Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	No
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Florida Rural Legal Services	Yes	Yes
Faith Based Organizations	Yes	No

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

The CoC advertises meetings and sub-committees via social networks & list-serves. An annual calendar of events & meetings is posted on the CoC website & given to CoC members. The Unmet Needs Committee (UNC) of the CoC id's weaknesses & targets new members based identified need. Representation from a non-CoC funded Youth Homeless Org. was identified this year as a gap. The UNC reached out & secured Friends of Foster Children, an agency specializing in foster youth aging out, to meet the CoC need. In 2016, the Lead Agency (PBC) of the CoC solicited assistance from law enforcement, government officials, outreach teams & Parks/Recreational Director(s) in response to the increase in violence & drug use by the homeless at local parks. The knowledge shared has led to an increase in outreach teams / law enforcement partnerships as well as an increase in the services provided within the parks by various faith based providers & homeless advocates.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

CoC accepts monthly recommendations for new members from current members. All meetings are posted on the CoC website & through social media. Recruiting is discussed in the New Business portion of the meeting. Efforts to recruit new members often is to represent a sub-population or needed resource. Members are encouraged to recruit on behalf of the CoC. The New Member Sub-Committee also recruits & orients new members of the CoC to ensure all members are aware of the business & goals of the CoC. In July, CoC held a Collective Impact kick-off event w/ over 200 participants. CoC members involved current clients in the event as well as former participants. Two formerly homeless individuals spoke as part of the opening session. Connection cards were provided to encourage attendees to connect w/the CoC. These connection cards are being utilized to connect the attendees with committees & other CoC members to infuse the CoC & community to new or existing resources & better serve our community.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to

proposals.
(limit 1000 characters)

CoC notified CoC members & public of the 2017 CoC local RFP process on May 4, 2017 thru an email, twitter, Facebook & public website posting. Prior to announcement, CoC Lead presents options for new agencies to partner with each other or with existing programs to develop new programs or expand existing programs. TA is offered to new agencies on program development, funding requirements & CoC member participation guidelines. 2017 RFP Scoring Tool is presented to CoC for review & approval prior to RFP notice. A Non-Conflict Review Committee reviews the applications & scores them based on the approved scoring tool & the priorities established by vote of the CoC board & membership. All applicants are notified of the review date & the review is held in an open public meeting. Applicants that are not approved are notified by email & TA is provided to review their application scoring & how to improve future applications. The approved list of projects are posted on public website.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

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
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
PBC Health Care District Medical Outreach	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)

CoC works monthly w/largest Jurisdiction, PBC who holds a seat on CoC Governance Board. CoC actively participated in (3) public mtgs during Action Plan preparation. CoC members attend PBC Commission mtgs, & to advocated

for funding utilization. CoC engaged several of the other (7) jurisdictions who now attend quarterly CoC Exec Director mtgs. (1) of (7) Jurisdictions is administering ESG funds. CoC has (1) Jurisdiction that is utilizing HMIS for their ESG programs. CoC met w/each of the (7) jurisdictions individually & provided PIT & HIC data. WPB collaborates w/CoC by placing parking meters in their jurisdiction for fund raising to support a RRH program. Boynton Beach, Delray Beach, Jupiter, Palm Beach Gardens, Wellington & WPB participated in Collective Impact; a collaborative to end homelessness, increase affordable housing & build a more efficient homeless s system using the collective impact model. All ESG funding decisions & allocations are discussed & approved at CoC mtgs.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

Ongoing training is provided to CoC members & community thru the CoC Training Committee. Training Committee meets 6 x's a year to plan required training such as Trauma Informed Care, Serving Diverse Populations, Harm Reduction & SPDAT training. The events are outlined & a calendar planned. Other training needs or training requests are also researched & planned. All training is advertised through emails, an Eventbrite website, social media & monthly CoC meetings. Coordinated Entry training is provided thru CoC staff or by a hired trainer, OrgCode Consulting. One of the DV providers provides DV training 2x's a year & includes best practices when serving victims of DV. CoC staff consults w/ its two DV providers to review HMIS & comparable data re: DV & assess ongoing needs. CoC safety & planning protocols are part of the Coordinated Entry Policies & Procedures. The PPM's outline serving & protecting individual or family victims of DV when they enter the homeless services system.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

CoC coordinates w/ two certified DV centers for shelter & non-shelter services for victims of DV. As DV experts, the centers assist victims navigate criminal justice & social service systems to meet their needs & maintain their safety. As CoC members, they provide CoC & community guidance on victim centered approaches & ensure these practices are included in CoC program standards. CoC coordinates DV housing services w/ shelters through referral & collaboration at the Homeless Resource Center to ensure victims of DV are given safe housing options. Safety & security is maintained thru safety planning

& compliance w/ all applicable Federal, State & local laws guiding confidentiality. CoC ensures domestic violence training is provided to CoC members so non-victim service providers are knowledgeable about safety precautions & resources available to assist victims of DV. Priority is given to victims of DV on the By Name Acuity Placement List & housing options are based on safety & choice.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
West Palm Beach Housing Authority		
Palm Beach County Housing Authority		Yes-Both
Boca Raton Housing Authority	10.60%	Yes-Both
Delray Beach Housing Authority	12.00%	Yes-Both
Pahokee Housing Authority	3.00%	Yes-Both

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

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)

CoC trained CoC members on HUD's guidance re: Equal Access to Housing to ensure that its services do not isolate or segregate clients based upon actual or perceived gender identity. CoC's established Polices & Procedures in late 2016 for all types of housing programs for individuals & families that require service

provision without regard to actual or perceived sexual orientation, gender identity, or marital status. e CoC is collaborating w/ Compass in the 100-day youth challenge, an agency that focuses on LGBTQ+ youth, & have included Compass in the CoC's coordinated entry process. CoC's a 100-day youth challenge has a goal of housing 50% LGBTQ individuals &/or families. CoC conducts annually Equal Access & LGBTQ+ trainings for homeless service providers to ensure that the needs of the LGBTQ+ community are met. CoC Standard Policy & Procedures Sub-Committee met monthly & will monitor CoC wide-discrimination policy specific to LGBTQ+ developed on June 22, 2017.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	
Engaged/educated local business leaders	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 50 characters)	

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs.
(limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

CoC's scoring tool includes evaluation of agency capacity along w/ HMIS data (obtaining benefits, income & mainstream benefits) w/ higher points awarded to PSH programs targeting the vulnerable chronically homeless w/ additional points for Veterans. CoC has prioritized RRH for victims of domestic violence (DV), youth & families by scoring these projects with the same point scale that the chronic homelessness / Housing First receive. CoC's coordinated entry prioritization criteria on the By Name List includes length of time homeless, history of victimization including DV, criminal history, behavioral health (mental health/substance abuse), medical vulnerabilities & Veterans. Each agency submitting an application new or renewal must sign a CoC Grantee Certification acknowledging these program & eligibility requirements. Compliance with coordinated entry & housing placement criteria are reviewed during monitoring & would be noted as a finding. Monitoring results are a scoring criteria.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation:　Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.   07/06/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.   08/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead?

Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

Pages 8 & 9

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.

Yes

2A-3. What is the name of the HMIS software vendor?

Eccovia Solutions ClientTrack

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.

Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	403	136	267	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	239	32	207	100.00%
Rapid Re-Housing (RRH) beds	520	70	450	100.00%
Permanent Supportive Housing (PSH) beds	965	0	595	61.66%
Other Permanent Housing (OPH) beds	17	0	17	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)**

PSH Beds for HUD-VASH were not included in HMIS. As of June 2017, VAMC has began inputting beds into HMIS and will be reported on the 2018 HIC.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/07/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/26/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)   04/07/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)

For the 2017 Sheltered PIT Count, the CoC fully utilized HMIS. In the past, the CoC would rely on shelter providers to complete paper surveys and then compare to HMIS data. After changing HMIS vendors and a year of quality reviews, the CoC felt confident the HMIS data was accurate and credible. There were no other changes made to methodology or data quality between 2016 and 2017 PIT counts.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	22
Beds Removed:	56
Total:	-34

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?   No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Did the CoC change its unsheltered PIT   Yes
count implementation, including
methodology and data quality changes from
2016 to 2017?
CoCs that did not conduct an unsheltered
count in 2016 or did not report unsheltered
PIT count data to HUD in 2016 should
compare their efforts in 2017 to their efforts in
2015.**

**2C-4a. Describe any change in the CoC's unsheltered PIT count
implementation, including methodology and data quality changes from
2016 to 2017. Specify how those changes impacted the CoC's unsheltered
PIT count results. See Detailed Instructions for more information.
(limit 1000 characters)**

CoC utilized HMIS for the PIT. HMIS provided info on previously served
person's info that auto populated upon verifying name, DOB, & a partial SSN to
shorten survey completion. VI-SPDAT was not part of the PIT survey as utilized
previously to limit the # of questions. HMIS was accessible on smart phones,
tablets & laptops during the count. HMIS provided immediate review for data
validation, monitoring & reporting. ($5) gift cards were offered as incentives &
provided to participants for stores closest to areas being surveyed. Training was
provided to all volunteers including online training to ensure volunteers fully
understood the questions. PBC was divided into areas to ensure full coverage
of the County. The # of teams conducting surveys was increased to 18. CoC
also increased the # of teams from 12:00am-4:00am in the parks. LE identified
parks w/ largest # who congregate after closing. CoC utilized Facebook &
Twitter to report on a live count & note where to be counted.

**2C-5. Did the CoC implement specific   Yes
measures to identify youth in their PIT count?**

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the
CoC; (1) took to identify homeless youth in the PIT count; (2) during the
planning process, how stakeholders that serve homeless youth were
engaged; (3) how homeless youth were engaged/involved; and (4) how the
CoC worked with stakeholders to select locations where homeless youth
are most likely to be identified.
(limit 1000 characters)**

For the first time, the CoC worked with the Youth Leadership Council (YLC) to
create a Youth Street Outreach Team focused on locating homeless youth ages
12-23. The YLC conducted surveys along with youth stakeholders. CoC
conducted more than (8) meetings with youth stakeholders and providers
soliciting ideas and strategies that would best engage homeless youth. Five-
Dollar gifts cards where given to youth who participated in the count. Sites
known to where youth are congregate such as skate parks, coffee shops,
college parking lots, and internet cafes were targeted. Facebook & Twitter were
utilized to market the PIT prior to the count. Current & previous homeless youth

were asked to let anyone they knew that remained homeless to meet with the Youth Outreach Team. As a result of the changes in strategies, the PIT count resulted in a 73% increase in identifying homeless youth from the 2015 PIT.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness.
(limit 1000 characters)**

To prepare for 2017 PIT, CoC met w/ providers serving chronic homeless individuals, families & Veterans. Providers were asked to survey current clients to determine possible locations these sub-populations could be located in the County. This information was organized by locations & provided to Outreach Teams conducting street surveys on the day of the count. Providers of each sub-population assigned staff to the Outreach Teams so their knowledge & experience could assist w/ the surveys when encountering these various sub-populations. Several of the providers also had Peer Support Staff who were formerly homeless participate on the Outreach Teams. CoC gathered information from multiple law enforcement Community Police Officers related to known locations homeless congregate at & included those locations for the Outreach Teams to visit. The local Veterans Administration assigned staff to participate on the Outreach Teams & surveyed clients prior to the count, too.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

CoC reduced the # of first time homeless by 22%. Causes of 1st time homelessness: rent costs up 7.7% w/ $1,530 average rent; 5.2% unemployment rate; home costs up 6.9%; opiate addiction & mental illness. HMIS is utilized to collect & analyze data re: trends & barriers causing 1st time homelessness. CoC & Unmet Needs Committee utilized this data to develop strategies to prevent homelessness such as expanding Coordinated Entry to include homeless prevention, providing diversion training, identifying all prevention financial assistance resources & case management strategies to stabilize housing. These strategies begin at coordinated entry. Other strategies identified are expansion of faith based prevention assistance, advocacy for affordable housing, creation of non-traditional housing options, & the use of new local sales tax dollars to purchase housing infrastructure. Oversight of CoC & homeless trends is the responsibility of Collaborative Applicant & governance Board of the CoC.

3A-2. Performance Measure: Length-of-Time Homeless.
CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

The number of persons served was reduced by 20% although the length of time increased by 21% or 13 nights. The reduction in numbers is the result of reallocation of CoC funding from TH to PH projects & reallocation of low

performing projects. The increase in number of nights can be directly attributed to the inability to find affordable rentals & the general lack of rental unit (3% vacancy rate). To reduce length of time homeless, bridge funding (HOME, SHIP, private funds) & bridge RRH housing is being utilized to persons awaiting a PSH bed as indicated by the 32% increase in RRH beds. Homeless youth funding has been identified & will divert the 18 to 24 year olds from shelter & reconnect to family or immediate RRH. HMIS is used to capture a By-Name list based on VI-SPDAT scores, chronicity, longest time homeless, & acuity. The list drives shelter & housing placement. Oversight of the strategy is the responsibility of CoC Governance Board, Collaborative Applicant & CE Housing Team.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
  Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

CoC experienced a decrease in the # of permanent housing (PH) placements of 4% due to loss of 4 PSH funded projects. HMIS data identified CoC's PSH beds had 9 turnovers for the year. To increase PH placements CoC revised the utilization of the acuity list & reallocated ES funds to RRH to serve as a placeholder while PSH beds became available or see if RRH met their needs. CoC identified the need to increase diversion efforts to address the challenges of limited beds, funding & PSH openings. Diversion efforts will aid CoC in targeting most vulnerable individuals & connect less vulnerable individuals w/ natural resources to address current homelessness. Collaborative Applicant & CoC created a Placement Team to oversee the strategy for placement in PH. Policy & Procedures & CoC Executive Committee provide oversight of development & implementation of PH retention strategy. Ongoing efforts & data evaluation ensure optimal use of housing units & CoC is serving most vulnerable population.

3A-4. Performance Measure: Returns to Homelessness.
 Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

There was an average of 12% returns w/ 15% from ES & 8% PH. PBC operates a comprehensive HMIS & CET system that allows all points of entry immediate access to individual &/or families history of homelessness. Individual & family shelters & housing programs utilize housing first, low barrier models, which has increased housing opportunities & decreased exits. Individuals/families placed into PSH, RRH, and/or other financial assistance programs receive follow up support contacts to prevent readmission to the homeless system. HMIS

Oversight Committee (HOC) monitors & provides data to identify returns to homelessness. This committee meets monthly & presents results to HHA providers. The HOC is beginning to identify trends in the recurrence of homelessness specific to projects and/or systems. The CoC continues to strategize modifications to systems & service delivery to minimize future recurrences of homelessness. CoC is focused on increasing access to housing for all who enter a shelter.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

Implementation of Coordinated Entry/placement of those w/ the highest acuity & chronicity led to a reduction in the # of persons able to increase income by 14% & non-employment income by 10%. To increase income, CoC members have developed employment programs that include job development, job coaching, job placement, internships & micro-enterprise businesses. Universal referrals are made to these agencies to promote growth & stability. CoC partners w/ CareerSource & Vocational Rehabilitation for appropriate employment services for clients. Dedicated SOAR staff has been placed at Homeless Resource Center (HRC) & on street outreach teams. ACCESS Florida (mainstream benefit app.) is used for street outreach & with CoC member agencies. Local Health Care District medical benefits are secured at the time of entry into the HRC. PBC Veteran Services & VAMC targets homeless vets for VA benefits. CoC Collaborative Applicant, Unmet Needs Committee & HMIS Oversight oversee the strategy.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).   No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)**

05/26/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	470	417	-53

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	15
Total number of beds dedicated to individuals and families experiencing chronic homelessness	526
Total	541

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

There was an average of 12% returns w/ 15% from ES & 8% PH. PBC operates a comprehensive HMIS & CET system that allows all points of entry immediate access to individual &/or families history of homelessness. Individual & family shelters & housing programs utilize housing first, low barrier models, which has increased housing opportunities & decreased exits. Individuals/families placed into PSH, RRH, and/or other financial assistance programs receive follow up support contacts to prevent readmission to the homeless system. HMIS Oversight Committee (HOC) monitors & provides data to identify returns to homelessness. This committee meets monthly & presents results to HHA providers. The HOC is beginning to identify trends in the recurrence of homelessness specific to projects and/or systems. The CoC continues to strategize modifications to systems & service delivery to minimize future recurrences of homelessness.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	82	117	35

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing.
(limit 1000 characters)

CoC developed program standards for ES, TH, RRH, & PSH that were approved by the full CoC membership. These standards prohibit involuntary family separation, prohibit discrimination admission based on age, sex, gender, LGBT status, marital status, or disability. The standards are reviewed and updated on an annual basis. The standards also outline a process for clients to

grieve the involuntary separation or admission due to discrimination. Receipt of these standards and the agreement to adhere them is included in CoC, ESG or Local funding homeless services RFP's & contracts. Adherence to these standards are reviewed during the annual Coordinated Entry training. Annually, each contract is monitored to ensure case records document compliance with these standards.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

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

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

2017 PIT count had a 73% increase (141 youth) in youth homeless in PBC. CoC prioritized youth housing in 2016 & 2017 HUD CoC competition. Collaborative Applicant was chosen for HUD 100 Day Homeless Youth Challenge w/ a goal of housing 141 homeless youth by November 6th thru cross system collaboration, utilizing HOME funds for RRH costs & private funding for supportive services. CoC applied for the HHS Street Outreach & Housing Youth grant to be awarded in September. The strategy is to add a Youth Street Outreach Team, Drop-In Center & housing for youth ages 18 to

24. CoC applied for, but was not awarded, the 2016 HUD Homeless Demonstration Youth Grant. HUD awarded TA to the CoC & CoC is preparing for the 2017 grant release. PBC approved a dedicated funding stream that will permit a second Homeless Resource Center to be built with ES beds for homeless youth. All performance evaluation will be occur thru HMIS system using RHY performance standards. To ensure continual quality improvement, program activities will be adjusted as needed if barriers to housing are noted & outcomes are not met. Youth programming is part of a larger system of homeless services & adjustments to the system may be needed to ensure outcomes for youth are being met

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

Dept of Safe Schools (DSS) McKinney-Vento Program (MVP) participates w/ CoC attending monthly mtgs & Sub-Comm. mtgs. MVP works collaboratively w/ all providers to remove barriers & ensure successful outcomes for homeless students. MVP is a part of coordinated entry process ensuring homeless students are provided school supplies, school uniforms & toiletries. MVP ensures homeless students are provided w/ coordinated district transportation services to maintain home school stability. MVP works w/ CoC to ensure students are provided free breakfast & lunch. CoC works together w/ 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 CoC Governance Board & 100 Day Youth Challenge Team.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	No	
Early Head Start	No	
Child Care and Development Fund	Yes	
Federal Home Visiting Program	Yes	
Healthy Start	Yes	
Public Pre-K	No	
Birth to 3	Yes	
Tribal Home Visiting Program	No	
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

CoC Coordinated Outreach protocol ensures engagement w/ any homeless person. Should a vet have a DD-214/honorable discharge, County Outreach staff connects the Vet w/ a County Veteran's Officer to assist in obtaining benefits, VA Medical Center (VAMC) services & the VA Outreach Team to ensure quickest access. At contact, Vets are placed on the By Name List (BNL) & prioritized for services by VA Outreach Team &/or the Veteran Services Officer. Eligibility is quickly determined & the vet is referred to all appropriate services such as VASH, SSVF, GPD, HCHV. VAMC & SSVF staff attend monthly CoC meetings to network, and provide ongoing updates of Veteran resources as well as how to access services. SSVF, VA Outreach & VASH enters data into HMIS along with GPD & HCHV. Vets waiting for VA approved services can be placed in CoC bridge housing, if needed.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

CoC agencies have partner agreements w/ Department of Children & Families (DCF). These agreements provide ongoing updates on changes so CoC members can quickly notify staff. DCF partner agencies also have access to the DCF system to assist clients in applying for DCF benefits. DCF as a CoC member can also provide training or updates during monthly CoC meetings regarding mainstream resources Food Stamps, SSI, TANF. DCF provides a monthly community training which is shared via email w/ CoC members. Collaborative Applicant (CA) coordinates CoC monthly meetings & facilitates the member presentations such as DCF benefits based on CoC member input or issues identified by CA during on-site monitoring. SOAR training is also provided as needed & 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 thru local, State or Federal funding.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	14.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	14.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	14
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	14
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	1.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

CoC's outreach covers 100% of the County & works towards identifying individuals experiencing homelessness. Triage is conducted utilizing the VI-SPDAT & those assessed are placed on the CoC's acuity list. Street Outreach occurs 5 days/week w/ varying shifts to accommodate the needs in the community & includes afterhours & emergencies. CoC tailored its street outreach to target youth, LGBTQ, mentally ill, individuals & families. CoC has created additional outreach teams assigned to zones in the county to ensure full coverage of the County & avoid duplication of efforts. CoC will be piloting an ACT team targeting severely mentally ill individuals who are more difficult to engage & least likely to seek assistance. CoC is equipped to serve individuals that English is their second language. CoC has contracts w/providers that can assist w/ serving those requiring sign language & other communication methods. Outreach staff provides transportation or makes special arrangements as needed.

4A-5. Affirmative Outreach

Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

CoC provides outreach to individuals & families who are least likely to seek services. Materials distributed are provided in several languages. Unmet Needs Committee works to identify needed services for eligible persons & provides direction to CoC on implementation. CoC has 4 housing specialists (HS) that work to secure housing & ensure all housing needs are met for all eligible clients without discrimination. Client choice is always a priority. Services include multi-lingual staff, scattered site housing, & the ability to accommodate multiple needs of those served. When securing housing HS adhere to the requirements of Fair Housing & Equal Opportunity. Ample attention is given to housing for specific sub-pops, housing for persons with shared spaces & facilities, disabilities, individual & family needs, & tenant rights. CoC has contracts w/ providers for those requiring additional communication methods i.e. limited English proficiency, sign-language, deaf & hard of hearing & blind.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	355	520	165

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   No

Attachment Details

Document Description: 2017 CoC Rellocation Notification

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2017 CoC Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX - System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2017
1B. Engagement	08/19/2017
1C. Coordination	Please Complete
1D. Discharge Planning	08/19/2017
1E. Project Review	08/19/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	08/19/2017
2B. PIT Count	08/16/2017
2C. Sheltered Data - Methods	08/21/2017
3A. System Performance	08/19/2017
3B. Performance and Strategic Planning	08/21/2017

4A. Mainstream Benefits and Additional Policies	08/19/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required