Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 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.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

1A-1. CoC Name and Number: FL-605 - West Palm Beach/Palm Beach County CoC

1A-2. Collaborative Applicant Name: Palm Beach County Board of County Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Palm Beach County Board of County Commissioners

1B. Continuum of Care (CoC) Engagement

Instructions:

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	No	No	No
EMS/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No	No
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			

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

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.
(limit 2,000 characters)

The COC strategy is to invite and solicit participation from members of the community including other systems of care. Stakeholders from all mainstream systems, the VA, Faith-based entities, LGBTQ+, youth, law enforcement, private citizens, homeless and formerly homeless persons, housing developers and local/state government were engaged and challenged to create a viable and sustainable plan to address the multiple issues affecting the homeless and at-risk in our community. CoC advertises all meetings and sub-committee meetings via social media networks. During public meetings the CoC provides background information, and solicits comment on the information provided. CoC conducts focus groups and contact subject area experts for feedback, which I used to inform future initiatives. CoC makes presentations at the county commissioners meetings where public is invited to comment. Public comments

informed the decision made to create a second homeless resource center, to address the homeless needs in the community. CoC is ADA compliant and strives to ensure it communicates effectively with all persons, including those with disabilities. CoC offers documents in other formats upon request, as well as auxiliary aids.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new members;
3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

CoC membership is open to any individuals, faith-based organizations, agencies, governmental entities and businesses. CoC accepts monthly recommendations for new members. CoC encourages members to recruit and solicits membership at each meeting. CoC Executive Committee identifies membership gaps in representation of sub-population or needed resources. New Member Committee assists with the general efforts to recruit members and offers New Member Orientations to ensure all members become familiar with CoC. New Member Committee reviews and approves all membership applications. The CoC discusses new member recruitment at all CoC meetings. All meetings are posted on the CoC's website and social media. CoC sends meeting reminders to its email listserve, which consists of members, provider agencies and other stakeholders. CoC is ADA compliant and strives to ensure it communicates the membership process with all persons, including those with disabilities. CoC offers documents in other formats upon request, as well as auxiliary aids. The CoC's efforts to recruit new members is on-going. Specific solicitations are made based on needed representation. CoC is committed to ensuring that persons experiencing homelessness or formerly homeless persons join the CoC. CoC partners with PBC's Homeless Coalition to encourage homeless and formerly homeless to attend monthly meetings and participate on committees, including the Executive Committee, which is chaired by a formerly homeless person. Future Leaders' serves youth experiencing homelessness in foster care, LGBTQ+, among other vulnerable youth populations. CoC solicits feedback on policies and procedures from this group and engage them in CoC activities. Future Leaders actively recruit members from the youth drop in center and at youth focused events. CoC also partners with PBC provider agencies to identify and recruit their clients who persons experiencing homelessness and formerly homeless persons to participate in the CoC.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
 3. the date(s) the CoC publicly announced it was open to proposal;
 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
 (limit 2,000 characters)

CoC used several strategies to notify the public that it was accepting 2019 CoC Program Competition project applications for new and renewal projects. CoC emailed the application to the CoC listserve and full application package is available online. CoC also announced the competition on Facebook and Twitter and placed the announcement on PBC Vender Self Service (VSS) system, which blasts the application package to every vendor and nonprofit in PBC's vendor system. CoC also directly encouraged new applications from organizations that have not previously received CoC Program funding who provide services in the new application priority areas, serving seniors and youth. The application package described how the proposals should be submitted. A Non-Conflict Grant Review Committee met publicly to review and score each application and the final results were emailed to each applicant on 8/30/19 and all documents were posted on CoC Website on 8/30/1. The CoC emailed the application to the CoC listserve on 07/19/19 and uploaded the full application package online on 07/19/19. The CoC announced the competition on Facebook and Twitter on 07/23/19 and placed the announcement on PBC Vender Self Service (VSS) system on 08/06/19. CoC is ADA compliant and strives to ensure it communicates the public notification process with all persons, including those with disabilities. CoC offers documents in PDF and other formats upon request, as well as auxiliary aids. CoC accepts proposals from organizations that have not previously received CoC Program funding. CoC met with agencies that did not previously receive CoC Program funding to solicit applications for priority projects. However, no applications were submitted.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

PBC Department of Housing and Economic Sustainability (HES) is the only recipient of the ESG Program funds in PBC. HES is a member of CoC and holds a seat on the CoC Executive Committee. HES holds several public meetings each year to elicit public input to inform the development of the Consolidated Plan and the Annual Action Plan. At least one of these meetings is held at a CoC monthly meeting and several CoC members participate in the other public meetings. CoC identifies the county's funding prioritizations based on local homelessness data, which is reflected in the Consolidated Plan and Annual Action Plan. In addition, CoC members attend and provide comments during HES's presentation of the Consolidated Plan and Annual Action Plan. The CoC Consolidated Applicant, PBC Department of Human and Veteran Services (DHVS) implements the ESG RFP process.
DHVS participates in evaluating and reporting the performance of ESG Program subrecipients by monitoring them annually for compliance with ESG Program requirements and CoC standards, policies and procedures. ESG Program subrecipients are required to become members of CoC and enter program data into the local HMIS system. In addition, DHVS prepares and submits all ESG Program performance reports.
HES' CoC membership and participation on the CoC Executive Committee ensures that local homelessness information is communicated and addressed in the Consolidated Plan updates. Additionally, CoC members participate on the workgroup that informs the development the Consolidated Plan.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.

Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan

**Jurisdictions within its geographic area so it
can be addressed in Consolidated Plan
updates.**

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating
Violence, Sexual Assault, and Stalking Survivors.**

Applicants must describe:
**1. the CoC's protocols, including protocols for coordinated entry and the
CoC's emergency transfer plan, that prioritize safety and incorporate
trauma-informed, victim-centered services; and**
**2. how the CoC, through its coordinated entry, maximizes client choice
for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)**

CoC Standards, Policies and Procedures Committee as well as the Training
Committee, which includes victims services and DV program providers,
continues to develop protocols to address the safety needs of domestic
violence, dating violence, sexual assault, stalking and trafficking survivors. The
Committees address sensitivity to and training about survivors annually and has
developed a VAWA Emergency Transfer Plan for survivors who enter through
the CoC Coordinated Entry point. CoC works in conjunction with PBC Victim
Services and two certified DV programs to prioritize the confidentiality and
safety of all DV clients who enter through the separate DV coordinated entry
system and DV program staff are trained annually to provide trauma-informed,
victim-centered case management and care coordination services. CoC and
provider agencies provide DV trainings throughout the year, including
emergency transfer requirements, victim-centered services and trauma-
informed care. The trainings prioritize victim safety, ensure confidentiality, and
include development of safety plans and precautions for staff. Several CoC
member agencies adopted Trauma Informed Care as a regular practice for their
agencies. Survivors who enter through CoC coordinated entry receive victim-
centered care services at the shelter unless a more secure setting is required.
The DV programs and Victim Services provide consultation when needed on all
available services including emergency housing. The survivor identifies their
choice of housing location and every effort is made to meet their requirements.

1C-3a. Training–Best Practices in Serving DV Survivors.

**Applicants must describe how the CoC coordinates with victim services
providers to provide training, at least on an annual basis, for:**
**1. CoC area project staff that addresses safety and best practices (e.g.,
trauma-informed, victim-centered) on safety and planning protocols in
serving survivors of domestic violence; and**
**2. Coordinated Entry staff that addresses safety and best practices (e.g.,
Trauma Informed Care) on safety and planning protocols in serving
survivors of domestic violence.
(limit 2,000 characters)**

CoC Training Committee sponsors trainings throughout the year on all CoC
standards, policies, procedures, new HUD requirements, and best and
promising practices. Trauma-informed care, victim-centered and DV trainings

are among some of the regular and most popular trainings each year. CoC Training Committee partners with DV, victim services, law enforcement and other local specialists whose agencies have adopted some of these best practices to conduct these trainings. Safety and planning protocols are also incorporated into the CoC standards, policies and procedures, which all HUD-funded agencies and other CoC members are required to follow. All DV and victims project staff are required to undergo these and other agency-sponsored trainings annually. DV and victim-centered agencies also adopt safety and planning protocols within their individual agencies. CoC monitoring activities ensure DV and victim-centered project staff are trained and follow safety protocols. CoC ensures domestic violence training is provided to CoC members so non-victim service providers are knowledgeable about safety precautions and resources available to assist victims of DV. DV clients are prioritized and housing options are based on safety and choice. Non-victim service staff providing data entry and case note documentation services are also trained to ensure confidentiality and safety for DV clients who use their services. CoC member agencies must ensure their staff is properly trained, and safety and security is maintained through safety planning and compliance with all applicable federal, state and local laws guiding confidentiality.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

CoC obtains data from comparable data systems entered by the two certified DV centers that provide Emergency Shelter. These centers provide data as needed in support of the CoC's efforts to meet the needs of this sub-population. CoC conducted research on a State and National level to compare with PBC. The National Human Trafficking Hotline indicated that the State of Florida rank number three in the nation for reported trafficking activity and PBC ranks third in the state. The Human Trafficking Coalition of Palm Beach County reported an increase in occurrences related to sex trafficking and prostitution especially as it relates to LGBTQ youth and youth of color. CoC has available data available from joint Human Trafficking program operated by Catholic Charities and Palm Beach County Sheriff's Office. All of these resources are available to assist the CoC in determining the needs for this sub-population.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On

West Palm Beach Housing Authority	75.00%	Yes-Both	No
Palm Beach County Housing Authority	30.00%	Yes-Both	No

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference--if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

Palm Beach County has a total of five Public Housing Authorities (PHA). Four of the five have placed a homeless preference in their policies and procedures. The CoC has worked for twenty years to secure partnerships with the PHA's in an effort to establish a homeless preference and a Move On Strategy. Lack of funding was often stated as the reason PHA's would not partner or add a homeless preference to their Strategic Plans. In FY18, the CoC secured confirmation that four of the five housing authorities in PBC would indeed add a homeless preference. The caveat was without dollars attached, the preference would not produce vouchers or units.In 2019, the CoC requested partnership meetings with the two largest local Public Housing Authorities (PHA), West Palm Beach and Palm Beach County. The purpose of the meetings was to again develop a working, mutually beneficial agreement with each PHA. The COC brought forward two funding opportunities in which success would be defined by active collaboration and partnerships. The first opportunity was the Mainstream Voucher program. Palm Beach County's PHA and the CoC met several times and agreed to create a partnership that would allow the CoC to vet appropriate clients and the PHA to issue mainstream vouchers. The collaborative was successful and 50 Mainstream Homeless Vouchers resulted with a value of $532,950. Shortly after the Mainstream Voucher application was submitted, the Family Unification Program (FUP) application was released. The CoC agreed that this would influence the only PHA without a homeless preference, West Palm Beach. The parties agreed that the FUP Vouchers would target homeless families with Child Welfare involvement as well as homeless youth 18 to 24. The partnership was successful and 66 FUP vouchers, valued at $726,926, were granted by HUD. The CEO of the PBC PHA has joined the executive committee member of the Homeless Advisory Board, the oversight board for the Ending Homelessness Plan.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

<div align="center">Yes</div>

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

The CoC has a Move On Strategy agreement with PBC Housing and Economic Sustainability, the primary funders of tax credit matches and low income housing projects in Palm Beach County. The agreement provides bonus application points to low income tax credit developers and low income housing developers who partner with the CoC to place PSH residents. The CoC, through10 year plan, has also introduced the Move On Strategy to several stakeholders including faith based initiatives, private developers and business community. The CoC does have a Move On Strategy agreement with the largest of the five PHA providers in PBC. The CoC and the PHA successfully applied for Mainstream Vouchers in 2018 and have applied in the 2019 round for targeted Move On Vouchers.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)

The CoC provides multiple trainings for members of the CoC and cross-system collaborators annually. The trainings targeted at protecting against discrimination include Landlord and Tenant Rights and Responsibilities; Tenant Landlord Law; Addressing Discrimination of Protected Classes under 24 CFR 5.105(a)(2) and the Fair Housing Act and Racial Disparities and Justice. The Continuum of Care and its members are active participants in Palm Beach County's Racial Equity Institute and the Race to Equity Summit held annually in PBC. In 2018 Palm Beach County was accepted as a GARE (Government Alliance on Race and Equity) partner and as such have recently completed Advancing the Mission: Operationalizing and Institutionalizing Racial Equity within Organizations. As a member of GARE, the community is developing a Racial Equity tool using data, community engagement, community strategies and accountability as well as identifying policies and institutional practices that lead to racial inequalities.

The CoC and its partners also attend the PBC Criminal Justice Commission's training on Implicit Bias and its Role in Systemic and Institutional Racism. This training includes multiple mainstream systems and is presented by the Racial Equity Institute. The CoC implemented a CoC-wide equal opportunity and anti-discrimination policy that includes equal access protections, involuntary family separations policies and faith based activities policies. The CoC policies on anti-discrimination apply to all providers of housing, homeless and homeless prevention services, coordinated entry and street outreach. The CoC policy is not funding based but instead applies to all projects. Equally important is the annual training of CoC partners and serving the LGBTQ population conducted by the local LGBTQ Center and focusing on transgender and youth.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	X
5. No strategies have been implemented:	
6. Other:(limit 50 characters)	

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

CoC coordinated entry system (CES) focuses on prioritizing the most vulnerable individuals, families and youth who are experiencing or are at risk of

experiencing homelessness. CES ensures homeless individuals have quick and easy access to low or no barrier services and that their episodes of homelessness are as brief as possible. CES covers 100% of the targeted geographic area consisting of thirty-nine incorporated municipalities and unincorporated areas. CoC works with 211 and other referral organizations to ensure the community is informed on CES to provide quick access to services for those least likely to apply for homelessness assistance. Continuing efforts are made to include faith based organizations, businesses, and other referring organizations in the planning and evaluating of CES and outreach to individuals and families who are least likely to apply for homelessness assistance. Triage and prioritization is conducted utilizing evaluation tools which include; Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and Transition Age Youth (TAY) VI-SPDAT, length of homelessness, number of homeless episodes, and any presenting medical condition/disability. In addition, CoC implemented Frequent Users Systems Engagement (FUSE) program targeting frequent users of multiple mainstream systems. The individuals identified in the FUSE program are prioritized. Continuing efforts are made to ensure CES philosophy is Housing First oriented, person-centered, fair, inclusive and that the services are made available in a timely manner.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the 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. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition
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competition/#nofa-and-notices

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incomplete on this formlet.**

*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Did not reject or reduce any project
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

CoC considered the data demonstrated in the 2019 Point in Time Count (PIT) to determine the severity of needs and vulnerabilities when reviewing and ranking projects. The data showed that there was a decrease in the number of homeless families from 345 in 2018 to 264 in 2019, indicating that strategies and resources currently in place are successful. However, the number of homeless youth has increased from 82 in 2018 to 101 in 2019, indicating that this is a sub-population requiring special attention. Additionally, while the number of homeless seniors decreased from 133 in 2018 to 110 in 2019, the aging of the homeless population continues to trend, requiring special attention. As a result, CoC prioritized seniors and youth for new project applications and continues to seek projects to address these sub-population needs and vulnerabilities. Renewals projects were reviewed and ranked based on meeting performance measures but weighted the severity of needs and vulnerabilities higher to ensure projects were not penalized for serving those with the most barriers and difficult to serve. CoC addressed the issue related to legacy projects, those projects with no entries or exits and projects with little to no income changes during the review period to ensure a fair evaluation of each project. Prior to the review, all renewals were evaluated and considered for reallocation. One project that didn't meet the full threshold criteria was approved to continue through the review process due to the highly vulnerable population and the large number of beds in this project.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.

Public Posting of Objective Review and Ranking Process	Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings

1. Email	X	1. Email	X
2. Mail	☐	2. Mail	☐
3. Advertising in Local Newspaper(s)	☐	3. Advertising in Local Newspaper(s)	☐
4. Advertising on Radio or Television	☐	4. Advertising on Radio or Television	☐
5. Social Media (Twitter, Facebook, etc.)	X	5. Social Media (Twitter, Facebook, etc.)	X
6. Did Not Publicly Post Review and Ranking Process	☐	6. Did Not Publicly Post CoC Consolidated Application	☐

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 3%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

The CoC Executive Committee voted on and approved the Reallocation Process for the HUD competition and presented the criteria to the CoC membership in a general monthly members meeting. The criteria identified for reallocation includes low performing applications as per Scoring and Ranking Tool and tiering; administrative factors versus programmatic issues (high barrier participants) resulting in low performance; documentation of technical assistance requests; low performance for multiple grant years; program no longer meets funding priorities; unresolved monitoring findings; low bed rate utilization; independent audit findings, and Utilization of Coordination and Prioritization. The following process was approved for reallocations by the Executive Committee of the CoC and presented to the general CoC Membership. Applications must be submitted by the established deadline; A non-conflict review committee submits a recommendation to consider project reallocations; projects that fall into Tier II will be reviewed to determine if they meet at least three of the criteria stated above; Collaborative applicant will

report on TA given; Non-conflict ranking committee will analyze the scoring tool items and evaluate if the low performance is a result of administrative capacity or programmatic issues; Executive Committee of the CoC will review the results and by motion approve the reallocation; and agency will be notified in writing of recommendations for reallocation and the process for appealing the decision. Reallocation decisions based on less need are based on PIT data as well as Coordinated Entry data and the availability of units currently reported in the HIC (Homeless Inventory Chart). Recommendations to reallocate based on less community need follow the above stated process.

DV Bonus

Instructions

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1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	

Applicants must click "Save" after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	1,591.00

the CoC is Currently Serving	850.00

1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

The number calculated in 1F-2 is calculated by the number of Hotline calls received from survivors seeking shelter/housing in the past year. The data is pulled from a comparable database system known as Osnium WS.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
YWCA of Palm Beac...	055155469

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	055155469
Applicant Name:	YWCA of Palm Beach County
Rate of Housing Placement of DV Survivors--Percentage:	100.00%
Rate of Housing Retention of DV Survivors--Percentage:	98.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

The percent calculated in 1F #3 & 4 is calculated through by the destination survivors have moved into (permanent housing placements only) and where they remain at the close of their file. Data is pulled from a comparable database system called Osnium WS.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

DV Survivors enter the homelessness system through the two State certified domestic violence emergency shelters which operate 24 hours a day. A screening/assessment is completed and survivors are given shelter for 6-8 weeks. Exit planning is a critical component of the client/case manager discussion throughout the family's stay in ES. Upon entry into ES, survivors are immediately assisted with access to the CoC Homeless Resource Center to access safe, affordable and stable appropriate housing services; which includes Rapid Re-Housing programming specific to victims of domestic violence. All services provided to survivors are facilitated by certified domestic violence victim advocates who are experts in serving survivors and the barriers they may face to services, or specifically housing services.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as

it relates to scattered site units and/or rental assistance;
 (e) maintaining bars on windows, fixing lights in the hallways, etc. for
congregate living spaces operated by the applicant;
 (f) keeping the location confidential for dedicated units and/or congregate
living spaces set-aside solely for use by survivors; and
 2. measured its ability to ensure the safety of DV survivors the project
served.
(limit 2,000 characters)

All domestic violence staff go through a 3-day training for certification as an
expert in domestic violence working as a domestic violence victim advocate
which includes safety planning. Additionally, staff are consistently provided with
in-service trainings to ensure skills are updated on all aspects of serving
survivors including safety planning. Due to the sensitive nature of what
survivors have experienced, protection of confidentiality and security is
imperative. As all survivors enter ES previous to housing services, the shelter is
set up with separate rooms specifically designated for completing
screening/assessment, intakes and counseling. Services are offered to the
survivors and their children only. Through safety planning, advocates plan with
survivors to access housing that is safe and affordable. Survivors pick their own
housing unit in the community and advocates will safety plan around their
choice. DV RRH project is not a congregate living space. DV RRH project
safety plans with each survivor placed in housing and survivors are advised to
keep their address confidential, to ensure safety and security for all members of
the household and surrounding community members. The ability to ensure the
safety of survivors served is measured through a survey in which survivors are
asked whether they "felt they had strategies to enhance their safety." 97% of
survivors stated they did. Additionally, staff measure the safety of survivors by
whether abusers have found their location; additional domestic violence
incidents; or the number of survivors who return to their abusers, which was 2%
in the past year.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

 Applicants must describe:
 **1. project applicant's experience in utilizing trauma-informed, victim-
centered approaches to meet needs of DV survivors; and**
 **2. how, if funded, the project will utilize trauma-informed, victim-centered
approaches to meet needs of DV survivors by:**
**(a) prioritizing participant choice and rapid placement and stabilization in
permanent housing consistent with participants' preferences;**
**(b) 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;**
**(c) providing program participants access to information on trauma, e.g.,
training staff on providing program participant with information on
trauma;**
**(d) placing emphasis on the participant's strengths, strength-based
coaching, questionnaires and assessment tools include strength-based
measures, case plans include assessments of program participants
strengths and works towards goals and aspirations;**
(e) centering on cultural responsiveness and inclusivity, e.g., training on

equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g.,
groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)

DV Project agency has been serving victims of domestic violence since 1978. All advocacy facilitated at the DV Project begins with a trauma-informed advocacy lens. This includes providing domestic violence education through individual and group counseling that provides survivors with information about the traumatic effects of abuse particularly on a survivors' mental health. Trauma-informed advocacy at DV Project also includes adapting services to survivors' trauma and mental-health related needs that are client specific. This may include collaboration with mental health providers to assist survivors and educating mental health providers on domestic violence. Project also conducts screenings and/or intakes that are domestic violence focused. Callers are not "screened out" due to mental health issues. During intake and throughout their stay survivors are provided opportunities to discuss the effects of trauma. Building the staff capacity to practice trauma-informed advocacy is done through in-service training on trauma-informed advocacy and staff is encouraged to attend any external training to better understand trauma-informed advocacy. All policies, procedures, and forms are reflective of ensuring survivors' receive appropriate services based on their individual needs and trauma experienced. The project will utilize a trauma-informed lens to meet the needs of survivors by safeguarding client choice, respect, equality, nondiscriminatory strength based approach to service delivery, connection opportunities and support services. DV Project works with landlords and management companies in the community to provide resources to survivors. Staff partner with survivors to set plans and goals for the best outcomes driven by the survivor's needs and wants. Survivors are viewed as partners to ensure there is not a power differential. There are no punitive measures in place and staff are trained consistently and thoroughly in survivor-directed practices. DV Project consistently strives to strengthen survivor's ability to deal with painful feelings and the results of trauma from domestic violence. Building the staff capacity to practice trauma-informed advocacy is done through in-service training on trauma-informed advocacy and staff is encouraged to attend any external training to better understand trauma-informed advocacy. All policies, procedures, and forms are reflective of ensuring survivors' receive appropriate services based on their individual needs and trauma experienced. Focusing on a survivor's strengths and positive choices helps empower them to believe they can make good choices for themselves and their children. This is done through partnering with the survivor and then connecting her to the resources or providing the resources. All staff are provided cultural competency/diversity and non-discrimination training as part of their on-boarding process. Additionally, staff attends external trainings annually to build their capacity on cultural competence. DV Project staff are of diverse cultures and there are several Spanish speaking and Creole speaking staff to address the underserved Hispanic and Haitian populations. DV Projects brings additional services to DV survivors on-site at the emergency shelter which includes services for people with disabilities, financial literacy, clinical individual counseling for adults, clinical therapy for children, Dress for Success empowerment services, and a clinical support group facilitated by PhD Psychology students at Nova Southeastern University. Additionally, numerous partnerships to connect survivors to needed services off-site are nurtured and maintained. DV Project partners with Healthy

Mothers Healthy Babies as well as Children's Services Council and the Department of Children & Families to ensure parenting classes and/or services are accessed by survivors both on-site and off-site.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

DV project exercises a wraparound approach to the services provided to each survivor. The main objectives of the project are to provide immediate safety and security measures, linkage to services that will empower survivors to reach self-sufficiency and ultimately secure safe, affordable and stable permanent housing. The project works to implement a holistic approach to its service delivery methods. Each survivor completes and in-depth assessment upon arrival into the emergency shelter to identify specific needs. All aspects of the life, DV situation, needs, and goals are addressed during this assessment. Immediate needs are addressed first, which include food, clothing, safety measures, legal services, childcare, and physical/mental health care. Additional needs are addressed throughout their stay in shelter and are continued once they enter the DV housing project. Extended services such as substance abuse treatment, employment and credit building are addressed while in shelter continues when they enter the housing program. A comprehensive service delivery system housing oversight from ES entry through permanent housing placement allows for continuity, which ultimately yields an increase in successful outcomes. It is important to reiterate that services are survivor-directed and all services accessed are within the survivor's freedom to choose and there is no penalty or punishment for refusing a service.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
  Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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2A-1. HMIS Vendor Identification.   Eccovia Solutions - ClientTrack

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	415	136	279	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	127	32	95	100.00%
Rapid Re-Housing (RRH) beds	519	41	478	100.00%
Permanent Supportive Housing (PSH) beds	1,009	0	1,009	100.00%
Other Permanent Housing (OPH) beds	111	0	111	100.00%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

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

**1. steps the 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 the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

All projects are above 84.99%

*2A-3. Longitudinal System Analysis (LSA) Submission.

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.   Yes

*2A-4. HIC HDX Submission Date.

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**   04/10/2019

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

Instructions:

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**2B-1. PIT Count Date.
Applicants must enter the date the CoC
conducted its 2019 PIT count (mm/dd/yyyy).**   01/24/2019

**2B-2. PIT Count Data—HDX Submission Date.
Applicants must enter the date the CoC
submitted its PIT count data in HDX
(mm/dd/yyyy).**   04/10/2019

2B-3. Sheltered PIT Count—Change in Implementation.

**Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)**

Not Applicable

*2B-4. Sheltered PIT Count—Changes Due to Presidentially-declared Disaster.

**Applicants must select whether the CoC
added or removed emergency shelter,**   No

transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

Not Applicable

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.   Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

CoC held youth population focused PIT meetings with the Youth Action Board (YAB) and with youth-focused sub-committee comprised of youth currently and/or formerly experiencing homelessness, and various stakeholders serving the youth population to identify methods and target areas for outreach. CoC worked with the YAB to identify specific afterschool hangouts and other locations where youth experiencing homelessness tend to congregate. The information was used to compile a list of locations to target for unsheltered PIT teams to conduct surveys. Since LGBTQ+ youth and youth of color were identified as the most vulnerable youth subpopulations. It is important to note that all LGBTQ+ providers as well as the education and foster care systems were engaged in these efforts. CoC also hosted monthly youth meetings with multiple youth providers and youth currently and/or formerly experiencing homelessness to discuss the best ways to locate youth during a 24-hour period. Youth were recruited, trained and assigned to outreach teams during the PIT count.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

CoC actively engages individuals and families experiencing homelessness through PBC's Homeless Resource Center (HRC). The HRC offers a single point of access for homeless individuals and families who are seeking assistance to restore a self-sufficient and productive lifestyle. CoC providers and Outreach Teams, identified specific locations prior to the unsheltered Point in Time Count (PIT), which included locations of where families were sleeping through the night. Additional information regarding location of homeless persons were identified through Palm Beach Sherriff's Office, local municipalities' law enforcement agencies and the seven entitlement districts in PBC. HRC staff participated in the unsheltered PIT while navigators at the HRC completed PIT surveys over the phone to ensure families were counted. CoC was able to coordinate with the VA Medical Center to engage homeless veterans through CES and unsheltered PIT. VA Medical staff identified locations where veterans could be encountered during the unsheltered PIT count and Veteran's Resource Center (VRC) staff assisted by inputting surveys for in-reach services.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	443

3A-1a. First Time Homeless Risk Factors.

Applicants must:
1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy 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 the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

Through CES, dedicated navigators who are subject matter experts in the area of homelessness and homeless prevention, use diversion practices to help the caller solve presenting issue(s). The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is used in the process of triaging callers. If it is determined that the caller is in need of homeless prevention services or is experiencing homelessness for the first time (VI-SPDAT score of 1 to 4) the navigators may make an appointment for the caller with the Housing Stability offices located throughout PBC. Case management, assistance obtaining housing, employment and developing skills needed to ensure homelessness does not occur or reoccur is the sole focus of Housing Stability offices. All data

collected is entered in real time into the HMIS. The Unmet Needs and HMIS subcommittees, as well as the Collaborative Applicant, analyze the HMIS data gathered through CES to uncover trends and barriers as well as causes of first time homelessness. Underemployment, mental health, addiction and unaffordable housing costs are the identified drivers to first time homelessness in PBC. This data has driven changes in services at Housing Stability offices, garnered committees that are contributing to Collective Impact's Leading the Way Home plan (including behavioral health, workforce development, affordable housing and re-entry) and identified needed CoC trainings around diversion, youth homelessness, coordinated entry and criminal justice re-entry. Other strategies identified, and being implemented, include faith based prevention assistance through CES, advocacy for affordable housing, creation of non-traditional housing options and the use of new local sales tax dollars to purchase housing infrastructure. Oversight is the responsibility of the CoC Executive Committee and Collaborative Applicant.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	84

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the 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 the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

CoC strategy to reduce the length of time individuals & persons in families remain homeless targets and prioritizes those who have been experiencing homelessness the longest. Additional considerations included in the acuity score for persons in families are VI-F-SPDAT score and special population of either parenting youth (18-24), currently fleeing domestic violence, and veteran status. Other considerations included in the acuity score for individuals are VI-SPDAT score, chronicity documentation, status of medical/physical conditions, and special populations including currently fleeing domestic violence, experiencing human trafficking, persons of color, FUSE, and individuals over 60. Our considerations for youth (18-24) are similar to individuals with the exception of adding LGBTQ+ identity. Once an acuity score is determined, those with the highest cumulative score are prioritized for both shelter and housing. The number of persons served was reduced by 173 persons and the length of time homeless decreased by 15 nights,the current average length of time homeless is 84 days. The decrease in number of nights can be related to the CoC's commitment to Coordinated Entry and low/no barrier programming. In

addition, bridge funding (HOME, SHIP, Private Funds) is being utilized to provide RRH to persons awaiting a PSH bed. HMIS system is used to capture a by-name list based on VI-SPDAT scores and chronicity/acuity. The list drives housing placement. Oversight of the strategy is the responsibility of the CoC Executive Committee and the Collaborative Applicant

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	68%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:
1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

CoC's strategy targets and prioritizes individuals, youth, domestic violence and families for services and further works to ensure permanent housing destinations upon exit from programs. CoC experienced an increase in the number of permanent housing placement (PH) of 6.8%, bringing out total to 69.1% overall for PH placements in the CoC. To increase PH placements CoC continues to use funding for Rapid ReHousing (RRH) to serve as a placeholder until PSH beds are available. CoC continues to increase diversion efforts to address the challenge of limited beds, funding and PSH openings. Diversion efforts aid the CoC in targeting the most acute and connect the less acute with Housing Stability offices for assistance with permanent housing move-in costs, employment and case management. Attempts are made to divert homeless youth from shelter entry through family reunification and shared housing. If

youth are unable to be diverted, they are placed into shelter or placed into shared housing using the Rapid ReHousing model. This strategy utilizes HOME funding and focuses on education, basic living skills and employment. CoC has begun conversations with the largest PHAs to create a Move On Strategy that would move persons from PSH to PHA vouchers or public housing units. In addition, the CoC has an agreement with PBC HES to offer bonus points to tax credit and low income housing developers when homeless set aside units are strictly filled through the CoC thus providing permanent housing to PSH participants that no longer need intensive services. The Collaborative Applicant and the CoC created a Placement Team to oversee the strategies around Permanent Housing and Placement. The Standards Policy and Procedure sub-committee and the CoC Executive Committee provide oversight of development and implementation of PH retention strategy. Ongoing efforts and data evaluation ensure optimal use of housing units and ensure the CoC is serving the most vulnerable population.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	9%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	12%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the 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 the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

The CoC had a 9% homeless return rate over a six month period and a 12% return rate over a period of 12 months. PBC CoC operates a comprehensive HMIS and Coordinated Entry system that allows all points of entry immediate access to individuals and or families history of homelessness. Individual and family shelters and housing programs utilize housing first, and low barrier models, which has increased housing opportunities and decreased exits. Individuals/families placed in PSH, RRH and/or other financial assistance programs receive intensive case management, job training, life skills modeling, and monthly follow up support to prevent readmission into the system for one year after program exit. HMIS Oversight Subcommittee (HOS) monitors and provides data to identify returns to homelessness. This subcommittee meets monthly and presents results to CoC providers. The HOS also identifies trends in the recurrence of homelessness specific to projects and once identified, TA is

offered to correct. The same holds true for specific systems such as child welfare or re-entry. The CoC continually strategizes modifications needed to system and service delivery to minimize future recurrences of homelessness. The CoC is focused on increasing access to housing for all who enter shelter and the Collaborative Applicant is charged with oversight as well as meeting with providers and systems that are exhibiting poor outcomes or increasing trends ie. Addiction. The CoC's Executive Committee is also responsible for oversight.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	16%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	40%

3A-5a. Increasing Employment Income.

Applicants must:
1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
(limit 2,000 characters)

The implementation of Coordinated Entry and placement of those with the highest acuity and chronicity have led to a small percentage of participants obtaining increased income through employment. The CoC and its members have developed employment programs that include job development, job coaching, job placement, internships and micro-enterprise businesses. Universal referrals are made to these agencies to promote growth and stability. The CoC partners with CareerSouce and Vocational Rehabilitation for appropriate employment services for clients. Dedicated SOAR staff have been placed at the HRC, CoC provider agencies and on street outreach teams. ACCESS Florida (Mainstream benefit application) is used for street outreach and with the CoC member agencies as well as other systems of care that homeless clients touch. Local Health Care District medical benefits are secured at the time of entry into the Homeless Resource Center (Emergency Shelter). PBC Veterans Services and VAMC target homeless veterans for VA benefits through street outreach and services requests. The CoC, Collaborative Applicant, Unmet Needs Committee and HMIS Oversight Committee oversee the strategy.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:
1. describe the CoC's strategy to increase non-employment cash income;
2. describe the CoC's strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.

The CoC has made a concerted effort to increase non-cash resources for homeless persons in Palm Beach County. Through the Coordinated Entry process and Street Outreach the CoC identified that applications to social security, food stamps, Medicaid and Medicare, Health Care District insurance, and Veteran's Benefits needed to be prioritized as many homeless are eligible but not receiving benefits. Street Outreach Teams throughout Palm Beach County began to complete ACCESS Florida applications for mainstream benefits and SOAR (social security application specialists) specialists were placed at the CE sites and on Outreach Teams. Outreach Teams also worked with the street homeless to secure birth certificates and other vital documents that often prohibit applications from moving forward. The CoC social workers also work closely with the homeless that are diverted and the homeless that are housed to secure and/or maintain non-cash benefits and income.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

The CoC has established partnerships with several entities that offer employment opportunities for the Homeless as well as training and internship opportunities. Career Source, formerly known as Workforce Development, offers training, internships, and volunteer and employment opportunities. Career Source also works with the homeless and funds CoC partners in an effort to teach interviewing skills, resume creation and resume building. Palm Beach State College has administrative staff that cater to the homeless in an effort to ease the transition into college for not only adults but youth as well. The PBC School Board has a homeless youth department that assists homeless youth access secondary education and/or the trades. Several trades organizations and CoC member agencies also cater to providing employment training, volunteer opportunities, job fairs, soft skills training, and micro or non-traditional employment opportunities for the homeless including Community Action Council, Gulfstream Goodwill, Lord's Place, Faith in Action Collaborative and the Homeless Coalition.The CoC provides a platform for educating and training providers on strategies such as resources that are available and how to access

the opportunities. The homeless have also been instrumental in civic participation through the Collective Impact County-wide assessments, neighborhood innovatives, public parks and safety meetings, and community meeting around a second homeless center in the county. Currently the CoC is gearing up for training on the Census and how to get the homeless involved. The partnership with Faith in Action has provided a platform for employers within congregations to offer employment and internship opportunities as well as job fairs to the homeless. The Homeless Coalition of PBC provides quarterly targeted outreach to the homeless and as a part of the outreach, multiple agencies and employers set up tables to offer services to the participants.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date 05/30/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

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

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	X
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:
1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for
overseeing the CoC's strategy to rapidly rehouse families with children
within 30 days of them becoming homeless.
(limit 2,000 characters)

Families experiencing homelessness contact the Homeless Resource Center, PBC's coordinated entry point for navigation & assessment. The VI-SPDAT tool is utilized to gauge acuity & determine most suitable housing option. To meet the 30 day timeline, CoC utilizes progressive engagement strategies to work toward this goal. Using Diversion as a first strategy reduces the number of families entering shelter & requiring housing placement. CoC's navigation narrative assists families in identifying possible solutions & resources. CoC coordinates ongoing internal Solution Focused & Diversion trainings to ensure proficiency at implementation. Families with minimal needs such as first, last and security, are connected with agencies providing housing stability resources. Utilizing these strategies, has reduced the number of families entering the shelter system needing housing placement. To meet the need of these families in ES & quickly house them, the CoC identified & increased funding allocations for Rapid Re-Housing. CoC actively pursued securing HOME funds to provide a longer period of RRH for those with multiple evictions, bad credit & bad rental history along with the head of household having a mental health or physical disability. CoC dedicated 40% of ESG funds for RRH for families & used private & Ad Valorem funding for those with less barriers. Each of these strategies includes immediate pairing w/a Housing Specialist who constantly recruits private landlords so housing options can be provided as quickly as possible. Successful exit planning is the main focus as soon as a family enters the program. The exit plan identifies areas the family needs to strengthen such as financial stability, identifying barriers & strengths, and exploring resources to ensure housing sustainability. Adopt-A-Family Director of Family Services is responsible for the oversight of the strategy to rapidly rehouse families with children.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or - Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	X
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	X
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	
5. Bad Credit or Rental History	

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

Following the successful implementation of the 100 Day Youth Challenge and efforts to strengthen collaboration around youth programs and delivery services, CoC continues to work towards increasing the available housing and services specific to youth experiencing homelessness. CoC is committed to ensuring that collaboration among systems and service providers is youth specific and inclusive. CoC created a youth specific subcommittee, which focuses on modifying current projects, service delivery system, outreach efforts and the expansion of additional programs and services needed to address the needs of youth. Subcommittee members include, current and/or formerly homeless, LGBTQ+, members of youth action board, child welfare, education, behavioral health, youth services and homeless providers. Community leaders, advocates, front-line workers, philanthropists, and government remain committed to examining potential system changes, exploring diverse collaboration strategies, and innovative ways to reach the goal. CoC expanded CES to include the youth population and implemented the TAYSPDAT to identify youth who were most at risk. In doing so, the acuity list, which typically prioritized youth significantly lower, allowed the population to be properly prioritized. The prioritization of youth has led to the creation of the first emergency shelter for youth as well as the first drop in center for youth. A dedicated funding stream for Rapid Rehousing was secured through Ad Valorem funding. CoC has been able to secure additional funding for additional youth RRH beds and youth PSH beds using United Way of Palm Beach County and PBC Financially Assisted agencies funding.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)

CoC has followed guidance provided by HUD to develop strategies around youth homelessness. The first step the CoC undertook was the engagement of key community partners and systems and the development of a system vision in ending youth homelessness in PBC. Next, CoC established a Youth Board who operates as a subcommittee of the CoC and includes at-risk youth, homeless youth, formerly homeless youth and youth in child welfare systems. Third, developed a data system through HMIS benchmarking the processes for youth in an effort to improve the youth system design. Utilization of a data system has led to the design of youth housing and an array of youth specific services. CoC measures the strategies to end youth homelessness through housing and support services a number of ways. Information is collected through HMIS system and includes: Total number of youth experiencing homelessness; average length of stay in shelter/street for youth; incidence of youth exiting public systems (corrections, child protection, health, etc.) who become homeless; turnover rate and occupancy levels in current homeless youth

system capacity allow access to appropriate housing and supports to youth experiencing homelessness; Recidivism rates and healthy transitions to adulthood through increasing level of education, employment, life skill development and connections to natural supports. HMIS Coordinator and subcommittees monitor HMIS data. Trends, programmatic results and system data concerns are presented to the Youth Committee for further action. Quality assurance reviews and file monitoring occur annually through the CA and are discussed with each provider agency and CoC. Changes to systems and programs are based upon data and results revealed. Additionally, youth providers issue a standard satisfaction survey that includes; Housing quality, security of tenure affordability and safety, case management services received access to appropriate supports to address diverse needs within homeless system and mainstream public systems (addiction, trauma, mental and physical health issues, employment, education, etc.); Process of referral and intake into programs and housing; discharge planning and transition supports perception of quality of lie, including sense of belonging, participation in community activities and connection with friends and family. CoC evaluates the housing system and CES through programmatic evaluation, PIT count numbers, HMIS data and the number of targeted persons entering the homeless system through CES. By conducting ongoing evaluations, CoC has proven to be affective in identifying low performing organizations, identifying programmatic measures that are ineffective or under/over performing, the monthly increase or decrease in the targeted population requesting services, services that are effective and those that aren't and the performance of specific system goals such as increase in income, education, life skills and community connections.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.
(limit 2,000 characters)

PBC Department of Safe Schools (DSS) McKinney-Vento Program (MVP) staff participates with CoC by attending monthly CoC meetings and sub-committee meetings. MVP team works collaboratively with all stake holders to remove barriers to successful outcomes for homeless students. MVP team are a part of the coordinated entry process which ensures that all homeless students are provided school supplies, school uniforms and toiletries. MVP team also ensure all homeless students encountered are provided with coordinated district transportation services to maintain home school stability. MVP staff works with CoC to ensure that students are provided free school breakfast and lunch. CoC works collaboratively with MVP team to provide supports mentioned in an efficient and seamless manner to ensure children experiencing homelessness

are provided full and equal opportunity for success in school. DSS McKinney-Vento Program staff is utilizing HMIS to follow services provided by CoC to shared clients, check on bed availability and check if new school referrals are already being served. This is more efficient and saves time for the CoC and MVP.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

Department of Safe Schools (DSS) McKinney-Vento Program (MVP) works collaboratively with CoC Members and agencies to remove barriers & ensure successful outcomes for homeless students. MVP is a part of the School District's coordinated entry process that ensures homeless students are provided school supplies, school uniforms & toiletries. MVP ensures homeless students are provided with coordinated district transportation services to maintain home school stability. MVP works with the CoC to ensure students are provided free breakfast & lunch. CoC works together with the MVP to provide supports & ensure an efficient & seamless process is maintained so they are provided full & equal opportunity for success in school. MVP utilizes HMIS to follow services provided by CoC to shared clients, check on bed availability & check if new school referrals are being served. This is more efficient & saves time for CoC & MVP. MVP sits on the CoC Governance Board to provide guidance on CoC policies and procedures related to homeless students and education services. MVP also attends the monthly CoC meetings to network and address any immediate issues related to school stability. MVP also provides ongoing training to ensure CoC members have the most up to date information on education services to the families they are serving.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start		
Early Head Start		
Child Care and Development Fund		
Federal Home Visiting Program		
Healthy Start		
Public Pre-K		Yes
Birth to 3 years		

Tribal Home Visting Program		
Other: (limit 50 characters)		

Applicants must select Yes or No for all of the agreements listed in 3B-1e.2.

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.   Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.   Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.   Yes

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

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

7. The CoC did not conduct a racial disparity assessment.	☐

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	☐
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	X
3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	☐
5. The CoC has identified resources available to reduce disparities in their homeless system.	X
6: The CoC did not conduct a racial disparity assessment.	☐

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

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4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Taxng District - Health care District	Yes	Yes

4A-1a. Mainstream Benefits.

Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

CoC agencies have partner agreements with the Department of Children and Families (DCF). These agreements provide ongoing updates on changes so CoC members can quickly notify staff of changes. DCF partner agencies also have access to DCF ACCESS benefits system to assist clients in applying for and renewing their DCF benefits. DCF as a CoC member makes training and updates available to the CoC regarding regaining mainstream resources including food stamps, Medicare/Medicaid and Temporary Assistance for Needy Families (TANF). DCF also makes available community training which is shared through social media and email with CoC providers and their partners. CA coordinates CoC monthly meeting and facilitates member presentations such as DCF requirements, Veterans Services, Medical care, Behavioral Health services qualifications are based on CoC member input or issues identified by the CA during on-site monitoring. SOAR training is provided and utilized when appropriate to ensure quick access to SSA benefits. CoC has a strong partnership with the Homeless Coalition who can solicit and provide private funding for resources the CoC is unable to secure through local, State or Federal Funding. Collaborative Applicant and CoC Executive Committee is responsible for oversight of this strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	0%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

CoC's outreach teams work towards identifying individuals experiencing

homelessness throughout the CoC's covered area. All teams conduct triage in a consistent manner utilizing the VI-SPDAT, and all individuals assessed are placed on the CoC's acuity list. A score matrix is used to determine the chronicity, severity, and other factors that assist in appropriate placement of individuals assessed. CoC's outreach teams cover 100% of the county consisting of thirty-nine incorporated municipalities and all unincorporated areas in the CoC's geographic area. Street outreach occurs five days a week with varying shifts which include early morning and late evening hours to accommodate the needs in the community and maintain flexibility when handling emergencies. CoC has tailored its street outreach to target multiple at-risk, and vulnerable populations. Street outreach targets LGBTQ+, mentally ill, youth, individuals and families. Outreach teams have been assigned geographic zones throughout the county to provide full coverage, avoid duplication of services within the CoC's coverage area, and to provide a rapid response to client needs. CoC will be adding additional outreach teams consisting of peer specialists targeting individuals that are least likely to seek assistance and more difficult to engage. These populations include severely mentally ill, substance users, and the chronically homeless that refuse to engage with institutions. CoC has added a PATH team to engage individuals with severe mental health issues. CoC is equipped to serve individuals that have limited English proficiency. The outreach teams are proficient in several languages and assist individuals served in navigating the social service systems within the CoC's geographic area.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	592	519	-73

4A-5. Rehabilitation/Construction Costs–New Projects.

No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes.

No

Applicants must indicate whether the CoC is requesting to designate one or more of its

SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.