

Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: UFA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	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 CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	No	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
18.	Organizations led by and serving people with disabilities	Yes	No	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	No	Yes
29.	State Domestic Violence Coalition	No	No	Yes
30.	State Sexual Assault Coalition	No	No	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1. UFA staff post notice of general membership & Board scheduled meetings on the City website/social media, postings at CES hubs & sends out invitations via email to a listserv. UFA staff communicates the invitation process via outreach to community meetings/neighborhood associations, legislatively led meetings, advocacy meetings like Homeless Coalition & Homeless Services Advisory Committee, Regional Homelessness Advisory Council (forum on alignment of funding/programs), Homeless Count Steering Committee, lived experience focus groups, PHA meetings, and interjurisdictional coordination meetings, faith-based coalitions and neighborhood association meetings. These meetings represent stakeholders that are being engaged and informed about the CoC and the meetings that are open to the public. The process of recruitment is done throughout the year allowing people to join at any point in the year and doing an annual recruitment for new board members.
2. The City of LB Language Access Program provides translation and interpretation services. Including auxiliary aids and services to ensure effective accessible format, e.g., audio, large type, assistive listening devices, and ASL. UFA staff works with the City's ADA Coordinator to ensure people with disabilities are accommodated. As we have been conducting online meetings through the pandemic, UFA staff have ensured closed captioning is also available for meetings.
3. UFA staff are continually looking at ways in which to further our engagement of culturally specific groups within our continuum to ensure that the Long Beach CoC are engaging groups that have been disproportionately impacted by homelessness. UFA staff partner with other teams within the City of Long Beach including our office of equity to engage our Black, Indigenous, and Pacific Islander community around a wide range of services. The CoC is engaged with our local LGBTQ Center around supports and connections for people experiencing homelessness.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	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. UFA staff conducts outreach to stakeholders interested in preventing & ending homelessness to solicit information. UFA staff participate in subcommittees including veteran services, chronic/street homeless, family/youth services, discharge planning, & CES performance to collect feedback and improve service provision. Staff engage with faith-based collaboratives, business improvement districts, business associations, neighborhood associations, legislative entities, regional planning efforts including Southern California CoC Leaders Collaborative, West Coast Mayor's Alliance, UFA Collaborative, and the California Business, Consumer Services and Housing Agency to incorporate best practice models.
2. Staff use PowerPoints, infographics, videos, resource guides, monthly reports, newsletters, & active participation in community forums. Stakeholder tours are provided at the CES hub as well as through outreach ride-a-longs and suggestions are solicited. The City maintains a hotline and a LB email so people can leave information, provide Recommendations, and request follow up information relating to homelessness. Staff facilitate one on one or group sessions with community members who want to communicate recommendations.
3. The UFA Staff incorporates input gathered from the public to inform policy & program development. Within each of the community forums created to providing feedback, minutes are taken and reviewed by planning staff. Staff have taken feedback received to lived experience feedback groups to get their input and reactions to ensure that responses are grounded in the voices and opinions of those experiencing homelessness. The effect can be measured by new policies and programs responding to unsheltered homelessness, ongoing incorporation of trauma informed care into services, and the work to better improve the response to requests for outreach, including responses through 9-1-1 by outreach staff versus law enforcement
4. The CoC encourages public participation in public meetings and heavily relies on communication from the Homeless Services Advisory Committee (HSAC) to assist in being a liaison between each of Long Beach's council districts and the Homeless Services Bureau. The HSAC committee is tasked with relaying information to their elected representatives and regularly reporting on the CoC's performance/outcomes. This creates a feedback loop directly between the CoC, city leadership, and Long Beach constituents.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
	1. that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
	2. about how project applicants must submit their project applications—the process;	
	3. about how your CoC would determine which project applications it would submit to HUD for funding; and	
	4. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. The CoC solicits applications for bonus projects & projects created from reallocated funds through an RFP process. The RFP announcement is posted in local newspapers a week prior to the release, on the Long Beach Department of Health & Human Services webpage and distributed widely through established listservs which includes public and private entities not currently funded by the CoC. Organizations that have not previously been funded are eligible and invited to submit proposals as part of the RFP process. The CoC has proactively expanded its portfolio in the last two funding cycles and successfully funded new CoC organizations. This represents an expansion to regional partnerships. The CoC has also awarded additional agencies through other funding opportunities outside of the annual competition.
2. The RFP details the process for which all applications must be submitted including timeliness, formatting, content, and supplemental information which determines the agency's ability to meet funding threshold.
3. Submissions that meet threshold are reviewed and scored by an Ad Hoc Committee comprised of members from the CoC Board and Homeless Services Advisory Committee. The Ad Hoc makes the final recommendations for funding for new and reallocated funding projects. The CoC Board is then presented recommendations from the Ad Hoc Committee and vote on what projects to include in the annual competition.
4. The City of LB Language Access Program provides translation and interpretation services. Services include auxiliary aids and services to ensure effective accessible format, e.g., audio, large type, assistive listening devices, and ASL. UFA staff work with the City's ADA Coordinator to ensure people with disabilities are accommodated. Anyone asking for assistance as part of the RFP process would be accommodated through support in this process.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the 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)	No
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
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.		Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 the Consolidated Plan update.

(limit 2,500 characters)

1. The City's Department of Development Services (DS) is the recipient for ESG funds in the local CoC and works in partnership with UFA staff to strategically plan and allocate ESG funds. UFA staff provide the administrative oversight of the ESG RFP process, data collection, and fiscal & program compliance monitoring. UFA staff also coordinates directly with subrecipients to ensure they are working within the CES to leverage the resources with the broader CoC system of care and maximize participant linkages to resources.
2. UFA and DS staff meet on a quarterly basis to review and monitor progress and effectiveness of the existing Consolidated Plan, Annual Action Plan and ESG Written Standards. Projects funded are monitored by UFA staff on program and fiscal performance, provided technical assistance and required to coordinate with the broader CoC. System performance is evaluated using HMIS reporting platforms and participation in the Coordinated Entry. UFA and DS staff work together to make changes as needed and collectively report to HUD on these system improvements.
3. UFA staff provide an overview of the PIT and HIC to DS staff. The Long Beach CoC and the entitlement jurisdiction match so staff provide detailed data on annual basis for the consolidated plan jurisdiction.
4. UFA & DS staff collaboratively prepare the City's Consolidated Plan (CP) & Annual Action Plans, which includes CDBG, HOME and ESG. For the FY2023-2027 CP, the City solicited community input via community meetings, CoC general membership, HSAC meetings, focus groups with people with lived experience and council district forums. The CoC provides data for the Consolidated Plan including PIT, HIC utilization, HMIS coverage, system performance (including project level for funded programs under ESG), and recommendations for improved performance. Further, the CoC conducted a gaps analysis of local needs to help determine the priorities for funding. UFA staff writes all portions of the annual CP report pertaining to homelessness.

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

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

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

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.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

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC collaborates on the following levels to address the needs of at-risk and homeless youth via the Youth Services Network (YSN); a collaborative of stakeholders dedicated to the well-being of youth in LB through partnership, advocacy and resource sharing. Strategies for at-risk & youth experiencing homelessness include identifying gaps in services, wraparound supports, employment, educational supports, provision of TH, family strengthening strategies and reunification services.

Long Beach Unified School District LEA homeless liaisons regularly attend CoC meetings & are represented on the CoC Board. LEA liaisons are active participants in identifying ways to strengthen cross-system supports for homeless students and have specific services and programs for homeless students within the school district.

The CoC collaborates with the Long Beach Unified School District (LBUSD) and early childhood education (ECE) providers to coordinate educational and support services for youth and children who are experiencing homelessness. LBUSD and ECE providers are active participants in CoC meetings, including a monthly collaborative at the Villages at Cabrillo, the Youth Services Network, the CoC General Membership and CoC Board meetings and sub committees. LBUSD's Bethune Transitional Center provides health/mental health screenings, social development activities, & supports like school supplies, uniforms & transportation. LBUSD & ECE train CoC partners in an effort to increase awareness of the educational resources available to families and youth who are homeless. UFA Staff provide school liaisons training on CE process. In addition to relationships with the public school system the CoC has formal relationships and engagement with the local community college and university.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

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

(limit 2,500 characters)

CoC’s Educational Assurances Policy require agencies (regardless of funding source) to inform homeless youth & families of their eligibility for education services - both written and orally in the head of household’s primary language to assist them in accessing those services. Agencies are required to provide the CoC with documentation that demonstrates that they have established education-related policies & practices for children & youth. Agencies must also designate a staff person to ensure that children are enrolled in school & connected to the appropriate education services. Youth agencies ensure that TAY participants are assisted with obtaining a high school diploma/GED or enrolling in a post-secondary degree, license or certificate program. Providers are trained in the components of the Elementary & Secondary Education Act of the McKinney-Vento Act. The training is designed to elicit full commitment from each provider to ensure the educational needs of children who are placed in emergency or transitional shelter are met. The following components ensure the implementation of the Educational Assurances Policy: 1) Homeless service providers ensure that families with children or unaccompanied youth are given priority in shelters near their school whenever possible. Assessment includes last known residence zip code & attendance verification ; 2) Schools allow children who are homeless to immediately enroll in school regardless of necessary documents. CBOs providing shelter and/or services ensure that homeless families or unaccompanied youth are assisted with the enrollment process as part of case management service delivery; 3) Homeless service providers ensure that education is a component in the case plans of families with children or unaccompanied youth on an ongoing basis while the family is receiving services; 4) Homeless service providers ensure that education is part of exit planning & assist with supports that are in the child’s best interest.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. The CoC has formal & informal partnerships with Survivor Service Providers (SPs). The CoC engages providers within its annual review of CE policies & written standards for programs. Policies are aligned with VAWA requirements to ensure both safety & choice. Policies & procedures include: screening & access to services within DV & general services, documentation requirements, emergency/safety transfers & how SP service recipients can access permanent housing resources through the CE. CE staff also provides training to regional SPs on CoC system services & collaborative discuss how to enhance access to & through the system for survivors. UFA staff also ensure alignment to county policies & that we receive input from the regional & county DV coordinators. The CoC's protocols prioritizing safety & trauma-informed, victim-centered services include: when a person is identified (or self-declares) as a survivor, CES staff are trained to link people with DV services & hotline; all programs serving survivors, regardless of funding source, adhere to Housing First, including voluntary services & recognizing survivors' trauma from being controlled by their abusers; per the CoC's "Housing Protections Under VAWA" policy all CoC contracted PH & TH providers cannot deny rental assistance/occupancy rights or terminate assistance/evict survivors as a result of DV or DV-related lease violations; providers can bifurcate leases to remove abusers while maintaining survivor tenancy & safety; housing providers must allow survivors to self-certify to qualify for special protections under VAWA (e.g., emergency transfers); providers must maintain the confidentiality of information.

2. The CoC collaborates with SPs to provide annual training for partners working within the system of care. Training provided includes materials that describe the methods, policies & procedures for adherence to the CE's P&Ps. Training also provides standards for trauma informed care, VAWA, emergency transfers & best practices in serving survivors of domestic violence, dating violence, sexual assault, & stalking. CE staff are also provided guidance on access points for DV survivors choosing to access CE or circumventing CE for services if the participant desires to do so. Trainings are conducted in partnership with local DV providers. Coaching is available as needed. All providers are contractually required to have training around trauma informed care & must have policies pertaining to VAWA.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. The Homeless Services Administrative Coordinator is responsible for ensuring all UFA staff receive at minimum annual training. UFA staff are responsible for ensuring that annual training is available to all CoC service providers on best practices for serving survivors of domestic violence. Trainings are developed & provided annually in conjunction between CoC staff & SPs.. In addition to the annual trainings provided at the CoC level, agencies are also encouraged to participate in quarterly DV trainings provided from the County Services Area 8 DV Coordinator. In addition to coordinating trainings for agencies the UFA staff are required to participate in trainings to increase personal knowledge.

2. The Homeless Services Administrative Coordinator supervisor is responsible for ensuring that all CE staff have access to annual training opportunities on topics such as trauma informed care, safety planning, emergency transfers and VAWA. These trainings are offered both virtually and in person and registration is tracked by UFA staff.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1. The CoC’s protocols prioritizing safety and trauma-informed, victim-centered services include: a) when a person is identified (or self-declares) as a survivor, CES staff are trained to offer to link them with DV services and hotline; b) all programs serving survivors, regardless of funding source, adhere to Housing First, including voluntary services & recognizing survivors’ trauma from being controlled by their abusers; c) per the CoC’s “Housing Protections Under VAWA” policy all CoC contracted permanent and transitional housing providers cannot deny rental assistance/occupancy rights or terminate assistance/evict survivors as a result of DV or DV-related lease violations; providers can bifurcate leases to remove abusers while maintaining survivor tenancy and safety; d) housing providers must allow survivors to self-certify to qualify for special protections under VAWA (e.g., emergency transfers); e) linking people services in another region if the household is willing f) providers must maintain the confidentiality of survivor information. All of these contribute to safety for those fleeing violence. SPs and Non-SPs when working with someone who is fleeing violence or recently experienced violence are required to have procedures for planning with participants around their safety needs. This includes an assessment of potential risk based upon history with the abuser. Households may be requested to undergo several different safety measures to limit exposure such as filing a restraining order, changing phone numbers. Households will be informed of what steps should and can be taken if the abuser learns where they are currently staying.

3. To maintain confidentiality, SPs complete data entry outside of in a separate data system that meets HMIS specifications. When people are being matched to permanent housing through the CE information for the purposes of matching are kept to a unique identifier and information is provided from SPs to non-SP housing providers through non-electronic transfers and limiting information that is available to the larger CE system.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. UFA and HMIS staff have worked to get APR level reporting for the majority of SPs that operate within the CoC. High level data is collected from SPs that are not funded and are unable to provide APR level reporting. The data collected through these two efforts are utilized for planning. In addition to service data, the CoC also collects high level information during the annual PIT count and getting an estimate from SPs around how many people seeking services were not able to be served due to capacity.

2. The Planning staff utilize the collected data to look at the demographics and service needs of those fleeing violence as well as to better understand the overall impacts of violence and trauma amongst those experiencing homelessness. Data is utilized to determine how new funding resources are allocated including ensuring that there are both interim and permanent housing programs that are specialized in serving households fleeing violence. Data is also utilized to review and ensure that SPs are successfully placing households in permanent housing. In the past year, this data was utilized for determining a set aside allocation of vouchers for SPs as well as ensuring that there was intensive case management for those households which needed ongoing services. Additionally, the de-identified data is used to inform procedures regarding coordination of care when survivors seek services through non-VSP access centers. Current CE and intake procedures create direct linkages with VSPs to ensure service provision without the need for HMIS entry. This ensures an accurate collection of data (data are therefore not duplicated in two separate systems) while also maintaining the confidentiality of survivors.

** nbsp;**

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1. The Long Beach CoC requires all service providers to comply with the CoC's Emergency Transfer Plan as outlined in the CoC Policies and Procedures.

2. To request an emergency transfer plan within a CoC project, the participant must notify the service provider of the request in writing utilizing HUD Form 5383 and at the provider's discretion, the participant should provide documentation, such as HUD Form 5382, records from a court or administrative agency, a personal statement, or a document signed by a professional, detailing the occurrence for which the participant is seeking the emergency transfer.

3. The CoC responds to emergency transfer requests by first attempting to complete an internal transfer to an immediately available resource if an internal resource is unavailable the participant can request an external emergency transfer. Participants have the option to concurrently request and internal and external transfer when a safe unit is not immediately available.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

CE staff work in close conjunction with service providers around ensuring access to the range of housing services provided within the CoC. This works with ensuring that providers are aligned with the screening and prioritization process that the CoC utilizes. The CoC has created rapid rehousing specific services for survivors that accounts for the special needs for safety and confidentiality. Most survivor households receiving permanent housing resources in the CoC receive a rapid rehousing intervention, the CE system has a transfer process for households where rapid rehousing is not going to be successful and a PSH intervention is needed. In addition to the transfer process, service providers can provide a direct referral to PSH for households with a higher level of need. Households linked with PSH programs are being linked to non-SPs so person information transfers are handled with care of personal information utilizing a unique identifier and protecting potential exposure of personal information. For households who are fleeing violence they also have the option to not enter the DV system and to receive services through non-SPs in which they would be prioritized and navigate the system similar to someone not fleeing violence.

The CoC proactively identifies barriers by partnering closely with SPs to gain feedback as well as requesting feedback from the CoC's Lived Experience Advisory Board. There is a designated board position for survivors of domestic violence who are currently or have formerly experienced homelessness. This board chair is intentional to assist the CoC in assessing the current system as well as providing recommendations for improvement.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

The CoC ensures survivors are involved in the development of CoC policies and programs by having a dedicated board position for survivors of domestic violence on the CoC's Lived Experience Advisory Board, working in collaboration to uplift survivor-led domestic violence programs through funding awards, trainings, and written CoC Standards. The CoC requires each service provider to have one person with lived experience on their board of directors that represents their agency's service population, for DV providers this requires a survivor of DV.

2. The CoC accounts for the unique and complex needs of survivors by including members who have experienced homelessness, shelter residents, and program graduates (DV survivors) from diverse backgrounds with decision-making authority to reflect the voices and input of our target service population on service provider boards and committees. Local provider's cultural/language capacity provides holistic and effective service delivery. Local DV agencies' key executive & administrative staff average 20 years working with the agency in the fields of DV, housing, and homelessness. Over the years, there has been increased equity & access to safe housing & services for those disproportionately impacted by DV & homelessness. The history of effective service is rooted in the CoC's ability to reach out to & engage meaningfully with the highest-barrier households facing multifaceted racial, cultural, linguistic & socio-economic barriers. The CoC continues to promote active participation by homeless & formerly homeless staff & clients through focus groups, weekly client meetings, and close involvement of senior management with program participants, which leads to great comfort in clients engaging with the CoC.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC reviews and updates the anti-discrimination policy as annually or anytime a concern is brought to the CoC by a service provider or participant. Currently the CoC utilizes all protected classes under the state of California which is more expansive than the protected classes under federal law.
2. All organizations are required to implement anti-discrimination policies within their overall policies and procedures. In addition to policies, each project is required to have grievance policies and procedures that are available to participants and allow for a multiple level internal review as well as escalation to UFA staff when needed. This allows for potential discrimination to be identified and corrected. UFA staff provide technical assistance as requested or required to address any concerns around policies and procedures or practices that are occurring within a project. UFA staff encourage new projects and new staff to participate within the LA County Central Training Academy which has trainings on implicit bias to reduce the potential of discriminatory practices.
3. During the annual monitoring period(s), UFA staff requests project policies and procedures to review for fidelity with CoC standard and policies. This includes the anti-discrimination policy. The monitoring also requests to review other standards of practice and policies, outside of the anti-discrimination policy, to eliminate unintentional discriminatory practices. When not resolved at within an agency, UFA staff review grievances and monitor for discriminatory practices.
4. In the case that there were to be a non-compliance with the CoC anti-discrimination policy, the agency would be issued a corrective action along with technical assistance to make corrections. In the case that corrective action was not completed it could lead to the future termination of contract, which as a UFA could be conducted outside of the annual CoC NOFO competition.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.
	NOFO Section V.B.1.g.
	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
	Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
CA-068 City of Long Beach Housing Authority	100%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	
	Describe in the field below:	
	1. steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1. The CoC has one PHA within its geographic area which is also governed by the City of Long Beach. The CoC has a long history of coordinating with the local PHA which includes the adoption of a Homeless Preference within its Administrative Plan, set-aside HCV vouchers and utilization of the CE for all homeless project-based housing projects. The preference includes applicants who experience homelessness, displacement or are at risk of homelessness or displacement. HCV funding for this preference is based on funding availability, as approved by the LB PHA.
2. Not applicable

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	
	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

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

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	
	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:	

	1. Emergency Housing Vouchers (EHV)	Yes
	2. Family Unification Program (FUP)	No
	3. Housing Choice Voucher (HCV)	Yes
	4. HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes

5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
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2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Program Funding Source CoC and EHV
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1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section V.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program. Not Scored–For Information Only	
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	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
City of Long Beac...

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

Name of PHA: City of Long Beach Housing Authority

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	22
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	22
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. UFA staff review a number of different items beyond the confirmation boxes within the project application process. Staff are reviewing project descriptions to ensure that the project descriptions are aligned with housing first practices such as: few to no programmatic prerequisites to permanent housing entry; low barrier admission policies; rapid and streamlined entry into housing; supportive services are voluntary; tenants have full rights, responsibilities, and legal protections; and practices and policies to prevent lease violations and evictions. UFA staff review project policies and procedures to ensure that they are also aligned with Housing First practices. CES staff monitor utilization of the coordinated entry system to ensure that people are not denying matches or requiring that people show specific criteria to show program readiness to be enrolled in the program.
2. UFA staff heavily rely on looking at practices around intake and monitoring for any red flags with declining match/referrals for services. In addition to practices, UFA staff are looking at data around income upon intake, amount of time from match to intake, and time from enrollment to housing move-ins to determine if there are any potential concerns that a project may not be fully utilizing Housing First practices and principles.
3. The monitoring throughout the year is largely done by CES staff in monitoring matches as they occur and ensuring that there are not any concerns with acceptance into programs. When denials of matches are made staff ask for an overview of why the CES match is being declined. The CoC has implemented a community case conferencing model to review matches with participation of all CoC projects to ensure matches that are being made or declined are conferenced amongst a group instead of relying solely on CES staff.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.B.1.j.	

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

(limit 2,500 characters)

The CoC utilizes an interdepartmental approach to street outreach. The Homeless Services Bureau (HSB) within the Health Department is the administrative and programmatic lead in addressing homelessness for the LB CoC. The HSB engages individuals in the City through the Interdepartmental Street team which consists of Long Beach Police Department-Quality of Life Units, Long Beach Fire Department, HSB Outreach Team, Restorative Engagement to Achieve Collective Health (REACH) Teams, the HSB Mobile Access Center (MAC), City Prosecutor’s Office, Long Beach Public Works, Parks Recreation and Marine, and Library Services. The HSB employs Outreach Workers that travel throughout the City and provide resources, case management, transportation, and housing navigation. REACH Teams are specialized multi-disciplinary teams comprised of a Mental Health Clinician, Public Health Nurse, and an Outreach Worker, and engage participants through their health and mental health expertise. REACH Teams provide specialized care, assessments and referrals to mental and physical health services, and ongoing follow-up. Both Outreach and REACH Teams support the City’s emerging alternate response model by responding to non-violent, non-emergency calls for service related to homelessness, limiting unnecessary police interactions and impacts to emergency medical services for unhoused households.

2. 100% of the CoC's geographic area is covered by street outreach.
3. Outreach is conducted daily in a coordinated & consistent approach focusing on those least likely to seek assistance. Outreach hours will change depending on focused efforts or areas of need. Weekend outreach is limited to a single team on the weekend but are available to respond to high need areas.
4. The HSB created two MAC Teams that provide resources, case management, and CES intake in rotating areas of the City. The MACs are staffed by 2 case managers and 2 generalist outreach workers. The MACs are an innovative solution to the unique geography of the City of Long Beach. Many of the unhoused identify the lack of transportation and distance to the City’s Multi-Service Center as a reason for not engaging in services. The MAC has created opportunities to provide services to individuals that had not engaged in the past. The HSB REACH team provides an avenue for Outreach and MAC staff to case conference weekly and provide expertise in mental health and physical health to address those barriers for those who are unhoused.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	415	292

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

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, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC's coordinated entry hub at the Long Beach Multi-Service Center co-locates agencies who provide access to mainstream benefits: Department of Public Social Services (DPSS), Help Me Help You (HMHY) & The Children's Clinic (TCC). DPSS streamlines the application process for General Relief & TANF benefits such as CalFresh (food stamps), Medicaid & cash aid. These resources are strategically within the CE hub for participants to minimize wait times. Agencies provide onsite linkage to benefits, application assistance, training & technical assistance. CoC staff attend trainings on mainstream benefits assistance & receive real time updates from DPSS staff, training from HMHY on SOAR education & training updates, & meet regularly with Veterans Affairs staff to learn about benefits for Veterans. The CoC has several key benefits that are also co-located at the CE Hubs up to two days a week to support people w/ access to free phones, insurance coverage supports, & accessing harm reduction supplies while engaging in conversation around healthcare. One new partnership has been the local metro who provide free transportation cards for those who qualify.

2. The CoC's CE hub has medical clinics co-located on site to streamline access to healthcare. The CoC has mental health clinicians and nurses to outreach teams to increase connections & support in linking to services provided through insurance & through the public healthcare system. One outreach team can provide medical screenings & prescriptions through a street medicine. There are several Medicaid managed care providers that have begun to participate within our CE hub & are also beginning to utilize HMIS to support the coordination of social services for members. Staff within the CE hub & outreach are trained on the access points & protocols for getting people linked with crisis & long-term mental health & substance use related services.

3. The CoC encourages all providers to have staff go through the SOAR training process offered through SAMHSA & works with two local agencies that have received extensive training & have specialized programs for supporting people in applying for SSI/SSDI benefits. Local providers have programs where staff are singularly focused on assisting people experiencing homelessness with applying to social security & coordinating medical assessments & medical documentation collection to complete the process. All projects are informed of the resources through the two programs.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The CoC administrative entity leads the effort within the Long Beach CoC to add non-congregate shelter (NCS) capacity. Response to the COVID-19 pandemic provided an influx of additional resources to rapidly increase our non-congregate shelter capacity. Efforts to increase non-congregate capacity were implemented both through temporary efforts utilizing FEMA funding and through long-term approaches by acquiring and converting facilities . Throughout 2021-2022, the City of Long Beach entered master leases with three (3) different motels at various periods while utilizing motel vouchers within two (2) other motels, creating between 100-130 rooms of NCS at different periods. In Long Beach, the City and County of Los Angeles also utilized California’s Homekey Program to purchase three (3) motel properties to operate as NCS, with long-term plans of converting to PSH, creating 275 additional beds of NCS. As FEMA and pandemic funding have discontinued, the City has demobilized its master leased motels and reduced its motel voucher program to 20 total beds. However, the City remains committed to the NCS service model, as it is a more effective means to engage and stabilize individuals towards permanent housing. In July 2022, the City was awarded funding through California’s Homekey Program to create two more NCS programs through the purchase of a motel for conversion to NCS (78 rooms) and the manufacture and installation of modular units at a City-owned site (33 rooms). Both are expected to begin operation in the middle of 2024. In September 2022, the City initiated an Encampment Resolution piloted program, funded through the State, which provided 40 NCS beds at a master leased motel and case management for residents of one of the largest encampments in the CoC. Off of the success of this program, the City is continuing with a second Encampment Resolution program in early 2024, with an anticipated addition of 60 NCS beds at a master leased motel. The City and CoC continue to assess further opportunities to expand NCS options. Through this approach, we have seen better stabilization and trauma-informed care, increased engagement with people experiencing chronic homelessness and those who have been previously hesitant to consider shelter, and better permanent housing outcomes.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
NOFO Section V.B.1.o.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:		
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The administrative entity for the Long Beach CoC is the City of Long Beach Department of Health and Human Services which allows for a much closer alignment with the overall public health system in our response to preventing infectious diseases. For CoC wide policies and procedures we rely on the utilization of orders from the City of Long Beach Health Officer as well as working closely with the Los Angeles County Department of Public Health. This allows for policies around screening and monitoring for infectious diseases within programs. Including, creating policies for how to isolate and quarantine sites when needed and the creation of specific isolation sites to minimize the spread of infectious diseases. The CoC works closely with agencies around policies and mandates around vaccines and provides guidance to staff and participants when needed.

2. The CoC has taken multiple different actions to prevent and minimize the spread of infectious diseases among people experiencing homelessness. The CoC's response to infectious disease outbreaks includes embedding CoC dedicated staff within the Long Beach Emergency Operations Center to ensure response efforts are inclusive of people experiencing homelessness. Efforts have included education and vaccines available through nursing and outreach partnerships. Long Beach CoC has the availability of isolation rooms with medical support both run by the CoC administrative entity as well as partnering with the County. The CoC supports in ensuring that the availability of PPE and education around how to reduce the spread of infectious diseases are available to people through various service sites and outreach. The CoC promotes safe distancing within congregate shelter sites to increase safety features and limit spread, as well as regular testing opportunities at shelters to surveil for infections and quarantine quickly to limit spread. The CoC has a robust harm reduction effort which provides things such as free condoms, STI screening, clean needle exchange, needle disposal programs, clean pipes, and other harm reduction approaches to limit exposure for infectious diseases.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases. NOFO Section V.B.1.o.	
Describe in the field below how your CoC:		
1.	shared information related to public health measures and homelessness, and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. The Long Beach CoC has been able to actively share data and other information related to health for people experiencing homelessness. Aggregate data is regularly shared around fields collected in HMIS that are related to physical and mental health as well as substance use. The CoC has implemented a data sharing dashboard which provides visitors and interactive look into HMIS collected data surrounding physical health, mental health, and substance use. This data is also shared at public CoC board and general meetings, Long Beach City Council meetings, and when requested in compliance with the Freedom of Information Act.

2. The CoC staff have regular communication and collaboration with public health leadership within the CoC jurisdiction both from a city and county level. The CoC provides updated guidance and information from public health leadership around health related responses and services. Additionally, the CoC has encouraged shelter and transitional housing providers to participate in bi-weekly updates from the County health and public health departments around practices and guidance. UFA staff have facilitated connections for more in-depth one-on-one guidance between community based organizations and public health leadership when additional guidance or support has been requested.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The Long Beach Coordinated Entry System (CES) serves the entire 52-square mile jurisdiction of the City/CoC of Long Beach. Partnerships are active with Los Angeles, Pasadena, & Glendale CoCs & the County CEO office of Los Angeles to ensure coverage & coordination as people move throughout the County of Los Angeles over the multiple CoCs within the County.

2. The Long Beach CoC utilizes a standardized assessment for all people entered into the CES. The assessment is meant to be concise and can be done in multiple steps if needed. The standardized assessment includes the HUD standard data elements, additional screening questions to increase understanding of the persons current shelter plan, immediate needs in order to match with appropriate resources, and lastly the utilization of the VI-SPDAT. All service providers can administer the standardized assessments; however, most assessments are administered through the CE hub and street outreach. The Long Beach CoC utilizes several factors outside of the VI-SPDAT when determining prioritization to try to reduce biases and challenges in getting accurate information through a triage tool. The Long Beach CoC has joined efforts with the other CoCs within Los Angeles County around the review and assessment of the VI-SPDAT along with other potential assessment tools and is committed to having an aligned assessment tool if it is determined that a new tool be utilized or a supplement to the VI-SPDAT is added.

3. The Long Beach CoC seeks regular feedback around its coordinated entry system to make improvements and changes. In the past year the Long Beach decentralized the administration of assessments based upon feedback from providers and wanting to ensure as equitable access as possible. The decision to further assess the VI-SPDAT as part of the CES assessment comes both from looking at data studies as well as listening to the feedback of our local BIPOC communities around concerns with the tool related to bias. The Long Beach CES brings all policies and procedural changes to the CoC's Lived Experience Advisory Board (LEAB) made up of 7-11 people who are currently or have formerly experienced homelessness. After the LEAB reviews the policies and procedures, recommendations are brought to the CoC board where there is a designated board chair for LEAB chairs.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. The CoC has a multidisciplinary, coordinated outreach team of agencies called the Street Outreach Network (SON). SON engages the highly impacted & chronically homeless population living in places not meant for human habitation including riverbeds, beaches, parks, flood control, railways, & other public spaces. Individuals at these locations are least likely to apply for homelessness assistance without focused outreach.
2. The CoC maintains a byname list that records households experiencing homelessness & prioritizes based on HUDs Prioritization Schedule (PS) & a universal assessment of the VI-SPAT. CE uses the PS & the VI-SPDAT to rank households in order of vulnerability, with the most vulnerable households at the top of the list. Households are prioritized in the following order: chronic homeless with severe service needs, those with severe service needs, those who are chronically homeless longest by days, & all other chronically homeless individuals or families.
3. The CoC works to link people as quickly as possible by removing any boundaries are barriers that may slow access to assistance. The CES has policies & procedures that detail the timeliness of vacancies, matching, submission of documents, & move-in procedures. Local & regional partnerships are included in the local CE matching process & include LA County LAHSA, DMH, & DHS, property developers & leasing companies, to streamline & rapidly get people through the process.
4. The CoC, through decentralizing the administration of the CES screening assessment, worked to reduce the burden for people that are already linked with people at other agencies. Implementing case conferencing has allows the CoC to coordinate efforts in housing navigation to eliminate the need of people using CE to coordinate on their own behalf. The CoC promotes the aligning of resources that can support people in collecting vital documentation that is often required for permanent housing and is able to pay when there are associated costs for ordering documents.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	06/14/2022

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The Long Beach CoC has both data and administrative staff participate in conducting Racial Equity Assessments and developing a plan to support the CoC in addressing disparities and implementing changes to work towards reductions of disparities, improved access and better outcomes within programs. The following data sources were utilized in conducting the most recent Racial Equity Assessment: 2020 Census data, 2022 Point In Time Count data and HMIS data from the past 3 fiscal years. In addition to looking at these data sources, staff also compared outcome data captured in the Longitudinal System Analysis and Stella to compare data capture. The data that was captured from Census and the PIT count were utilized in analyzing the racial disparities that exist in who is experiencing homelessness within Long Beach and will allow the CoC to have an ongoing tracking of progress in reducing overall disparities. HMIS data is utilized in comparison to the count allows us to assess access to services and determining by program type whether people are equitably accessing resources and analyzing the effectiveness of each program type by race. In addition to our local analysis on an annual basis, the CoC reviews data from California's Homeless Data Integration System (HDIS) which includes longitudinal data from HMIS. The CoC participates in a state-operated learning cohort focused on monitoring and analyzing data and creating goals. As part of receiving state funding Long Beach has created as set of racial equity goals around system measure that it reviews and updates on an annual basis.

2. Racial disparities that the Long Beach CoC has identified are that Black, Indigenous, and Pacific Islanders are 3 times as likely to be experiencing homelessness in the CoC as someone who is white. The disproportionality for Black and Pacific Islanders have been trending downward over the last several years while the disproportionality of Indigenous people experiencing homelessness has been increasing. Within Long Beach we see that Indigenous people are more likely to experience longer episodes of homelessness as well are slightly less likely to access shelter services as well as are more likely to exit from shelter back to unsheltered homelessness. Black people are more likely to return to homelessness from permanent housing programs than other groups. The most recent PIT count showed that the Latinx is experiencing first-time homelessness at a higher rate than other races.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The City of Long Beach has demonstrated commitment to improving racial equity in its policies and programs, via strategic planning, community engagement, and resources. For example, the City developed an Equity Toolkit, which outlines strategies and best practices to incorporate racial equity into City processes, which is utilized by CoC staff. To address discrimination against protected classes such as race, the City developed an Assessment of Fair Housing (AFH) that was approved by the City Council and HUD in July 2017. The AFH identified 6 goals to address Fair Housing Issues and implemented several activities to address the issues. The City has been reporting on the outcome of these activities on an annual basis. Following the murder of George Floyd, the City Council unanimously approved the Racial Equity and Reconciliation Initiative - Initial Report in 2020. The goals and strategies of the initial report include actions related to government/infrastructure, public safety and policing, violence prevention, health equity, and economic inclusion, including a directive to address the overrepresentation of Black people among those experiencing homelessness in Long Beach. UFA staff did a crosswalk of the Reconciliation Initiative strategies in comparison to the LAHSA Ad Hoc on Black Persons Experiencing Homelessness report recommendations. This crosswalk highlighted synergies and areas in which we could take action that would make impacts on reducing disparities and increasing equity, which was presented to the CoC Board. Items that have been recently implemented within the CoC are: the implementation of an alternative crisis response model for when people call 9-1-1 asking for a response to someone experiencing homelessness, the creation of equity goals within Long Beach's non-congregate shelters and utilization of EHV, implementation of a compensated Lived Experience Advisory Board made up of people with diverse backgrounds related to race, experience, education, age, sexual orientation, and family composition.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities. NOFO Section V.B.1.q.	
	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1. The Long Beach CoC is committed to striving to reduce and eliminate all disparities within who is experiencing homelessness, who is accessing services, and the outcome of the services provided. The Long Beach CoC within its monitoring processes has increased the review of both system level and program level data around race and outcomes. To have an impact in reducing disparities within the Long Beach CoC, there is a need for each program to focus on ensuring equitable access and outcomes. The efforts to increase equity within the system starts within the procurement processes and ensuring that there are racial equity considerations for providers to be committed, thoughtful, and effective with their work. CoC staff include racial equity and cultural humility language in all service provider contracts. As new programs are being developed, CoC are consciously review outcomes and assess the level of services by program type to ensure that services are going to be adequate to serve those with the highest needs. Improving the quality of services and focusing on cultural humility allows providers to improve services for those who have been most disproportionately represented as well as improving equity within the outcomes of each program. The CoC assesses data within all areas including a review of who is being entered into CES and matched to ensure that it is representative of who is experiencing homelessness. Program level monitoring assesses who is being referred and entered for services and if there are any significant concerns at a programmatic level.

2. Racial equity is being analyzed and scored as part of the annual NOFO competition. For programs with significant deviations from the system level outcomes, staff are engaging to better learn what is occurring and providing technical assistance where needed.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The Long Beach CoC has implemented a wide outreach effort to get a wide range of voices within several different areas pertaining to the homeless response system. The CoC has implemented a Lived Experience Advisory Board (LEAB) consisting of 7-11 people who are currently or have formerly experienced homelessness. The LEAB is a paid opportunity for members to review policy recommendations, procedural changes, funding recommendations, and program monitoring efforts. The LEAB reports to the CoC board and has one dedicated voting seat on the CoC Board. The CoC marketed the opportunity through CoC partners, the City of Long Beach's internal marketing team, local news outlets, and word-of-mouth. When bringing together people to provide input the CoC has worked to reduce barriers for participation by providing transportation, food and compensation for anyone participating in any input sessions. The CoC has also worked to get a diverse opinion in engaging people that are currently unsheltered, participating in shelter programs, receiving permanent housing, have significant histories of homelessness. In soliciting input from people with lived experience staff have made sure to provide a detailed overview of the input received when presenting to the Board to ensure everyone is aware of the recommendation that people have provided and in the case of difference of opinion among people providing input or with staff recommendation there has been effort to ensure the difference are transparent. Recently the CoC has engaged lived experience groups around non-congregate shelter services, emergency housing vouchers, utilizing modular shelters/tiny homes, creation of a lived experience advisory board, creating a plan for how state funding will be utilized, and planning for the HUD Special NOFO.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	22	19
2.	Participate on CoC committees, subcommittees, or workgroups.	37	23
3.	Included in the development or revision of your CoC's local competition rating factors.	2	0
4.	Included in the development or revision of your CoC's coordinated entry process.	2	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The Long Beach CoC has created programs to support people with preparing for employment in multiple fields including homeless services. The majority of CoC agencies actively work to recruit and hire people with lived experience as a part of their organization. Agencies are committed to lowering barriers for people with lived experience to be able to gain employment within organization and providing the development support to assist people in being successful once in the workforce. Things that have been done to support hiring of people with lived experience is to get rid of more extensive background check process, allowing for experience as substitution for educational requirements. The CoC works closely with Goodwill, which provides employment resources and assistance through job coaching, resume building, and employment supports. The CoC partners with other CoCs within the County of Los Angeles for programs that are focused on supporting in depth training and development for people who are either interested in working within homeless services have recently been hired by an agency. The County of Los Angeles pays for a central training academy which provides in depth training to support new staff within the field of homeless services to learn best practices as well as developing self-care plans. The Corporation for Supportive Housing also provides the Speak Up Academy which provides trainings for people interested in advocacy and policy for housing and homeless services. The CoC Board in 2022 voted to utilize state funding to create a supported employment program for people interested in potentially entering homeless services to get training and on the job experience. People will be placed at various agencies within the community where they will receive experience doing the work while also receiving mentorship, with support for those who are interested in further pursuing support with applying for open positions within the CoC. This program will support 12 people per year getting hands on experience and training. In addition to funding for compensating participants of the Lived Experience Advisory Board the CoC has allocated funding to allow members to attend training and conferences to further learn and develop their leadership and voices within the homeless response system.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. As the CoC has received new opportunities for funding or has identified concerns around certain practices or approaches it has conducted engagement with those that would be most likely to receiving services and support from the funding or program intervention. The CoC has provided opportunities for both written and group conversation formats. Within the past year the City of Long Beach declared an emergency proclamation centered around homelessness which has led to over 30 larger group discussions focused on program and project development areas with prioritized experiences from those experiencing homelessness
2. The primary focus in the CoC's feedback has been from those who have been enrolled within CoC and ESG programs. As group conversations are conducted, CoC staff provide report backs to the CoC board around feedback and recommendations brought forward by participants of the input sessions. Areas where program feedback has been the strongest has been around prioritization of resources and who should be prioritized, access to basic services such as restrooms and showers and overall program rules with people both wanting more or less rules. CoC staff incorporated language into all procurement opportunities and contracts regarding language around how each program solicits and utilizes feedback from participants. Proposals are scored around the commitment to incorporating feedback and detailing how that is utilized in ongoing quality improvement.
3. Based upon feedback received from persons experiencing homelessness, some of the responses from the CoC have been: allocating funding opportunities to areas around strengthening supports and connections with the reentry system, creating an employment program to assist people in getting employment with homeless service agencies, including requirements around restroom access within procurement opportunities, ensuring that any modular shelters/tiny homes developed within the CoC have individual restrooms and looking at ways of increasing safe parking programs.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice. NOFO Section V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/30/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/30/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below. NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e. You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen. Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	
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1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	No

5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	177
2.	How many renewal projects did your CoC submit?	21
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. UFA staff utilized data from APR reports in collecting and analyzing data. HMIS staff work with each project to confirm accuracy within APRs to ensure that data being utilized has been identified as complete and capturing the performance for each project. Through the APRs staff can identify the number of participants who have successfully obtained housing and the characteristics of households as well as the time that it took for households to achieve housing.

2. Staff analyze data around permanent housing through several factors. For PSH projects we have not seen significant variances and therefore focus less on time and more around occupancy and utilization of the program. For rapid rehousing and transitional housing projects data is reviewed to identify any concerning highly amounts of time to get people to permanent housing for scoring it is reflected within the cost effectiveness which is a combination of the percentage of program participants that are able to exit successfully to permanent housing, the amount of time that it took for them to exit successfully and the overall costs of the program.

3. In the scoring and ranking process, each project was based evaluated on the same areas of performance however the thresholds to receive points for PSH projects are adjusted in multiple outcome areas to account for participants being served within PSH projects are referred through the CES system and the people with the longest histories of homelessness and most complex care needs. Within difficulties in getting in housing requirements that are scored.

4. The CoC with its policies really looks at its projects that are providing PSH services as essential services and that is reflected in the threshold requirements for both PSH and RRH projects in receiving points in each category as well as the cost effectiveness for those programs. However the CoC wants to ensure it is prioritizing projects that are showing outcomes to permanent housing therefore doesn't prioritize a specific intervention of others.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.		
Describe in the field below:		
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. The CoC presented its scoring and ranking policies and procedures to the CoC Board which has a diverse membership to ensure that people from a number of different backgrounds and races were able to provide input and vote on the adoption of the scoring and ranking policies and procedures.
2. The CoC board voted to adopt staff's recommendations around Racial Equity in the NOFO review, selection, and ranking process. This includes changing the review from a one year look back to a three year look back. This allows racial equity to be scored over time and allows for higher points to applicants that make improvements to racial equity.
3. The CoC staff for new projects had an ad hoc review panel who made recommendations. The review panel was made up of all BIPOC members who reviewed proposals which did include multiple questions around racial equity and practices in those areas. For the ranking of renewal projects, the methodology taken is largely objective in criteria and based upon performance and data. In reviewing the scoring and ranking policies and procedures that were utilized to determine ranking, the full CoC board was provided a presentation and voted to approve. The CoC board is a diverse group which is largely representative of who is experiencing homelessness within Long Beach.
4. New projects were scored and ranked on how they have worked to address racial equity within their practices as an agency. Renewal agencies were scored based upon who is being served within each agency over a three year time period and the outcomes by race to ensure that participation is reflective of who is experiencing homelessness within Long Beach and that outcomes are not disproportionately negative for BIPOC participants.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. The Long Beach CoC is a designated UFA and UFA staff lead the efforts in the prioritization & reallocation of funds within the CoC. The CoC takes into consideration the following factors to determine what projects should be considered for reallocation: expenditures, numbers served, permanent housing placements, subpopulation served, cost-effectiveness, occupancy, data quality & system coordination. Determination for a performance based reallocation is made based upon points score during the annual CoC competition while determination for an underspending/chronic underspending based reallocation is determined based upon de-obligated dollars during the most recent consecutive three year time period.
2. The CoC identified five projects that are low performing during the CoC competition. Only two of these projects qualified for reallocation under the CoC's reallocation policy.
3. Two projects were partially reallocated due to chronic underspending of funds.
4. N/A

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/12/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/18/2023
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1E-5b.	Local Competition Selection Results for All Projects. NOFO Section V.B.2.g. You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	
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	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline. NOFO Section V.B.2.g. and 24 CFR 578.95. You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2023
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website. NOFO Section V.B.2.g. You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	09/26/2023
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/28/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

In the field below:

1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;
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2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and
3.	state whether your CoC’s HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1. As the HMIS Lead and funded HMIS provider for the Long Beach CoC, the City of Long Beach Department of Health and Human Services, Homeless Services Bureau administers data and performance requirements for the local homelessness system. This includes ensuring victim service providers who serve DV participants adhere to the HUD-published 2020 HMIS Data Standards and subsequent standards that follow. The City sends DV agencies a compliance form that must be completed to certify that their comparable database adheres to the provisions of the latest HMIS Data Standards and that all universal and program-specific data elements are collected. The City also notifies agencies when HUD disseminates new guidance on data and HMIS related information and facilitates webinar trainings to walk agencies through the new standards.
2. CoC providers in the Long Beach CoC are using a HUD-compliant comparable database.
2. The Long Beach CoC is confirming that it is compliant with and utilizing the 2022 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	715	27	586	85.17%
2. Safe Haven (SH) beds	58	0	58	100.00%
3. Transitional Housing (TH) beds	534	71	372	80.35%
4. Rapid Re-Housing (RRH) beds	292	61	231	100.00%
5. Permanent Supportive Housing (PSH) beds	1,820	0	923	50.71%
6. Other Permanent Housing (OPH) beds	320	0	0	0.00%

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

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

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

(limit 2,500 characters)

The HMIS coverage in our Permanent Supportive Housing category sits near 50%. 859 of the 897 beds (96%) that are unaccounted for are from a single federal agency. In past years, this agency has willingly provided information on their inventory within the Long Beach HMIS, however, due to staffing challenges in recent years, HMIS input was deprioritized within the agency. We are currently identifying new avenues through which we may improve our collaborative effort with this important provider. We are currently pursuing a system involving large batch data transfers instead of daily data input in the hopes of incentivizing further cooperation.

In TH we're missing 91 beds from our HMIS system because we do not directly fund those programs and they have not yet been required to input their information into our HMIS. However, in this upcoming year programs with state-level funding will be entering their information into our HMIS. These programs have 60 of the missing 91 beds into HMIS, and their inclusion will increase our coverage to 93%.

The same principle of funding applies to our ES coverage as well. The beds not currently entered into our HMIS are beds in programs funded from sources external to Long Beach CoC oversight. However, the CoCs of Long Beach and Los Angeles County are entering into an HMIS collaborative which will incorporate and allow us to cover 81 of the missing shelter beds not currently incorporated into our HMIS instance. We anticipate that this new collaboration will bring our ES coverage rate up to 87% in the following year.

We, as a CoC, continue to pursue pathways to increase our coverage by improving and providing greater transparency in our HMIS system access policies. We are also providing improved incentives for service providers to make use of our HMIS by expanding and improving our Coordinated Entry system workflow within HMIS. We anticipate that, when fully implemented, our efforts will incentivize more programs to enter their information into our HMIS, regardless of their funding source

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/26/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	01/26/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
3.	describe how the changes affected your CoC’s PIT count results; or	
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address 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	

(limit 2,500 characters)

1. The UFA relied on research provided by the CA Policy Lab which reported that persons that use the most County services were 50% more likely to become homeless within 1 year. UFA staff works with other City departments to evaluate place-based service models, and regions where property values & rent costs are rising the most compared to incomes. Common risk factors for homelessness include severe housing cost burden, precarious housing (e.g., overcrowding, couch surfing or motel living), extremely low or fixed income, the incidence of domestic violence, credit problems or history of eviction, pending eviction, significant debt/garnishment of wages and prior homeless experience. These determining factors are included in assessment tools to identify household needs and future prevention strategies. The Long Beach CoC has also been assessing ways of incorporating the utilization of Adverse Childhood Experiences (ACEs) around risk for future homelessness as several studies have identified significant increases in potential future homelessness for people who have experience 4 or more ACEs.

2. The UFA promotes the use of effective, evidence-based homelessness prevention strategies, such as linkage to landlord mediation and fair housing advocacy services to help stabilize households at-risk of eviction, linkage to legal assistance, utilization of prevention programming through ESG and County funds, partner with The LGBTQ Center to provide services for youth who are at risk of losing their family supports due to disclosure of gender identity or sexual orientation, partner with the local PHA to identify households that are past due in rent or have tenancy impacts that may lead to eviction, partner with family preservation programs for family mediation or reconnection, partner with the local faith-based community to provide supports and funding resources for gap needs such as funding for vehicle repair, gas, and food resources, and utilize data collection to identify local risk factors to help develop future prevention programming.

3. Staff involved in coordinating these strategies are with the Long Beach City Department of Health and Human Services and include the Homeless Services Bureau Manager, Homeless Services Program Officer, Homeless Services Administrative Coordinator, and the Special Projects Coordinator.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe 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. LA County implemented Measure H, a local sales tax, that generates over \$350 million annually to systematically address homelessness as well as the State of California has been providing additional state funding to address homelessness. Funding enhances the CoC's efforts to divert persons from homelessness; provide housing navigation for high-need participants to PH access; increase the number of ES; increase RRH & wrap-around services. Funding enhances the CoC's federal funding, which is prioritized for the creation of PSH. PHA utilizes these funds for housing location & landlord incentives to increase rental units. PHA policies allow for the pre-inspection of units to reduce the length of time pre-move in. Outreach teams have been increased and have increased mental health and physical health expertise, which has reduced the length of time between engagement and people expressing interest in housing services. Finally, the CoC's prioritization policies prioritize the most vulnerable people & those with the longest periods of homelessness for all PH. UFA staff coordinates with providers to increase housing and identifying new resources. The CoC utilizes funding to provide intensive case management services attached to all EHV vouchers and is supporting efforts to increasing utilization of Medicaid wavers to pay for enhanced services in support housing location and retention to assist in finding housing faster.
2. CE staff identifies those with the longest periods of homelessness using the person's self-report from the CES assessment, third-party documentation & a review of HMIS history. CoC maintains a byname registry and uses the VISPDAT as a universal assessment. Scores & client-level information are collected and analyzed using HMIS to prioritize households with long-term homelessness & high service needs to service-intensive PH. This information is also utilized for future program development.
3. Staff involved in coordinating these strategies are with the Long Beach City Department of Health and Human Services and include the Homeless Services Bureau Manager, Homeless Services Program Officer, Homeless Services Administrative Coordinator, and the Special Projects Coordinator.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1. Measure H and California state funding supports housing navigation to assist clients in ES, TH & RRH programs to quickly exit into permanent housing. Housing navigation prioritizes households with severe needs to successfully secure housing. The City is partnering with the Department of Health Services to provide intensive case management services (ICMS) to households who are matched to Housing Choice Vouchers to support the housing navigation process & ensure housing retention. The CoC utilizes landlord incentives to pay for holding fees, damage deposits & other supports, to engage & retain property owners to expand housing options in the community. The LB CE is utilized for all new housing projects with a homeless preference regardless of whether or not if they are funded through CoC funding. The LB CE process helps households quickly match to new & turnover units that are reported to the CE. This creates a steady flow of exits into PH for prioritized households with CH and severity of need. The CE hub co-locates the regional CE for families to help enhance & leverage countywide resources for families experiencing homelessness. This partnership has increased case management & housing location/navigation services that have increased the rate at which families are exiting into PH. Within pandemic response efforts the Long Beach CoC prioritized households within non-congregate sites for emergency housing vouchers which has reduced the time that people are within shelters before being matched to permanent housing resources.

2. Measure H and state funds strengthen the local CE by providing housing retention specialists and mental health and nursing staff to support for retention. Funding has also allowed the CoC to increase ICMS in PSH allowing to reduce the number of households and one case manager is supporting. ICMS providers collaboratively provide PSH tenants an array of supportive services (e.g. mental health & substance use, legal aid, employment) that support housing retention. Measure H-funded prevention services target persons that have previously received housing assistance & are at risk of becoming homeless again.

3. Staff involved in coordinating these strategies are with the Long Beach City Department of Health and Human Services and include the Homeless Services Bureau Manager, Homeless Services Program Officer, Homeless Services Administrative Coordinator, and the Special Projects Coordinator.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe 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. The CoC utilizes HMIS data to identify common risk factors for returns to homelessness. These factors include severe housing cost burden, precariously housed, extremely low or fixed income, the incidence of domestic violence, history of eviction, multiple episodes of homelessness, lack of affordable housing, disabling conditions, history of trauma, frequent interactions with law enforcement, and lack of supportive services including a medical home. To identify those who have returned to homelessness we are utilizing HMIS data from program exits that are direct returns to homelessness and also analyzing data for past exits to permanent housing where they have entered into outreach, one of the CE hubs or a shelter program in determining the total number of people who have returned to homelessness.

2. The CoC utilizes multiple approaches to reduce returns to homelessness including Housing First and Harm Reduction practices, ICMS, public health nurses, critical time intervention, and a trauma-informed care approach. CoC staff works in partnership with landlords to provide mitigation with onsite case management, fair housing advocacy, collaboratively lease-up processes on new housing projects, use of a multi-disciplinary team to address housing retention barriers, and providing support and education to tenants regarding lease obligations and tenant rights. Partner with DCFS for family preservation programs for family mediation or reconnection; this utilizes a client-driven case management approach to help resolve conflicts between young people who leave home and their caregivers. Partner with The Center for LGBTQ to provide supportive services for youth who may be at risk of losing their family supports due to disclosure of gender identity or sexual orientation. Partner with the local faith-based community to provide supports and funding resources for gap needs such as funding for vehicle repair, gas, and food resources.

3. Staff involved in coordinating these strategies are with the Long Beach City Department of Health and Human Services and include the Homeless Services Bureau Manager, Homeless Services Program Officer, Homeless Services Administrative Coordinator, and the Special Projects Coordinator.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

In the field below:

1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment 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)

1-2. The CoC utilizes resources and works with all programs around increasing income to ensure housing stability. One strategy is to remove critical barriers that limit access or eligibility for employment by assisting people with vital documents and getting expungements to reduce discrimination. The CE Hub co-locates Goodwill who provides employment services including employment prep, recruitment events, and job placement services to support employment placement and retention. The City is partnering with PGWIN to develop and implement new jobs programs to create a pathway for City employment in an effort to help build critical soft skills and on-the-job training with the ultimate goal of paving a sustainable career path. PGWIN is one of seven Local Workforce Development Boards (LWDB) that make up the Los Angeles Basin Regional Planning Unit. The CoC receives other funding that pays for supported employment provided by VOALA. The issue of housing insecurity has become of critical importance to the cities of Long Beach, necessitating a strategic response. Much of this work has been organized under the mayor supported Everyone Home Long Beach Task Force. Pacific Gateway partnership focuses on workforce development and employer engagement, as part of a broad collaboration with the City’s Health Department and community partners who provide employment supports in the workplace. The CoC Board is focused on developing a partner-wide income growth strategy that will focus on increasing this performance outcome; members of this body also participate in the Mayor’s Task Force to End Homelessness which focuses on upstream citywide strategies to increase income and housing stability. HSB’s Homeless Services Program Manager and administrative coordinators work collaboratively with the agencies to promote positive job and income growth. The CE hub also provides connection with the Department of Public Social Services who helps streamline applications on-site to link individuals to the subsidized employment program and the welfare to work program.

3. Staff involved in coordinating these strategies are with the Long Beach City Department of Health and Human Services and include the Homeless Services Bureau Manager, Homeless Services Program Officer, Homeless Services Administrative Coordinator, and the Special Projects Coordinator.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. 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. The CoC increases non-employment cash income by utilizing the Countywide Benefits Entitlement Services Teams (CBEST) program. CBEST helps clients who are homeless & at-risk w/ applying for disability benefits, e.g., SSI/SSDI, using the SOAR model. Further, the CoC has a veteran employment services collaborative that assists veterans with applying for and increasing veteran benefits. The CoC increases access to these resources by collocating DPSS and Help Me Help You (HMHY) at the CE hubs to streamline screening and application access to non-employment income and benefits. DPSS provides onsite assessment and application processing for General Relief & TANF benefits. HMHY (funded by the CBEST) utilizes the SSI/SSDI Outreach, Access, & Recovery Technical Assistance (SOAR) approach to link disabled & retired individuals to income benefits. In cases where eligibility may be a barrier for mainstream benefits, staff works with medical/mental health providers to provide assessments and assistance in service coordination to provide documentation of disability for SSDI benefits. The Children’s Clinic, co-located at the CE hubs, is a critical partner in providing key medical documentation needed for SSDI applications. The Department of Mental Health also co-locates at the CE hubs and assists in linkage and mental health service provision for documentation purposes.

3. Staff involved in coordinating these strategies are with the Long Beach City Department of Health and Human Services and include the Homeless Services Bureau Manager, Homeless Services Program Officer, Homeless Services Administrative Coordinator, and the Special Projects Coordinator.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
--	--	----

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	--	-----

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
Keys to Health	PH-PSH	22	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Keys to Health

2. Enter the Unique Entity Identifier (UEI):

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 22

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

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

(limit 2,500 characters)

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	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
--	--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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

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

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

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

You must enter a value for elements 1 and 2 in question 4A-3.

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

Describe in the field below:

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

(limit 2,500 characters)

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

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

Applicant Name
Interval House

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Interval House
2.	Project Name	Joint Domestic Violence Transitional Housing + Rapid Rehousing Program Expansion
3.	Project Rank on the Priority Listing	20
4.	Unique Entity Identifier (UEI)	HYGCLPGSCSM8
5.	Amount Requested	\$528,523
6.	Rate of Housing Placement of DV Survivors—Percentage	90%
7.	Rate of Housing Retention of DV Survivors—Percentage	90%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. Rates of housing placement and retention: The TH program will maintain a 90% occupancy rate with average stay of <9 months; 90% will exit to permanent housing (PH); and 65% of persons age 18+ will maintain or increase income. For RRH, the average length of time for PH placement upon program entry will be <30 days; 90% will retain housing at 6 months; 65% of persons age 18+ will maintain or increase income. These rates are based on the applicant's current and historical experiences and successes in implementing the DV TH-RRH program.

2. These rates account for exits to safe housing destinations.

3. As a victim services provider, the applicant utilizes Client Information Tracking System (a HUD-approved HMIS comparable database) as the data source to ensure compliance with data collection and evaluation requirements. Over the past two decades, the applicant has administered over \$9.3 million in HUD CoC funds and has met or exceeded program goals every year. The applicant consistently expends annual grant funds in full using strategic approaches that yield effective outcomes for participants, including improved quality of life (e.g., increased sense of safety and security, housing stability, employment stability, financial stability, etc.).

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

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

(limit 2,500 characters)

1. DV survivors can access the program through a multilingual 24-hour hotlines (70+ languages) & culturally responsive outreach efforts as well as through referrals from CoC, CES, and other local service partners. The program prioritizes quick access to safe housing, then coordinates care to address survivor’s individual barriers to stability (e.g., health/wellness, legal, employment, life skills, etc.). The applicant helps survivors conduct a thorough needs assessment at intake, resulting in a client-driven Individualized Housing & Service Plan (IHSP) that will serve as a working guide to achieve financial & housing stability through "right fit" services.
2. The applicant prioritizes the safety and confidentiality of the participant who requests an emergency transfer. Staff work with the client to locate an alternative housing option that meets the safety & security needs of the participant. All transfer decisions and housing relocation options will be based on client choice and guided by staff to promote client safety, preference, and success whether internal or external through the CoC.
3. The applicant conducts monthly needs assessments to evaluate the level of assistance for maximum program efficacy & successful participant outcomes.
4. The applicant utilizes a client-driven Individualized Housing & Service Plan (IHSP) that will serve as a working guide for clients to achieve financial & housing stability. Determination for the specific types & levels of financial rental assistance & housing stabilization services for each participant will be determined by gaps analysis screenings of monthly income, expenses, savings, and obligations/debts.
5. IHSP includes a discharge plan that focuses on: addressing/resolving any remaining housing barriers; ensuring rent is reasonable & affordable; linking household with resources that support housing stability; and coordinating monthly follow-up services (average 12 months) to offer continued case management, counseling, and referrals as needed.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. The applicant is committed to protecting the safety & confidentiality of survivors at every step of program participation to ensure that victims have equitable access to available housing resources. This includes but is not limited to shelter/housing locations, records of clients, discussions concerning the clients, and the disposition of cases handled by our employees. Such information may only be disclosed under specific conditions required by law or, with certain nonprivileged information, by the Executive Director or his or her designee as necessary. In practice this means that employees, volunteers, consultants, etc., must not disclose any information about a person, including whether or not that person is a client of IH, unless specifically authorized by the Executive Director or his or her designee.

3. The applicant implements comprehensive safety and security measures at all of service sites, including, e.g.: requiring signed commitments by clients, staff, and volunteers to maintain confidentiality of shelter locations and participant information; accessibility of private counseling/meeting rooms at residential and outpatient sites; adequate lighting for the exterior of our facilities; secure entryways and exits; availability of space to store participant belongings during residential stays; etc.

4. All applicant agency staff and volunteers working directly with survivors are required to complete the 40-hour DV training in accordance with CA Evidence Code 1037.1 (a)(1), which provides in-depth guidance on trauma informed care and victim confidentiality laws.

2/5. Safety planning is a critical component of programming as the overarching goal is for survivors to transition from homelessness into permanent housing where they will live independently, rather than a supervised shelter facility. The applicant supports victims in developing a safety plan at intake, locating safe housing in areas away from abuser, and identifying housing with as many safety features as possible, (e.g., including working locks on doors/ windows, well-lit, security systems, secured gates, etc.). Consistent with federal regulations, the applicant utilizes a HUD-approved comparable database (Client Information Tracking System) for data management of homeless DV survivors to protect victim safety and confidentiality. Program staff will continue to monitor victim safety after move-in through home visits, phone support, crisis intervention & safety counseling, as necessary.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Building on nearly three decades of permanent housing program successes, IH will evaluate client safety, program performance, and service effectiveness by monitoring participant progress toward housing stability at various program phases: intake/assessment, safety planning, development of individualized housing plan, permanent housing placement, provision of financial assistance, and follow-up services. IH conducts scheduled internal program oversight and monitoring activities to ensure that: 1) programs operate in accordance with applicable laws, statutes, and regulations; and 2) programs operate in compliance with contractual requirements of funding administrators. Senior level staff oversees program quality assurance through weekly program evaluations, including review of program charts, financial reports, client charts, and if applicable, status of incident reports, participant grievances, and dispute resolutions. Consistent with federal regulations, IH utilizes a HUD-approved comparable database (Client Information Tracking System) for data management and reporting of homeless DV survivors to protect victim safety and confidentiality. If any issues or irregularities are identified during the weekly review, applicable program adjustments (e.g., additional staff training, technical assistance, facility improvements, etc.) will be implemented to ensure we stay on track to achieve program outcomes and targets. IH's rigorous evaluation processes support our organizational goal of consistent program quality assurance and quality improvement, and most importantly, the safety and success of program participants. IH also constantly evaluates the processes and opportunities for collaboration and engagement within larger systems of coordinated care to prioritize safety and confidentiality for homeless survivor program participants. For example, we have led efforts to integrate victim services within existing Coordinated Entry System (CES) for families and individuals experiencing homelessness as well as recently developing the prioritization tool (parallel CES) for domestic violence providers for HUD's new Emergency Housing Voucher program. IH is deeply committed to strengthening the safety net for victims by reinforcing networks that support individuals & families in achieving long-term housing stability & self sufficiency while preserving survivor safety and confidentiality.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	

7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

Designed to enhance access to a wide range of support, IH's seamless system of care adopts a no-wrong-door approach to ensuring "right-fit" services for individuals and families impacted by DV, economic instability, and homelessness.

Trauma-Informed & Harm Reduction Care: Our programs operate through a trauma-informed lens that respect participants' choice, focus on achieving victim-centered/client-driven goals, and empower survivors in the healing process. Program staff are specially trained to work with victim populations to avoid rules that can unintentionally recreate the dynamics of a controlling environment and re-victimize survivors. IH's culturally diverse multilingual staff (70+ languages in-house)—many who have themselves survived DV & homelessness—ensures culturally responsive service provision with respect for victims' culture, native language, religion, gender identity and sexual orientation. IH will not screen out participants for engagement in harmful behaviors. If an individual relapses, we will help each person get back on track, knowing that victims' often face multiple complex barriers to recovery & stability. Termination occurs if client behavior threatens the safety of other participants or staff, or if client ceases contact and cannot be reached after multiple documented attempts. All services are voluntary, flexible, and designed to seamlessly transition clients into suitable stable permanent housing and help improve household outcomes.

Emphasizing Participant Strengths: IH utilizes a unique DV survivor-led model that empowers participants with flexible, voluntary, customized services that emphasizes individual strengths and goals. Program staff works with participants at intake to develop an Individualized Service Plan (ISP) which outlines client's safety, financial, employment, and self-sufficiency goals. Service plans emphasize participant goals based on individual participant's strengths and needs rather than a pre-determined set of goals and services. For example, instead of penalizing participants for deficits (e.g., limited education, lack of employment experience, eviction history, poor credit history, substance abuse, etc.), service plans focus on building pathways towards identified goals based on strengths (e.g., employment or educational interests, informal skills, volunteer experiences, etc.). IH's culturally diverse and competent staff are key to the success of our strength-based approach. Survivors from different cultural backgrounds may have different values or definitions of strength and, understandably, communicate them more effectively to those familiar with their cultures and traditions. While the overarching goals are safety, stability and selfsufficiency, participants are always encouraged to lead the specific path towards their recovery, and case plans and assessments are catered toward achieving those client-centered goals.

Housing First: IH was the FIRST and for 20 years, the only DV program to utilize Housing First, prioritizing housing placement for survivors with no preconditions to program entry. We embrace the philosophy that every person is housing ready and "screen in" participants for appropriate housing interventions rather than restrict service access based on stringent program prerequisites. IH prioritizes the safe placement and stabilization of individuals and families into permanent housing as quickly as possible without service participation/progress requirements or preconditions (e.g., minimum income, sobriety, no criminal histories, etc.). Upon housing placement, IH conducts further assessment and provides needed multilingual support services (e.g., counseling, housing relocation/stabilization, legal, educational, employment, financial, life skills, training, parenting education, childcare, transportation, etc.) that promote safety

and housing stability.
Cultural Responsiveness: IH specializes in serving the highest-barrier homeless populations, including those facing the most challenging cultural, personal, and socio-economic obstacles to housing stability and self-sufficiency. Our staff is uniquely positioned to address the region’s cultural competency needs—over 98% of IH staff are multilingual, culturally diverse, and have been personally affected by violence and homelessness with the distinctive capacity to provide trauma-informed services in over 70 languages. We are committed to providing equitable service access and culturally responsive programming with respect for each participant’s culture, native language, religion, gender identity and sexual orientation. Participants inform IH of their preferred name and gender identity and program staff address clients by their preferred pronouns. IH’s program resources are available in multiple languages, most often translated from English into Spanish Vietnamese, Khmer, Arabic, and Tagalog.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section I.B.3.I.(1)(d)

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

For the past 43 years, our program design has been highly effective in helping marginalized and underserved homeless populations with the most severe service needs secure permanent housing and achieve housing stability through a wide range of supportive services. DV survivors experiencing sheltered and unsheltered homelessness will have access to our program through our multilingual 24-hour hotlines (70+ languages) and culturally responsive outreach efforts as well as through referrals from CoC, CES, and other local service partners. The TH component will provide 24/7 temporary shelter & supportive services designed to help survivors strengthen stability for success in permanent housing. The RRH component will offer housing stabilization/relocation services and financial assistance.

Program staff works with participants at intake to develop an Individualized Service Plan (ISP) that includes a Goal Tracking Sheet, personalized Calendar, and Savings Log—which becomes a working guide for meeting the client’s safety, financial, employment, and self-sufficiency goals. Our services are tailored to meet clients’ specific needs and include support such as: case management; housing search & placement; housing stabilization; legal services; credit repair; financial literacy education; employment assistance; securing basic resources and mainstream benefits (e.g., TANF/CalWORKS, SSI, SSDI, Medical, WIC, food assistance, financial aid for school, and housing programs such as Housing Choice/Section 8 and HUD-VASH); life skills training; transportation (e.g., taxi vouchers, bus tokens, ride share services); financial assistance (e.g., security deposits, rental assistance); and services to special populations (e.g., multilingual/multicultural support services for underserved communities). Case management services prioritize access to housing, then coordinate care to address survivor’s barriers to stability (e.g., health/wellness, legal, employment, life skills, etc.) as needed on an individual basis.

IH acknowledges that each household presents with unique and individualized needs that evolve over time. Our philosophy is to meet survivors “where they are” to refine the types and levels of services that will garner the most successful results for participants. For example, we know from experience that employment services and financial education services play integral roles in helping homeless survivors in achieving economic & housing stability and self-sufficiency.

Accordingly, IH operates award-winning Career Development and Financial Empowerment programs that have been highlighted as a MODEL in Money Magazine for pioneering success in assisting the most marginalized victims establish financial independence.

IH’s Financial Empowerment support includes: setting individual financial goals and timelines; developing, implementing, and monitoring a financial plan; increasing financial income; active budgeting and savings; repairing/improving credit; and reducing debt. IH’s Employment Assistance includes: workshops and one-on-one counseling on career planning and job readiness; resume building; vocational/job training; job search and job placement; and preemployment

support (clothing, transportation, childcare, etc.). TH participants can access these optional supportive services at our residential shelter facility and/or at our community service center. RRH participants in scattered-site rental housing units can access supportive services at our community service center.

IH conducts monthly assessments of the household’s needs and re-evaluate the length and level of assistance for maximum program efficacy and successful participant outcomes. The IHSP will include a discharge plan that focuses on

the following prior to exit: addressing/resolving any remaining housing barriers; ensuring rent is reasonable and affordable; linking household with resources that support housing stability; and coordinating monthly follow-up services (average six months) to offer continued case management, counseling, referrals, and open access to IH’s Community Service Centers, as needed. IH is attentive to wide-ranging household needs for housing stabilization and retention, and as such, our comprehensive programming ensures that no participants are exited or terminated from the program back into homelessness.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

Trauma-Informed & Harm Reduction Care: Our programs operate through a trauma-informed lens that respect participants' choice, focus on achieving victim-centered/client-driven goals, and empower survivors in the healing process. Program staff are specially trained to work with victim populations to avoid rules that can unintentionally recreate the dynamics of a controlling environment and re-victimize survivors. IH's culturally diverse multilingual staff (70+ languages in-house)—many who have themselves survived DV & homelessness—ensures culturally responsive service provision with respect for victims' culture, native language, religion, gender identity and sexual orientation. IH will not screen out participants for engagement in harmful behaviors. If an individual relapses (e.g., drug use), we will help each person get back on track, knowing that victims' often face multiple complex barriers to recovery & stability. Termination occurs if client behavior threatens the safety of other participants or staff, or if client ceases contact and cannot be reached after multiple documented attempts. All services are voluntary, flexible, and designed to seamlessly transition clients into suitable stable permanent housing and help improve household outcomes.

Emphasizing Participant Strengths: IH utilizes a unique DV survivor-led model that empowers participants with flexible, voluntary, customized services that emphasizes individual strengths and goals. Program staff works with participants at intake to develop an Individualized Service Plan (ISP) which outlines client's safety, financial, employment, and self-sufficiency goals. Service plans emphasize participant goals based on individual participant's strengths and needs rather than a pre-determined set of goals and services. For example, instead of penalizing participants for deficits (e.g., limited education, lack of employment experience, eviction history, poor credit history, substance abuse, etc.), service plans focus on building pathways towards identified goals based on strengths (e.g., employment or educational interests, informal skills, volunteer experiences, etc.). IH's culturally diverse and competent staff are key to the success of our strength-based approach. Survivors from different cultural backgrounds may have different values or definitions of strength and, understandably, communicate them more effectively to those familiar with their cultures and traditions. While the overarching goals are safety, stability and self-sufficiency, participants are always encouraged to lead the specific path towards their recovery, and case plans and assessments are catered toward achieving those client-centered goals.

Housing First: IH was the FIRST and for 20 years, the only DV program to utilize Housing First, prioritizing housing placement for survivors with no preconditions to program entry. We embrace the philosophy that every person is housing ready and "screen in" participants for appropriate housing interventions rather than restrict service access based on stringent program prerequisites. IH prioritizes the safe placement and stabilization of individuals and families into permanent housing as quickly as possible without service participation/progress requirements or preconditions (e.g., minimum income, sobriety, no criminal histories, etc.). Upon housing placement, IH conducts further assessment and provides needed multilingual support services (e.g., counseling, housing relocation/stabilization, legal, educational, employment, financial, life skills training, parenting education, childcare, transportation, etc.) that promote safety and housing stability.

Cultural Responsiveness: IH specializes in serving the highest-barrier homeless populations, including those facing the most challenging cultural, personal, and socio-economic obstacles to housing stability and self-sufficiency. Our staff is

uniquely positioned to address the region’s cultural competency needs—over 98% of IH staff are multilingual, culturally diverse, and have been personally affected by violence and homelessness with the distinctive capacity to provide trauma-informed services in over 70 languages. We are committed to providing equitable service access and culturally responsive programming with respect for each participant’s culture, native language, religion, gender identity and sexual orientation. Participants inform IH of their preferred name and gender identity (we do not require documentation of gender identity for services) and program staff address clients by their preferred pronouns. IH’s program resources are available in multiple languages, most often translated from English into Spanish, Vietnamese, Khmer, Arabic, and Tagalog.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project’s operation. |

(limit 2,500 characters)

IH's organizational philosophy of empowerment, inclusion, care equity, and "training from within" has inspired award-winning leadership and a historic longevity among staff. IH's key executive and administrative staff average 20 years working with the agency and in the fields of domestic violence, housing, and homelessness. Our history of effective service is rooted in our ability to reach out to and engage meaningfully with the highest-barrier households facing multifaceted racial, cultural, linguistic and socio-economic barriers to housing stability for long-term impact and outcomes. A key strategy to this success is the intentional inclusion of multicultural staff with lived expertise to ensure culturally/linguistically responsive victim services provision. IH is the nation's first DV survivor-led program. Our staff/advocates speak 70+ languages and 98+% are formerly homeless survivors with valuable lived experiences, serving as a critical safety net and bridge for culturally underserved populations. A model of empowerment is at the core of the work at IH and ensuring engagement of our participants is critical to this effort. Our programs are structured to encourage feedback in all activities from initial intake to ongoing case management sessions to program exit. IH invites participants to assist with program improvement through confidential customer satisfaction surveys (always available), feedback box (always available), and exit interviews (upon program exit) in multiple languages. We also provide opportunities for inperson feedback during case management sessions at our community service center. IH will continue to include active participation by homeless and formerly homeless staff and clients through focus groups, weekly client meetings, and active visibility and close involvement of senior management with program participants, which leads to great comfort in clients engaging with our program. We are dedicated to ensuring the inclusion and empowerment of voices from marginalized communities and individuals with lived experiences at the Board, staff, and volunteer levels to strengthen the efficacy and quality of our programs. Accordingly, IH continuously explores pathways to increase participant feedback to help strengthen our programs and services. In doing these things, we aim to create a trusting, empowering environment that best serves the needs of our program participants.

4B. Attachments Screen For All Application Questions

We have provided 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. 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. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	--	09/26/2023
1D-2a. Housing First Evaluation	Yes		
1E-1. Web Posting of Local Competition Deadline	Yes	--	09/26/2023
1E-2. Local Competition Scoring Tool	Yes	--	09/26/2023
1E-2a. Scored Forms for One Project	Yes	--	09/26/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	--	09/26/2023
1E-5a. Notification of Projects Accepted	Yes	--	09/26/2023
1E-5b. Local Competition Selection Results	Yes	--	09/26/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	W:\Homeless Servi...	No Attachment

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

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Consolidated Application_HUD FY23\04_a_CoC
Application_HUD FY23
Submission\Attachments_FY23\1E-5c. Web
Posting-CoC-Approved Consolidated App

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Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/31/2023
1B. Inclusive Structure	09/26/2023
1C. Coordination and Engagement	09/26/2023
1D. Coordination and Engagement Cont'd	Please Complete
1E. Project Review/Ranking	09/26/2023
2A. HMIS Implementation	09/26/2023
2B. Point-in-Time (PIT) Count	Please Complete
2C. System Performance	09/26/2023
3A. Coordination with Housing and Healthcare	Please Complete
3B. Rehabilitation/New Construction Costs	09/26/2023
3C. Serving Homeless Under Other Federal Statutes	09/26/2023

4A. DV Bonus Project Applicants

Please Complete

4B. Attachments Screen

Please Complete

Submission Summary

No Input Required

Notes:

3A. Coordination with Housing and Healthcare list contains 1 incomplete item.