peter Bell please review when you get a chance!

Commented [PB3R1]: I added the total funding of LEAP and that they receive referrals through CES and new CAS.

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[1] 2022 Sacramento County Point-In-Time Homeless Count
[2] Sacramento Continuum of Care Needs Assessment and Gaps Analysis: Summary Findings
[3] Sacramento Local Homeless Action Plan: https://sacramentostepsforward.org/sacramento-local-homeless-action-plan/
[4] Sacramento Continuum of Care Action Plan: Findings & Recommendations from the CoC Racial Equity Committee
https://sacramentostepsforward.org/wp-content/uploads/2021/08/10_SSF-Racial-Equity-Action-Plan-12-copy.pdf

Currently, landlords are recruited through relationships with individual providers and the Sacramento Housing and Redevelopment Authority's web-based HCV Landlord Locator and Landlord Outreach Specialist program. The CoC and other local funders provide limited flex funds to support move-in costs including application fees, security and utility deposits, furniture, and a unit-damage mitigation fund. These efforts have achieved some success; however, the delivery of services is not consistent across the system. Providers who access private funding to enhance incentives are at an increased advantage in securing units over providers with limited resources, creating inequity in access to housing. As the rental market continues to shrink with a vacancy rate of less than 3% and the pandemic related eviction moratorium is lifted, people experiencing homelessness, particularly Black, Indigenous, and People of Color (BIPOC) , persons with negative credit or rental histories, those returning from incarceration, and those with severe services needs will require rehousing assistance from a proactive and strategic strategy to be competitive in the local rental market.

To mitigate these challenges, the CoC and County are coordinating the launch of a $10 million countywide landlord engagement and rehousing supports program to streamline access to the local rental market for persons exiting homelessness with a housing voucher. This initiative builds off the current practice by pooling regional resources and proactively engaging the local landlord community. The initiative includes landlord incentives (unit holding costs while waiting for inspection and a damage mitigation fund), landlord-tenant mitigation services, and important trainings (i.e., fair-housing, ADA compliance, and trauma-informed property management services). These program components were identified through a national review of best practices, conversations with the local business community, and lessons shared by providers with successful housing track records. This initiative will increase equity in the process of securing units and mitigate historical barriers such as discrimination based on perceptions of race and disability. The initiative will also build system standards and expectations to ensure equitable geographic distribution of resources to increase housing placements of persons and participating landlords from historically under resourced communities. A centralized landlord recruitment program will also level the playing field for less resourced homeless service providers and increase their access to units for their clients. Finally, the countywide landlord engagement will support the rehousing of Coordinated Entry System participants by working closely with housing navigation teams and receiving referrals through CES and the new coordinated access system. It is expected to launch in late 2022 and is funded through state Homelessness and Housing Assistance Program (HHAP) and the American Rescue Plan.

We are still missing several elements of this question, including: Specific Data Points to evaluate and update landlord recruitment strategy.

P-3. Current strategy to identify, shelter, and house individuals and families experiencing unsheltered homelessness

P-3a. Current Street Outreach Strategy (3 points)

Street outreach is a critical component of the Sacramento homeless response system as it often provides the first point of contact to engage unsheltered residents in homelessness services. The recent homeless count shows that the majority of persons (72%) experiencing homelessness in Sacramento are unsheltered, with a significant percentage of this population living on the streets for over a year. To begin mitigating these trends, CoC-wide street outreach efforts are strengthening their approach. Currently, through a combined partnership with the County of Sacramento, the City of Sacramento, neighboring cities, and community partners, the region deploys 37 outreach workers and has a combined broad geographical coverage that serves 45+ encampments. Most outreach staff are in the field from 9-5 Monday through Saturday. Outside of outreach worker deployment days/times, individuals experiencing homelessness can call 2-1-1 for support, including phone-based assessment for permanent housing programs, appointments for rapid access problem-solving appointments at community homeless resource access points, and referrals to other resources. Concerned neighbors may also access outreach by calling 3-1-1 and a City of Sacramento outreach team will be scheduled to respond.

2

Commented [LB4]: Could add the Managed Care Plans and $2.58M

Commented [YYI5]: In this Section of the narrative, you must describe your CoC's *current* strategies to regularly engage individuals and families experiencing unsheltered homelessness in the locations where they reside and connect them to low barrier shelter, temporary housing, or permanent housing as available and appropriate by responding to the elements below.

Commented [YYI6R5]: @Peter Bell @Michele Watts please review

Commented [YYI7]: Guidance–Your response must:
A. identify evidence-based practices your CoC uses to conduct street outreach; and
B. demonstrate your CoC's strategies are based on data and performance.
Your narrative response must describe your CoC's current strategies to:
1. ensure that outreach teams are coordinated;
2. ensure that outreach is frequent, by describing the days and times outreach is conducted each week;
3. help people exit homelessness and unsheltered homelessness;
4. ensure the specific engagement strategy will engage individuals and families experiencing homelessness with the highest vulnerabilities and will use culturally appropriate strategies;
5. use the outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing; and
6. hire people with lived expertise of unsheltered homelessness to conduct street outreach.

CoC street outreach efforts strive to meet people where they are, particularly those with long histories of unsheltered homelessness and high service needs, with tailored and culturally responsive outreach services. The CoC continues to build its outreach capacity to meet these needs, especially for subpopulations representative of historically under-resourced communities including communities of color, youth, and LGBTQ communities. CoC street outreach efforts facilitate culturally appropriate outreach events in partnership with trusted community-based organizations including faith-based organizations and volunteer groups. Recently, for example, the CoC partnered with Hmong community organizations to increase access to homeless services for members of this community experiencing homelessness by educating local community leaders on shelter and permanent housing referral processes with materials in their home language. Additionally, the CoC employs a Transition Age Youth (TAY) Navigator to partner on youth-specific street outreach and coordinate outreach activities in consultation with the TAY Youth Action Advisory Board (a committee of the CoC Board comprised of TAY members with lived experience of homelessness).

CoC street outreach partners learned many lessons during the COVID-19 pandemic and a 100-Day Encampment Outreach Challenge. At the beginning of the pandemic, the CoC's various outreach entities learned that through focused efforts at coordination, the community could move a significant number of people living in encampments into the Project Room Key (PRK) motel program, providing many elderly disabled people with long histories of being unsheltered a safe, low-barrier place to stay and a connection to services leading to permanent housing. 1,356 individuals moved from the streets into PRK during the pandemic.

At the start of 2022, the Sacramento CoC launched a 100-Day Encampment Outreach Challenge, focused on rehousing people who are unsheltered and living in encampments, especially those individuals with permanent housing vouchers struggling to find rental housing. Key barriers surfaced included a lack of coordination among outreach teams seeking to support encampment residents, difficulties in accessing resources to assist households with getting "document ready" for housing, and the importance of coordinating and increasing landlord outreach and engagement.

Promising practices that emerged from the COVID-19 pandemic response, the 100-Day Challenge, and related improvements to the CoC's street outreach efforts including: increased use of By-Name-List and case conferencing strategies to address unsheltered homelessness; County of Sacramento Behavioral Health Services and Department of Human Assistance piloting of a multidisciplinary encampment outreach team leading to a recently launched expansion deploying multiple teams; and problem-solving training and access to flexible one-time funding to support rehousing for outreach workers.

In the coming months, the CoC will move from a soft launch of its Coordinated Access System (CAS) to a full launch starting in December 2022. CAS seeks to improve the front door access for people in crisis and in need of immediate support for diversion services to avoid entry into the homeless system or support for those who need a shelter bed while awaiting availability of that bed. CAS is funded through a combination of local and state funds. The primary street outreach component of the CAS is the Coordinated Access Navigators (CAN) Team. The CoC is requesting additional support for the CAS CAN Team through a project application submitted in this Special NOFO. Unlike other outreach teams, the CAN Team will carry a client caseload of 15:1 (households)/ 25:1 (individuals), with team members maintaining connections with households in need of shelter while awaiting bed availability. The CAN Team will provide clients with linkages to services and other systems such as behavioral health, Cal-AIM, and substance use, help them secure all documents needed to apply to housing and other resources, and make referrals to interim and permanent housing placements. Consistent with best practices in street outreach, and the CoC's Local Homelessness Action Plan's approach to community capacity-building, CAN Team staff recruitment will include a focus on employing people with lived experience of homelessness in these outreach positions. Additional funding requested under this Special NOFO will help expand the capacity of the CAN Team to serve more households, with Special NOFO funding used to

target services to highly vulnerable unsheltered households with the longest history of being unsheltered and who have faced barriers to accessing shelter, services, and housing in the past.

P-3b. Current Strategy to provide immediate access to low barrier shelter and temporary housing for individuals and families experiencing homelessness (3 points)

CoC's Current Strategy, Current Strategy Performance, and New Practices and Lessons Learned in Last 3 Years

In the Sacramento CoC, the County of Sacramento and the City of Sacramento are the primary partners funding emergency shelters and interim housing. To address the need for low-barrier shelter and temporary housing, the CoC partners focus on two fronts: (1) increasing the number of non-congregate shelter options (motel vouchers) and (2) decreasing barriers to entry and retention of traditional congregate shelter beds. Not everyone experiencing unsheltered homelessness may feel comfortable entering a congregate shelter for a variety of reasons including requirements to separate from partners, pets, and/or possessions and strict rules. To make shelter less problematic, particularly for unsheltered persons with long histories of homelessness, the CoC is working closely with providers and funders to reduce known barriers and to better understand what other barriers may be.

To reduce barriers to shelter entry, a key step the CoC is implementing is to streamline access to available congregate and non-congregate shelter beds through its new Coordinated Access System (CAS). The CAS is being implemented in phases, gradually increasing the percentage of all emergency shelters participating in this system over time. Access to shelter beds outside of the new CAS is managed by individual providers creating multiple "front-doors" that people experiencing homelessness must navigate, each with its own prioritization criteria. For example, some shelters prioritize beds for persons from surrounding neighborhoods and others accept persons based on vulnerabilities or subpopulation group membership such as people fleeing domestic violence and TAY. The CAS will bring more shelter resources under one coordinated system, enabling people in need of shelter to have one point of contact and a single assessment to match them to beds for which they are eligible across all the shelters participating in the system.

Currently CoC funded shelters are required to be in alignment with evidence-based low barrier practices to accept a wide representation of persons experiencing homelessness, including those with long histories of unsheltered homelessness and/or high service needs.

To further improve emergency shelter environments, as well as the quality of other interventions, the CoC emphasizes best practices including trauma-informed care and harm reduction. These best practices were incorporated into the Special NOFO project model requirements approved by the CoC in August 2022 and required for all Permanent Housing and Supportive Services Only projects recommended for funding. The CoC also provides access to multiple training opportunities including Mental Health First Aid, trauma-informed care, domestic violence awareness, safety planning, cultural competency training, and LGBTQ topics. According to the 2022 CoC's Gaps Analysis Assessment, 53% of persons who accessed homelessness services in 2021 had a debilitating mental health condition and 18% reported having both a mental health and substance use disorder. To support providers' ability to serve persons who may have mental health needs, the CoC partners with County Behavioral Health to provide mental health assessments within shelters. When unable to respond right away, staff are able to make referrals to Behavioral Health's Urgent Care clinics. The CoC is also proactively working to implement recommendations from its Racial Equity Action Plan, including expanding its access points for shelter and housing resources to include trusted community partners to engage persons experiencing homelessness from under-resourced communities and subpopulations.

In 2021, the CoC launched the precursor to its Coordinated Access System (CAS), the Rapid Access Problem-Solving (RAPS) pilot. This system-wide initiative contracted with the local 2-1-1 system to create a centralized point of access to increase resource accessibility for anyone in a housing crisis that could benefit from problem-

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Commented [YYI9]: Your narrative response must:
1. describe your CoC's current strategy;
2. describe how well your CoC's current strategy performs at providing access to low-barrier and culturally appropriate temporary accommodations (e.g., emergency shelter, especially non-congregate shelter, transitional housing) to all individuals and families experiencing unsheltered homelessness; and
3. identify any new practices your CoC implemented in its geographic area over the past 3 years and the lessons learned from implementing those practices.

Commented [YYI10]: @Peter Bell please review. Might need more content.

Commented [PB11]: This is from the 2022 Needs and Gaps analysis - I included that detail.

solving/diversion support including one-time financial assistance. Through the pilot, 2-1-1 hired additional staff and created a triage assessment tool to standardize the process of directing households to appropriate resources. These additional resources enabled same-day assessment and linkage to services. During the first year of the RAPS pilot, 2-1-1 received a total of 13,231 calls with over 6,000 of those calls requesting shelter services. Concurrent with the RAPS pilot, the CoC and 2-1-1 also partnered to make the assessment for coordinated entry into permanent housing available immediately by phone. Prior to implementation of the phone-based assessment, people experiencing homelessness waited an average of a year-and-a-half to two years for connection to assessment, longer for provision of services or housing following assessment.

In addition to the expansion of 2-1-1, the RAPS pilot also included partnering with community-based organizations to provide new resources for households needing one-time assistance to exit or prevent their homelessness. The CoC began to work with four community-based organizations selected through a competitive funding process, designated as problem-solving access points (PSAPs). These trusted community partner sites provide housing problem-solving support and facilitate the distribution of limited financial assistance. PSAPs serve at-risk and literally homeless households throughout the Sacramento region with great success. However, in Year 1 of the RAPS pilot, the CoC learned that even for households in need of relatively small amounts of one-time financial assistance, households that did not already have a location ready to rent needed more support than the pilot was designed to provide. Therefore, in Year 2 of the RAPS pilot (2022), the CoC increased funding to the PSAPs to include housing navigation staffing funding in addition to the financial assistance funding available in Year 1. The CoC is planning to increase the number of PSAPs from four to eight and expand capacity of outreach workers in problem-solving techniques to increase utilization of shelter beds for persons with high service needs as they navigate their permanent pathways to housing.

The CoC will continue to invest in the expansion of the CAS to streamline diversion and shelter access and increase accountability across the system. The CoC plans to create a shelter dashboard to help communicate shelter bed capacity on any given night and evaluate individual shelter performance and make improvements.

P-3c. Current Strategy to provide immediate access to low barrier permanent housing for individuals and families experiencing unsheltered homelessness (3 points)

CoC's Current Strategy, Current Strategy Performance, Evidence Supporting Current Strategy, New Practices and Lessons Learned in Last 3 Years

The Sacramento region is the 9th least affordable major metropolitan area in the nation with a vacancy rate below 3%. The Needs Assessment estimates an additional 600 to 750 time-limited rental subsidies; 4,100 to 5,000 new permanent supportive housing units, and 1,600 to 2,000 permanent housing units. Accessing immediate low-barrier permanent housing opportunities is therefore a regional challenge as the local community continues to seek out new housing developments and creative solutions to maximize current housing stock like shared housing. In the face of the affordable housing crisis, the CoC advances access to low-barrier permanent housing for individuals and families experiencing unsheltered homelessness through its coordinated entry system (CES). The goal of the local CES is threefold and includes 1) increasing the efficiency of the local crisis response system; 2) improving fairness in housing and services are allocated, and 3) facilitating rapid access to housing and services. People experiencing homelessness engage with CES through five elements: access, assessment, problem-solving, prioritization, and referrals/placements.

Access: Individuals and families experiencing homelessness may access the CES through outreach providers, centralized accessible access points like 2-1-1, and trusted and known service providers and community members. In order to make access effective, the CoC strives to build the capacity within the community including service providers, outreach teams, 2-1-1, and community partners. It provides support to remove participation barriers such as paying for HMIS user fees and providing financial assistance to go through housing problem-solving training. It also works closely with providers and community partners to learn their additional needs to ensure that they have the confidence and tools to engage and connect with people

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experiencing homelessness. Recently, for example, the CoC granted its community partner the Black Child Legacy Campaign over $150 thousand to build its capacity as an Access Point.

Assessment: The goal of the assessment is to ensure that the CoC is identifying and serving persons with severe service needs. It currently uses the VI-SPDAT as its assessment tool, however the CoC is aware of the tool's limitations and racial biases that mask the vulnerabilities of Black, Indigenous, and other people of color and is working with its technical assistance consultants to develop a new tool with input from people with lived experience. In the meantime, the CoC is incorporating training and best practices including the delivery of trauma-informed care, motivational interviewing, and problem-solving techniques.

Problem-Solving: The assessment process helps identify individuals and families who can be diverted from the homeless response system with its direct link to problem-solving services. It provides trained Access Points with financial assistance in support of acquiring and maintaining housing. It has engaged renown expert Ed Boyt from the Cleveland Mediation Center to train local providers and is piloting a training with people with lived experience (PWLE) to become trainers of the model. PWLE will receive stipends for participating.

Prioritization: The CoC prioritizes persons for RRH and PSH utilizing COVID prioritization criteria (e.g., 65+, underlying health conditions), the length of time that someone has experienced homelessness, and the score on the VI-SPDAT (until a new tool is adopted). The CoC enhances its prioritization process with a By-Name list and case conferencing model adapted from the Built for Zero template for key subpopulations including Veterans, families, TAY, chronic/senior persons, and persons engaged with behavioral health services. This enables Referral Specialists and CES Team members to collect additional information not otherwise available through HMIS and collaborate with providers to move quickly into permanent housing. The CoC is also preparing to integrate Enhanced Case Management (ECM) as defined by Cal-AIM and mandated through a contract with local Managed Care Plans. These services are designed to be provided to individuals with high service needs and are meant to use a "whatever it takes" model to connect people with any service they might need and to provide the coordination of that care.

Referrals/Placements: The CoC employs Referral Specialists and a CES Team to manage matches to housing opportunities presented by local providers. Housing opportunities include site-based and scattered site options. If the provider is unsure of how to meet the needs of an applicant, the CES team will help triage/problem-solve with the provider including linkages to behavioral health or older adult services. Referral Specialists and the CES Team make recommendations for placement by taking the person at the top of the prioritization list and making a warm handoff to the housing provider. After placement, the Referral Specialists and CES Team continue to provide resources to providers, facilitating transfers between housing programs to find a more appropriate fit or connect with higher levels of care and augment additional services.

a. How CoC utilizes Housing First Approach

All CoC funded developments are expected to provide a Housing First Approach which includes low barrier to entrance into housing, no requirement for participation in services to retain housing, and a harm-reduction approach. Participants are selected for CoC funded permanent housing resources through the Coordinated Entry System (CES).

Sacramento Steps Forward operates the CoC's Coordinated Entry System (CES) for access to the Permanent Housing projects that participate in it. These projects include all HUD CoC Program projects, SSVF projects, ESG Rapid Rehousing, and several local or state funded projects outside of the federal HUD or VA portfolio. Given the CES emphasis on standardization of core Housing First principles, the CoC is regularly working with its CES provider community to improve access and reduce barriers to these permanent housing projects. This work includes partnering with providers to reduce barriers to entry at intake, ensuring that participants are not required to participate in services to retain housing and that providers are able to implement harm-reduction strategies. The CoC also addresses PH participant complaints after program entry.

b. How the strategy is connected to permanent housing resources identified in section P-1.

The CoC leverages a number of resources to provide permanent housing options including RRH, permanent supportive housing, and diverse public housing voucher programs (e.g., FUP, FYI, P3, EHV). It matches people to these resources through its coordinated entry system (CES) guided by its prioritization process listed above. If awarded, additional funding will increase the PSH housing stock by 80 units.

1. How CoC's current strategy performs at providing low-barrier and culturally appropriate access to PH to individuals and families who have histories of unsheltered homelessness

The CoC continues to strive for an equitable approach to permanent housing placement and ensure that persons from historically disadvantaged communities who have histories of unsheltered homelessness have access to new and emerging permanent housing options. It has and will continue to support the development of PSH designed to meet the unique needs of specific populations including LGBQT, DV/Sexual Assault survivors, Veterans, and Transition-Aged-Youth. It is working diligently to improve its data collection to better understand who is accessing current services and what the gaps are. It hopes to double the number of HMIS users. It also will continue to increase Access Points in partnership with trusted community partners so that people are aware of what resources are available, including deepening its relationship with a local tribe.

2. Provide evidence that supports the use of the CoCs current strategy

The CoC has seen tangible results in its current strategy centered on increasing housing opportunities coordinated through CES. Results include an increase in the number of housing options as new programs are made assessable in CES. Previously less than a quarter of all permanent housing resources were accessible through CES. The increase in housing options has also increased the number of permanent housing placements.

3. Identify new practices the CoC has implemented in the past 3 years and the lessons learned

The CoC is actively engaged in building the capacity of the local homeless response system to rapidly engage with individuals and families experiencing homelessness and ensure that they are assessed for the most appropriate services including diversion, problem-solving, access to emergency services, and placement into permanent housing. As it is developing the architect of system coordination it is training providers in best practices and modeling policies to streamline access to all program components.

The implementation of the Coordinated Access System (CAS) in 2021 is a critical intervention to streamline access to interim and permanent housing opportunities. CAS has increased centralized access to homelessness services including the expansion of 2-1-1 and community-based Access Point. The CAS has also provided consistency in the system by increasing access to critical services such as standard assessment, diversion, and problem-solving services with financial assistance. The CAS provides the local community with a clear way to access homelessness services and is working to provide consistent services across participating providers.

In addition, the launch of the Coordinated Access Navigators (CAN) is another local innovation that is strengthening engagement with people experiencing homelessness who have long histories of homelessness. This team of specialized outreach workers will help participants navigate appropriate pathways including diversion, emergency services, and/or permanent housing placement.

P-4. Updating the Coc Strategy to Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with data and performance (8 points)

In aligning with HUD CoC System Performance Measures and the State HHAP-4 CalICH performance measures, the CoC plans to collect and share progress on its success in meeting the following system-level performance goals:

- Reducing the number of people experiencing homelessness

- Reducing the number of people who become homeless for the first time
- Increasing the number of people exiting homelessness into permanent housing
- Reducing the length of time persons remain homeless
- Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing
- Increasing successful placement from street outreach

a. For street outreach: How data, performance, and best practices will be utilized to improve the performance of and expand street outreach within the CoC

The CoC will evaluate the performance of its street outreach efforts using performance metric: Increasing successful placements from street outreach.

To understand the impact of outreach service models and service provision, the CoC will evaluate the top-level metric of increasing successful placements from street outreach in the context of factors including caseloads/ active clients, percent of outreach clients with whom contact is lost after 90 days, and other metrics that inform the CoCs understanding of outreach performance at the system and project levels. The CoC will also use data to identify areas for expansion of outreach services, including through the use of improved encampment data collection and data quality supported by the Special NOFO Homeless Management Information System project. A more accurate representation of the extent of unsheltered homelessness will assist the CoC in making future funding decisions regarding outreach and its expansion.

The outreach strategies described in P3-a are based upon best practices, including culturally appropriate, trauma informed support that meets outreach clients where they're at. The Coordinated Access System (CAS) Coordinated Access Navigator (CAN) Team is implementing the best practice of assigning manageable caseloads to ensure outreach workers can build rapport and support their clients over multiple visits of progressive engagement and housing-focused problem solving and services. The CoC is also in the process of establishing community-wide outreach practice standards, which will support adherence to best practice models for case management and support increased coordination and collaboration across the navigator staff at the agencies providing outreach, both of which should support improved project and system level performance over time.

In addition to quantitative data and practice standards, the CoC will also seek input and recommendations on the performance of street outreach activities from people with lived expertise of homelessness, working closely with the Partners with Lived Expertise Work Group formed in response to the Special NOFO but to become a standing work group moving forward.

b. street outreach activities are connected to coordinated entry or HMIS

Most of the CoC's large outreach agencies participate in HMIS. The CoC is focused on increasing outreach agencies' participation in HMIS and access to the Coordinated Access System and coordinated entry for permanent housing programs as assessing and referring entities. The HMIS Lead Agency, Sacramento Steps Forward, is working to bring in smaller, grassroots outreach entities as well and will support participating outreach agencies to increase data quality and use of HMIS to track services through staff support funded in part through this Special NOFO. In addition to the current policy of the HMIS Lead Agency paying for the cost of HMIS licenses, SSF also provides new user and ongoing training and technical assistance to support HMIS participation.

c. **how your CoC will incorporate new partners (e.g., business owners, law enforcement, healthcare providers) into its street outreach strategies.**

The CoC partners with business owners, law enforcement, and healthcare providers within its board and committees membership. The Coordinated Access System (CAS) Coordinated Access Navigators (CAN) Team will be provided by a local FQHC, a new partnership for the CoC. The Managed Care Plans associated with Cal-AIM are also engaging with the CoC now to support capacity building, coordinated entry, and HMIS participation, all areas that can support improved outreach strategies. The CoC incorporates new partners through CoC Board and committee membership, HMIS participation, and Coordinated Access and Coordinated Entry Systems participation.

2.   **For low-barrier shelter and temporary accommodations:**
a. **How data, performance, and best practices will be used to improve access to low barrier shelter and temporary accommodations**
The CoC will evaluate the performance of improved access to low barrier shelter using performance metric: Increasing successful placements from street outreach.

The CoC will evaluate the success of efforts to increase access to low barrier shelter using successful street outreach placements, specifically transitions from outreach to emergency shelter that (1) do not end in a return to the street or (2) result in a subsequent exit from emergency shelter to permanent housing. Further evaluating exits from emergency shelter to permanent housing in terms of returns to homelessness may also provide insight on whether shelters are providing low-barrier environments. If access to low barrier shelter is succeeding, the CoC expects to see increased exits from street outreach to emergency shelter that stick/do not result in a return to the streets. Low barrier shelter should result in participants choosing to remain in shelter. Successful exits from shelter to housing without returns to homelessness may further attest to the shelter being a low barrier, welcoming and supportive environment that helps participants reach their housing related goals and results in increased exits to lasting housing solutions.

Strategies identified in P3-b are best practices for improved access to low barrier shelter, including centralized/coordinated access to shelter, provider capacity building through regular, high-quality training (Mental Health First Aid, trauma-informed care, domestic violence awareness and safety planning, cultural competency training, and LGBTQ topics), and creation and use of an emergency shelter dashboard for real-time bed availability. The emergency shelter dashboard will also use performance data to understand individual shelter performance for program quality improvement and evaluation of existing shelter access strategies, enabling the CoC to make adjustments as needed.

In addition to quantitative data and practice standards, the CoC will also seek input and recommendations on the performance of emergency shelters from people with lived expertise of homelessness, working closely with the Partners with Lived Expertise Work Group formed in response to the Special NOFO but to become a standing work group moving forward.

b. How data, performance, and best practices will be used to expand, as necessary, low barrier shelter and temporary accommodations
The CoC's 2022 Gaps Analysis identified the need for near-term investment in additional shelter capacity to ensure safety and access to rehousing assistance, with a goal of 2,200-2,700 beds for individuals and 300-350 units for families. It also identified that shelter capacity should be flexible to allow for later repurposing/use for housing.

When funded, developed, and operated consistently according to best practices, these responses can eliminate the need for additional emergency shelter capacity. Alternatively, without significant additional prevention and rehousing capacity ("business as usual"), more people will experience homelessness, requiring more emergency shelter and other costly crisis services. Investments in prevention, diversion, and permanent housing solutions directly reduce the number of people experiencing homelessness, the time people spend homeless, and returns to homelessness. Data on investments and outcomes will be analyzed regularly to revise shelter need estimates. In addition, performance of individual shelters will be shared and analyzed and be used to help identify potential best practices from within the community.

c. Any new practices and activities that will be funded through an award under this competition.
SSO Project- Coordinated Access Navigation Team Expansion (Sacramento Steps Forward)
The Sacramento CoC has just launched a Coordinated Access System (CAS) to address challenges of people experiencing homelessness with getting the crisis response resources they need. The CAS adds 2-1-1 call center support as the primary method for accessing these resources and makes both problem-solving/diversion services, triage for other necessary mainstream resources, and assessment of eligibility for and connection to emergency shelter beds as they are available. For households identified as needing emergency shelter through this process but for whom a bed(s) is/are not available, Coordinated Access Navigators (CAN) Team provided by local FQHC Elica Health, selected through a competitive funding process in August 2022, will be assigned to support and maintain contact with them until bed(s) are available. The CAN Team component of the CAS has local and state funding and, in this Special NOFO, additional funding of $927,518 is part of the CoC's funding request. This additional funding will support CAN Team navigation targeted to people who are unsheltered with long histories of homelessness who have struggled to access resources in the past.

3. For permanent housing: How data, performance, and best practices will be utilized to improve and expand the CoCs ability to rapidly house, in permanent housing, individuals and families with histories of unsheltered homelessness

The CoC Coordinated Entry System for permanent housing utilizes a by-name-list and case conferencing approach to rehousing individuals and families prioritized for Permanent Supportive Housing. This client-centered model relies upon prioritization criteria coupled with the expertise of staff working with candidates for rehousing that are familiar with their wants and needs. This approach can move people into permanent housing more rapidly as front-line staff working with clients prioritized for housing are preparing them for housing placement opportunities even before space is available, so they are maintaining contact with each other, the clients have necessary documents in hand, and client housing type preferences are known.

The CoC also uses data at the system level to evaluate performance and identify areas in need of improvement. The Sacramento CoC is a Built for Zero community and uses this model of data dashboard and iterative data review and change processes with support from Community Solutions. For example, monitoring new inflow into homelessness and the rate of outflow to permanent housing informs development of and changes to rehousing strategies. Data can highlight bottlenecks and other types of challenges, signal emerging trends in need of a new approach, etc.

The CoC has also implemented a community Housing Problem-Solving (HPS) approach as part of its Coordinated Access System (CAS) work, which includes training in HPS best practices and funding for direct financial assistance to support rehousing. In 2022, national HPS experts, Ed Boyt from the Cleveland Mediation Center and Julie McFarland are training cohorts of providers on best practices and conducting "train-the-trainer" sessions for people with lived expertise of homelessness to become future trainers, allowing the CoC to continue to expand the network of HPS providers in 2023 and onward. Financial assistance resources are available for the clients of agencies with staff who have participated in the HPS training. Although HPS

supports are most often used to divert people who are newly homeless, HPS can be offered to rapidly exit someone at any time during their experience of homelessness resulting in permanent housing solutions for individuals and families with long histories of unsheltered homelessness.

The data, performance, and best practices described above improve the CoCs ability to rapidly rehouse individuals and families who are unsheltered and, through the improved outflow from the crisis response system also result in expanded capacity to serve more unsheltered households.

P-5. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness. (12 points)

1. **CoC's Strategy for Ensuring that Resources Provided with this Special NOFO will reduce unsheltered homelessness.**

Resources provided with this Special NOFO will create an opportunity to increase the CoC's capacity to reduce unsheltered homelessness through the development of additional permanent supportive housing, the expansion of the SSF CAN Team to move more people from the street into low barrier shelter with a focus on rehousing, and enhanced data collection on the unsheltered population.

Permanent Supportive Housing Projects (2)

If awarded, **eighty** additional Permanent Supportive Housing (PSH) units**- check this number- is it pre or post funding reductions?** will be created through two PSH projects. These projects will provide intensive case management programs, with one providing a new model of Enhanced Case Management (ECM) as defined by Cal-AIM. These units will be filled through the CoC's Coordinated Entry System (CES). Persons with the longest histories of homelessness, many of whom have been unsheltered for years, are a community priority population under CES. Finally, PSH program staff from both programs will undergo significant Diversity, Equity, and Inclusion (DEI) training and are trained to help create an equitable, inclusive, and diverse environment for participants and staff. Both programs are required to provide meaningful opportunities to inform program implementation and operations and one program committed to hiring staff with lived experience with mental health challenges, substance use disorders, and homelessness.

Supportive Services Only Project (1)

The Sacramento Steps Forward (SSF) Coordinated Access Navigator (CAN) Team Expansion is a Supportive Services Only (SSO) project and the CoC added a local requirement that Special NOFO SSO projects should be Outreach projects connected to the Coordinated Access System (CAS) to be considered for funding. The SSF CAN Team Expansion builds upon the allocation of local and state funding to create a CAS to improve front door access for people in crisis and in need of immediate support for diversion services to avoid entry to the homeless system or support for those who need a shelter bed while awaiting availability of that bed. These services will be provided by Elica Health, the provider recently selected through a competitive RFP process. The CAN Team Expansion staff funded through the SNOFO will prioritize those who are unsheltered and who have struggled to access shelter and crisis response services in the past.

Homeless Management Information System Project (1)

Finally, the Homeless Management Information System project proposed by HMIS Lead Agency, Sacramento Steps Forward (SSF), will fund staff and infrastructure to improve data collection and analysis for people experiencing unsheltered homelessness in the CoC to increase the representation of unsheltered households in HMIS. This population is significantly underrepresented in HMIS, particularly those who are living in encampments. This project will provide Technical Assistance, Data Quality Monitoring, and Training for outreach efforts to collect information about local encampments and the individuals living within them. SSF

Commented [YYI19]: Guidance–In this section of your narrative, you must demonstrate that your CoC has a comprehensive method to identify and provide street outreach services to individuals
and families experiencing unsheltered homelessness, and with histories of unsheltered homelessness, along with an ability to priority these individuals and families for permanent housing.
Your narrative response must describe:
1. your CoC's strategy for ensuring that resources provided under this Special NOFO will reduce unsheltered homelessness;
2. how your CoC will adopt:
a. program eligibility processes that reduce unsheltered homelessness;
b. coordinated entry processes that reduce unsheltered homelessness;
3. how your CoC will use street outreach to connect those living in unsheltered situations with housing resources; and
4. additional steps your CoC is taking to ensure that people who are unsheltered or have histories of unsheltered homelessness can access housing and other resources in the community, including steps to:
a. increase access to identification;
b. provide housing navigation services; and
c. provide access to health care and other supportive services.

Commented [YYI20R19]: Peter Bell SSF Lead. Michele/Lisa/Jillyan support. Jenine Spotnitz and Liz Gomez from County. Tom Albanese.

Commented [YYI21R19]: Need to build out and think through potential changes to current strategies.

Commented [JM22R19]: @Jillyan McKinney (Racial Equity CORE HUD work)

Commented [JA23]: Hope: 25 Units and 32 Beds

Waiting on the final numbers from Shelter Inc for a total.

will partner with local Community-Based Organizations (CBOs) who will be providing the outreach staff for this project.

2. How CoC will adopt program eligibility and coordinated entry processes that reduce unsheltered homelessness

With the implementation of the new Coordinated Access System (CAS) for crisis response resources, centralized intake and outreach supports through the Coordinated Access Navigator (CAN) Team will result in easier access to shelter for people who are unsheltered. Also, as the CoC continues to build out the CAS, shelter funders have indicated a willingness to explore simplified standard emergency shelter eligibility criteria that would result in easier matches to referral and fewer people who aren't eligible for any shelter placement. Finally, having a CAS that centralizes crisis response will allow for a better view into barriers to shelter entry for people who are unsheltered with the most severe service needs, providing an opportunity for shared learning and program model improvements to address these barriers.

The CoC's current Coordinated Entry prioritization process for Permanent Housing relies upon (1) assessment of severity of service need using the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT), (2) length of time homeless, (3) plus a COVID-19 prioritization based on age and higher risk of negative outcomes from COVID as identified by the US Centers for Disease Control and Prevention. This prioritization regularly identifies people who are unsheltered or with long histories of being unsheltered, for referral to permanent housing programs. In 2021, 230 persons exited homelessness to permanent housing from unsheltered situations (HUD SPM 7). The CES By Name List and case conferencing processes also work to support connections to permanent housing for those with the most severe service needs and longest homeless histories, many of whom are unsheltered, by targeting prioritized households and including client choice in terms of wants and needs into permanent housing placements.

The current CES prioritization criteria and process is described above. While no significant changes to the prioritization are planned now, two areas of work for improvements to the prioritization process that will be implemented in early 2023, Racial Equity and Cal-AIM, are described below.

Racial Equity: To address racial disparities, the Sacramento CoC established the CORE HUD Equity Team and Partners with Lived Expertise (PLE) Cohort in January 2022. Both teams are working collaboratively to replace the VI-SPDAT with a new prioritization tool that will eliminate racialized outcomes. The formation of this tool is based in trauma informed practices and targets families identifying as Black/African American seeking permanent housing. The goal of this pilot tool is to address reducing the number of persons experiencing homelessness for the first time and on a daily basis. Culturally responsive training and guidance is in development and will be provided to all administering the tool. In Sacramento, Black/African Americans persons are three times more likely to experience homelessness than the general population, and because the majority of people experiencing homelessness in Sacramento are unsheltered (70%), CoC believes replacing the VI-SPDAT with a tool that eliminates racialized outcomes will help to reduce unsheltered homelessness.

Cal-AIM: As the lead agency for the Sacramento Continuum of Care, SSF is creating an integrated California Advancing and Innovating Medi-Cal (CalAIM) referral, authorization/tracking, and reimbursement system for the region. Cal-AIM affords the CoC a tremendous opportunity for additional resources to move the most vulnerable individuals and families experiencing homelessness to permanent housing stability, including households that are unsheltered. As part of the integrated effort, the CoC will ensure alignment of the CES prioritization criteria, which already prioritizes households with health and behavioral health service needs, with Cal-AIM requirements.

3. How CoC will use street outreach to connect those living in unsheltered situations with housing resources

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The CoC will use street outreach to connect those living in unsheltered situations with housing resources by ensuring connections between all street outreach entities as HMIS users and referring parties to both the Coordinated Access System (CAS) for crisis response resources and the Coordinated Entry System (CES) for permanent housing programs; providing training to all street outreach teams on culturally competent, trauma-informed, and other engagement best practices to support people who are unsheltered with the most severe service needs in a person-centered way to achieve their permanent housing goals.

4. **Additional steps CoC is taking to ensure people can access housing and other resources, including:**

a. Increased access to identification- Assisting people experiencing homelessness with access to identification documents they need is a core component of the work of the CoC's primary outreach providers. With the increase in the CoC's outreach capacity through the Coordinated Access System (CAS) Coordinated Access Navigator (CAN) Team, along with City and County of Sacramento and other local increases in investments in outreach, the CoC will be able to increase access to identification.

b. Providing housing navigation services- The CoC has made two recent investments to increase access to housing navigation services.
   i. RAPS
   ii. LEAP
   iii. Cal-AIM Community Supports

c. Providing access to health care and other supportive services- As the lead agency for the Sacramento Continuum of Care—SSF is creating an integrated California Advancing and Innovating Medi-Cal (CalAIM) referral, authorization/tracking, and reimbursement system for the region. These efforts are in partnership with the five Medi-Cal Managed Care Plans (MCP's) in Sacramento County, Aetna, Anthem Blue Cross, California Health and Wellness, Kaiser Permanente, and Molina Healthcare. This system builds upon the development of the Coordinated Access System (CAS) and supports the expansion of the Homeless Management Information System (HMIS). CalAIM's menu of Community Support (CS) Services is a critical linkage in supporting individuals and families who are homeless or at-risk of homelessness as they seek shelter and housing options. Integrated services to housing opportunities are vital to more comprehensively support individuals and families as they attempt to navigate the homeless system. It is through this integrated service model that individuals and families may successfully receive the necessary support to find their way out of homelessness. Furthermore, the CalAIM CS Services program will improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.

P-6. Involving individuals with Lived Experiencing of Homelessness in Service Delivery and Decision Making and Meaningful Outreach.

1. **Meaningful Outreach Efforts** for Engagement and Integration Into DM Structure

Increasing the voices of partners with lived expertise into various decision roles is a CoC priority. The CoC involves individuals with lived expertise of homelessness in service delivery and decision-making through targeted outreach and encouraging participation in CoC processes. In 2022, SSF hired a PLE Coordinator to uplift all work pertaining to Partners with Lived Expertise (PLE) engaged in a number of positions across the homelessness response system and support their professional development through education and training about the CoC, building partnerships, learning trauma informed care, and ensuring racial equity. One of the PLE Coordinator's first task was the creation of a PLE Cohort to formalize the CoC's mechanism for engagement. The PLE Cohort was founded in January 2022. It includes people with past and current lived experience of homelessness. Through outreach supported by the CoC's CORE HUD Equity Team and strategic peer-to-peer outreach and recruitment, the PLE Cohort has grown from 4 to 10 members since its inception with a goal of

reaching 30 members by the end of 2023. Three PLE Workgroup members lead their own community advocacy organizations and engage in street outreach to the Black/African American community.

The PLE Cohort members participate in a decision-making capacity through their participation in a number of CoC committees including the Project Review and System Performance Committees. They have also been involved in projects such as writing the HHAP 3 Outcome Goals (a state grant application), designing assessment and prioritization tools, and participating in rank and review panels for both the CoC and Special NOFO. The PLE Cohort was instrumental in the development process of the local competition rating factors and the PRC's annual scoring factor revisions. Their input led to necessary revisions, such as the addition of a racial equity scoring factor in the current NOFO scoring tool. The CoC expects to add a Partners with Lived Expertise advisory board as a standing CoC group in the near future. In addition to formal PLE Cohort members, 10-16 people with lived experience currently participate on CoC committees, subcommittees, or workgroups, with 2 having lived experience of unsheltered homelessness. The Housing Families First Collaborative will also include 3-5 dedicated roles for PLE heads of households. Finally, CoC committee meetings are published in plain text accessible for electronic readers and promoted through distribution to providers and the community to encourage greater participation by people with lived experience.

The CoC is creating a professional development and employment opportunities structure within the PLE Cohort including training in public speaking and engagement. Job opportunities are announced in several different spaces, such as CoC committees, CORE HUD Equity team, and PLE cohort. The CoC currently provides a stipend at $50-$100/hr for engagement and/or facilitation based on the activity, and any PLE sitting on CoC committees are eligible for compensation. The PLE Coordinator and PLE Cohort co-developed SSF's Housing Problem Solving (HPS) Train the Trainer model. PLE members are trained and becoming trainers for systemwide HPS training. The PLE Coordinator is also establishing a number of feedback channels to receive ongoing input from people with lived experience who have received assistance through programs across the homelessness response system.

2. **How Individuals and families are meaningfully and intentionally integrated into the CoC decision making structure**

Since its inception in January 2022, the PLE Cohort has made significant impacts and have provided feedback on how to refine their engagement to increase authentic participation. Below are specific forms of engagement by the PLE Cohort and early indicators of system impact made to date:

- PLE are voting members of the Racial Equity Committee, Project Review Committee, System Performance Committee, and CoC Board.
- PLE fill roles as Racial Equity Liaisons appointed to committees within the CoC to carry forward centering racial equity initiatives within the scope of each committee.
- PLE are members of the CORE HUD Equity team and have developed organizational priorities of replacing the VISPDAT and increasing access points, referrals and placements into housing for BIPOC communities.
- The PLE CORE HUD Team developed a single adult assessment that will be piloted with the goal of replacing the VISPDAT by the third quarter of 2023.
- The PLE cohort completed Housing Problem Solving (HPS) Training, are official HPS trainers for the Sacramento CoC, and are compensated at a rate of $50/hour. The program design was successful in aiding our community to walk through the process of HPS using an equitable, human centered, and trauma informed approach to prevent and divert entering homelessness. Four additional providers agreed to become HMIS certified and Problem-Solving Access Point (PSAP) sites. This model of training PLE to become facilitators, consultants, and trainers will be utilized in many CoC Training Workshops moving forward due to its success.
- PLE engage in regular community outreach and peer to peer recruitment to grow the cohort.

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- PLE are part of the Language Accessibility Workgroup evaluating language translation needs across the system, including considerations for reading level, persons with disabilities, and utilizing diverse modalities to relay information
- PLE are part of the Shared Housing Workgroup that is in the preliminary stages of identifying shared housing options and co-living assessments to match participants.
- PLE were integral in the SNOFO process in the following areas:
  a. Defined **severe service need** as: One or multiple, formally diagnosed or not, mental and/or physical health conditions, including Substance Use Disorder.
  b. Setting plan priorities for SNOFO process
  c. Defining most important SSO Projects as Coordinated Access Street Outreach, Homeless Management Information System (HMIS) projects, and Planning Grant projects to improve understanding of unsheltered homelessness.
  d. Reviewed the SNOFO Project Scoring tool adding equitable measures, ensuring project applications included meaningful engagement and hiring of persons with lived expertise of homelessness, and staff training around cultural competency, trauma informed care, and motivational interviewing. PLE also defined points assigned to each section of the scoring tool.
  e. 4 out of 6 Review & Rank panelists were PLE members.

Leveraging its early success, the CoC's PLE Cohort is focused on the following goals moving forward:

- Grow PLE Cohort to 30 members and incorporate them as standing committee or advisory board by end of quarter one 2023.
- Use the HPS Train the Trainer model to train PLE participants to lead and facilitate outward facing workshops to the provider community and community at large
- Increase the number of voting members of the CoC Board and all CoC committees with lived expertise of homelessness.
- Involve the PLE Cohort in all initiatives from the onset and development wherever possible
- Create a comprehensive training program for and with PLE that will include various forms of specialized and professional development with the goal of hiring them with SSF and the CoC or preparing them to enter the Non-Profit space as consultants, TA providers, and trainers.

3. **How your CoC encourages projects to involve individuals and families with lived experience of unsheltered homelessness in the delivery of services (e.g., by hiring people with lived experience of unsheltered homelessness).**

The systemwide integration of partners with lived expertise is a strategy outlined in the countywide Local Homeless Action Plan adopted by the CoC, City, and County in June 2022. The entities are working together in consultation with the PLE Cohort to develop a mechanism to support increase engagement of PLE among all system lead organizations, within the service provider community, and as a part of projects funded through this NOFO.

Members of the PLE Cohort and Housing Families First Collaborative offered the following guiding questions to inform planning for this effort:
- How will they recruit and hire people with lived experience within their organization to fill roles needed to provide services?
- How will they identify, build relationships with, and stand up a PLE Cohort of their own within the organization and what would that engagement look like?
- How will they receive feedback from the populations they serve and address their needs based on the information? What will be the ongoing framework for this process?

Commented [JA36]: @Tanesha Travis None from the group tonight are familiar with the group. Who from the PLE group is on the Shared Housing Workgroup? Also, it sounds like the PLE Cohort might be interested in joining the SHW - please send the group more info.

Commented [TT37R36]: @Jesse Archer That's interesting because two of them volunteered to be a part of this group and are to be receiving invites from Julie this week. I will follow up with them. We can strike this if necessary.

Commented [MW38R36]: if the cohort does not recognize this area of work, we need to delete it from this section.

Commented [TT39]: Again, I am not sure how the first 2 blurbs that were there answered the question.

The blue highlighted parts are what the PLE wanted to see to incentivize projects to involve persons with lived experience. I know there were changes made to the scoring tool so we may need to double check. Also, I am not sure what other strategies the CoC has used to encourage providers to incorporate persons with lived experience.

- They would also like for the CoC to adopt a more significant point value assigned to these elements of the project scoring tool.

P-7. Supporting Underserved Communities and Supporting Equitable Community Development

1. Current strategy to identify populations in the CoC's geography that have not been served by the homeless system at the same rate they are experiencing homelessness

The CoC has launched a number of initiatives to uncover system disparities centered on access to services through a data-driven approach that includes quantitative and qualitative data collection processes. The 2022 Needs Assessment and Gaps Analysis report estimated the following potential system gaps among historically under resourced communities in Sacramento:

- Almost half of all people (~45%) are unsheltered (1 or more days) and do not *or* cannot access shelter.
- Two out of three (~ 66%) access homeless assistance (outreach, shelter, re-housing, etc.) but the remainder do not due to insufficient capacity, access, quality of services, or other issues.
- Black and African American people are significantly overrepresented among people who experience homelessness: 39% of all people experiencing homelessness compared with 11% overall in Sacramento County[1].
- Just over half of all adults (~54%) report having one or more severe and persistent disabling condition.

This data also reflects findings from the Findings & Recommendations from the CoC Racial Equity Committee. Key report findings included: disparities in access to homeless services, undercounting and poor data collection within historically under-resourced communities, negative impacts of racial biases across the system including the assessment and prioritization processes for the allocation of resources, implementation of a trauma-informed and racial equity approach to engage landlords to reduce historical discriminatory tenant leasing practices, and a lack of racial/ethnic, and lived expertise participation across all levels of the homelessness workforce. The report also noted that many communities of color including Black and African American and American Indian and Alaskan Native homeless populations are not being served in comparison to their representation in the annual homeless count. Unhoused community members who identify as LGBTQIA+ and/or live with disabilities were also found to have barriers to accessing services.

To mitigate these findings, the CoC established the CORE HUD Equity Work Group that includes members of the Racial Equity Committee, Coordinated Entry Committee, and the Partners with Lived Expertise Cohort. This team is made up of 35% of persons with lived expertise and 66% of whom identify as Black, Indigenous and people of color. In addition to Persons with Lived Expertise, the team is also made up of persons identifying as LGBTQIA+, domestic violence survivors, veterans, outreach providers, seniors, coordinated entry representatives, housing providers, people living with disabilities, and justice impacted folks. The work group established a goal to increase access points, referrals and placements into housing for the BIPOC community found throughout the county. The CORE HUD Equity team analyzed data from HMIS, the 2020 PIT Count, and the gaps analysis to identify our underserved communities with the intent of developing a strategic plan to complete the following:

a. Strategic outreach to grass roots community partners that serve Black, Indigenous, communities of color
b. Onboard identified community partners into HMIS as access points
c. Incorporate community partners into Coordinated Access System and Coordinated Entry System
d. Onboard identified providers who are willing to be Problem Solving Access Point sites

2. How underserved communities in their geographic area interact with the homeless system – including description of those populations

Historically under resourced communities in the Sacramento County region often utilize trusted small grass roots organizations, some of which are not part of our HMIS system and are largely unknown outside of the communities they serve. Many of these community providers encourage and support clients with linkages to system access points including outreach and 2-1-1. With the expanded implementation of the Coordinated Access System (CAS), the CoC is strengthening its relationship with these trusted community partners who are interested in becoming formal community-based Access Points. Through SSF, the CoC will provide training on HMIS and pay for an HMIS license to use the system, and train on Housing Problem-Solving with access to financial assistance for clients. Four community based organizations have been designated as Access Points so far, and the CoC hopes to establish an additional 4 sites.

Through the CORE HUD Equity Workgroup, the CoC has begun conversation with the local Tribe to improve relationships and understanding of the meaning of homelessness among American Indian and Alaskan Native tribal communities. It is a co-learning relationship where we each how to better understand how to leverage resources allocated to each respective homeless response systems to ensure there is "no wrong door," and tribal members are able to access all services they are eligible for in a culturally appropriate way that meets their housing and service needs.

3. **Current strategy to provide outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness.**

The CoC is applying a racial equity approach to outreaching to populations experiencing homelessness that have not been previously served. This approach is guided by the implementation of recommendations made its Racial Equity Committee and outlined in the 2021 Findings & Recommendations from the CoC Racial Equity Committee. Below are initial steps made by the CoC.

In March of 2022, The Sacramento CoC collaborated with PLE's, outreach staff, community partners, Wilton Rancheria, CORE HUD Equity Team, and the Racial Equity Committee to design a more equitable prioritization tool for families. The formation of this tool was based in trauma informed practices and targeted families identifying as Black/African American seeking permanent housing. The goal of this pilot tool was to address reducing the number of persons experiencing homelessness for the first time and on a daily basis. This tool will serve as the foundation for the replacement of the VI-SPDAT.

Another significant achievement has been addressing historical disenfranchisement of American Indian or Alaskan Native (Indigenous) communities within the region. This population is 4 times more likely to experience homelessness in Sacramento and suffer a 13% return to homeless ness are existing homelessness to permanent housing. Due to these significant disparities, the Sacramento CoC has chosen to specifically target these groups with a trauma-informed approach. Through trust-building dialogue efforts, the Wilton Rancheria Tribe passed a Tribal resolution in April 2022 to join the Sacramento CoC. This is a historic partnership between the two entities and is supported by the Racial Equity Action Plan. Wilton Rancheria Tribe's Housing department is serving as an access point for Coordinated Entry and is now utilizing HMIS. The goal is to incorporate Wilton Rancheria Tribal Members into every committee to elevate Native voices. Currently, Wilton Rancheria Tribal members are engaged in the work of the Homeless Youth Task Force

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Commented [TT41]: we would need data to support these statements most likely. Some data has been qualitative, but I believe we do have statistical data to support

Commented [MW42R41]: @Tanesha Travis what kind of data are you thinking of? Are you/the PLE cohort opposed to the current statement without supporting data? Please advise.

Sacramento City and County Contiuum of Care (CA-503)
FY2022 Contniuum of Care Special NOFO Supplemental to Address Unsheltered Homelessness
Competitive Special NOFO Funding Recommendations Matrix
Approved: October 4, 2022

Maximum Award: $10,636,073

			Recommended List				
Rank	**Score**	**Project**	**Applicant**	**Type**	**Number of Beds**	**Number of Units**	**HUD Funding Requested**
1	231.5	Thrive Sacramento	Shelter Inc.	PSH	48	48	$ 6,253,699
2	221	Hope CalAim	TLCS - Hope Cooperative	PSH	32	25	$ 1,422,078
3	192.25	Coordinated Acces Navigatoin (CAN Team) Expansion	Sacramento Steps Forward	SSO	n/a	n/a	$ 927,518
4	not scored	Homeless Management Information System	Sacramento Steps Forward	HMIS	n/a	n/a	$ 1,713,696
5	not scored	Special NOFO Planning Project	Sacramento Steps Forward	Planning	n/a	n/a	$ 319,082
TOTAL							**$ 10,636,073**
			Ineligible Proposal				
Rank	**Score**	**Project**	**Applicant**	**Comment**			
n/a	n/a	Creekside Village	Weave Inc.	Special NOFO requires creation of new units. Creekside Village is an exising PSH project			
			Withdrawn Application				
n/a	163.5	Bridging Initiatives International -Transitional Housing and Rapid Rehousing for Sacramento unsheltered homeless populations	Bridging Initiatives International	TH/RRH			