

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** FL-517 - Hendry, Hardee, Highlands Counties CoC

**1A-2. Collaborative Applicant Name:** Highlands County Coalition for the Homeless, Inc.

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

**1A-4. HMIS Lead:** Highlands County Coalition for the Homeless, Inc.

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	No	No
CDBG/HOME/ESG Entitlement Jurisdiction	Not Applicable	Not Applicable	Not Applicable
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/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)	Not Applicable	Not Applicable	Not Applicable
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	No
CareerSource State Employment Agency	Yes	Yes	No
Faith-based organization providing homeless services	Yes	Yes	Yes
Regional Food Pantry	Yes	Yes	No

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

FL 517 includes Highlands, Hardee, Hendry, Glades, Desoto and Okeechobee Counties. There are 250,000 persons in the rural 5000 square mile CoC. FL 517 counties hold six positions in the bottom 12 Florida counties with lowest per capita income. Hendry (14.2%) and Hardee Counties (10.1%) have the highest unemployment rate in the state, (September 2015). FL 517 partnered with United Way of Lee, Hendry, Hardee and Okeechobee Counties who leads the Rapid Rehousing workgroup. FL 517 co-located a rapid-rehousing program in the United Way's only one-stop service centers in the counties. Cutting Edge Ministries chairs a work group of food banks focused on implementing HMIS to support Coordinated Assessment. The food bank in rural Zolfo Springs has served 1,400 unduplicated households in two years. The front line service provider has collected HMIS client data which FL517 has used to identify high priority households through coordinated assessment for allocation of services and funding.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Youth and Family Alternatives -- George W. Harris, Jr. Runaway and Youth Crisis Shelter	No	No	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Martha's House Inc.	No	No
Peace River Domestic Violence Center	Yes	Yes

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

FL517 has a membership database of approximately 130 agencies and individuals who contribute to the CoC's effort to develop a homeless system that moves to functional zero. In 2014, the FL 517 Board established four task forces: 1) Chronic homelessness; 2) Family/youth homelessness; 3) Outreach/Coordinated Assessment 4) RRH-PSH, which is focused on funding RRH and PSH resources to support the CoC's Housing First principles. Task force members were recruited through 1) broadcast emails; 2) website postings; 3) recruiting at CoC meetings; 4) Board and staff recruitment to ensure expertise on each task force. A Board member or agency staff provide support for each task force, maintaining meeting minutes, agendas, providing research and analyzing data as needed.

A Veterans Task Force is being established in January 2016, with county veteran service officers and SSVF, GPD and HUD-VASH providers who are not located within the CoC, but state they provide services in the CoC.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The CoC is eager to accept proposals from non-funded agencies. Annually the CoC publishes RRH/PSH RFPs for the CoC application on the CoC website and through broadcast email. Technical Assistance Conference calls are held for potential applicants. Our goal is to cultivate the capacity to score well on the CoC's four scoring criteria: 1) financial stability and accounting practices; 2) experience in providing the proposed services, including staffing, case management models; 3) HMIS participation and data quality; 4) commitment to Housing First and Coordinated Assessment System

FL517 staff have held two capacity building workshops annually to educate agencies not receiving HUD funds on the HUD CoC Application Process; HUD capacity requirements for applying agencies; eligible expenses for Federal and state grants; performance reporting requirements; match and leverage.

FL 517 views this process as an investment in the capacity of agencies to apply for funding when it is available.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?**

Monthly

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).  
(limit 1000 characters)**

FL-517 counties are non-entitlement jurisdictions. FL Dept. of Economic Opportunity is the lead agency responsible for the Consolidated Plan. Florida Dept. of Children and Families (ESG) , Florida Dept. of Health, Florida Housing Finance Corporation (HOME), and the Florida Dept. of Economic Opportunity (CDBG) work together with little input from non-entitlement jurisdictions in the state. The only meeting held to gather input from FL517 was held in February 2015 in Bartow, FL which is not in the CoC. CoC representatives drove 120 miles one way to attend meeting. The 2011-2015 Florida Consolidated Plan does not document the anticipated number of homeless persons or families to be served over the planning period. FL517 started monthly calls to the State CDBG staff to become involved and stay informed. FL 517 participates on the monthly Office on Homelessness calls; funding priorities have already been set. FL 517 will submit a gaps analysis in 2016 to DEO to inform their planning.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.  
(limit 1000 characters)**

FL 517 counties are non-entitlement jurisdictions. The Florida Department of Children and Families Office on Homelessness is assigned management of the statewide ESG process -- including RFP development, managing the competitive process, evaluating applications, issuing contracts, monitoring spending and receiving reports. FL517 participates in the monthly Office on Homelessness calls. Over three months, at six meetings, various issues were resolved including state-wide ESG performance standards and evaluation. Locally, the CoC monitors local agency performance through HMIS ESG CAPER reports and provides standardized client file management tools to document eligibility and services.

**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld.  
(limit 1000 characters)**

Scenario A: During assessment, intake specialists identify clients who are victims of domestic violence. Service providers are expected to complete a state-approved Lethality assessment, discuss its results with the client to clarify their safety and security issues. With a high lethality score, clients are offered immediate transport by local police to the licensed domestic violence shelter. Service providers phone or fax DV shelters with their case notes and lethality results to confirm admission to the shelter. Client data is not entered into HMIS; the DV shelter's ALICE system is used instead.

Scenario B: DV shelter case managers do telephone staffing with service providers to access RRH assistance funding, child care vouchers, and linkage to resources needed for return to the community. Case plans are recorded in ALICE. The CoC relies on the DV Shelter to determine that lethality risk is low so that the household is able to safely move into housing in the community.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Arcadia Housing Authority, Desoto County	8.00%	Yes-Public Housing
Avon Park Housing Authority, Highlands County	7.00%	Yes-Public Housing
Hendry Count Housing Authority		No

**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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**



The CoC has one source of subsidy which is allocated directly to County governments by the Florida Housing Finance Corporation: The State Housing Initiative Partnership (SHIP) grants allocated \$2,254,456 among the counties in 2014. An examination of each of the County's housing plans as well as discussions with program directors confirms that all counties use the funds for first-time homeownership and rehabilitation of homes owned by low-income households. There is no set-aside for the development of low-income housing, or rent/utility assistance to prevent homelessness. State Apartment Incentive Loan Program (SAIL) is managed by the Florida Housing Finance Corporation. There have been no SAIL applications from any County in the CoC in five years because of the lack of affordable housing developers with the capacity to compete at the state level. The CoC has inadequate resources to incentivize set-asides at the local level.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

## 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

<b>Foster Care:</b>	<input checked="" type="checkbox"/>
<b>Health Care:</b>	<input checked="" type="checkbox"/>
<b>Mental Health Care:</b>	<input checked="" type="checkbox"/>
<b>Correctional Facilities</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

<b>Foster Care:</b>	<input type="checkbox"/>
<b>Health Care:</b>	<input type="checkbox"/>
<b>Mental Health Care:</b>	<input checked="" type="checkbox"/>
<b>Correctional Facilities:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness. (limit 1000 characters)**

FL517 has two staff and an ARD of \$220,000, making it necessary to prioritize discharge planning efforts. The CoC is participating in a new state-wide Substance Abuse/Mental Health Department initiative to partner with the managing entities that cover its counties to implement an articulated discharge process, with housing capacity, client eligibility and discharge protocols in draft stage. Correctional institutions, health care and foster care have state or institutional mandates regarding discharge planning. The CoC will use its 2014 Planning Grant to coordinate a regional meeting for both corrections and health care facility to explore current practices, estimates of discharges to homelessness and potential best practices that may be implemented. The State Foster Care system is a highly-resourced program with assistance with employment and living stipends for foster care participants in certificate training or college. CoC 2016 planning funds will address foster care.

## 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)**

FL 517 includes six counties in south-central Florida with 250,000 persons in the rural 5000 square mile CoC, with the highest unemployment rates in the state, and the lowest per capita income. There are 350 beds with more than 900 unsheltered homeless in the CoC, and limited services capacity.

Outreach: There is no HUD-funded outreach. Two PATH and FACT teams coordinate outreach with the CoC, use HMIS, and complete VI-SPDAT on clients. Faith-based outreach teams in 3 of the 6 counties meet informally with the CoC but do not use HMIS. Both PHAs refer ineligible homeless families to the CoC.

Advertising: FL 517 is using HUD Planning Grant for an 800 number advertised to all CoC partners in 2016.

Referrals: The CoC's "open" HMIS provides screening/assessment for proper referral. HMIS participation must be expanded in 2016, including non-traditional settings (United Way, faith providers). The 2016 PIT will include a registry developed with the PATH and FACT teams.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food banks and pantries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CareerSource state employment offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based service and housing providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	<input style="width: 90%;" type="text" value="2"/>
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	<input style="width: 90%;" type="text" value="0"/>
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	<input style="width: 90%;" type="text" value="2"/>
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	<input style="width: 90%; background-color: #cccccc;" type="text" value="100.00%"/>

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="checked" style="width: 50px; height: 20px;" type="checkbox"/>
<b>Performance outcomes from APR reports/HMIS</b>	
Length of stay	<input checked="checked" style="width: 50px; height: 20px;" type="checkbox"/>
% permanent housing exit destinations	<input checked="checked" style="width: 50px; height: 20px;" type="checkbox"/>
% increases in income	<input checked="checked" style="width: 50px; height: 20px;" type="checkbox"/>
Increase in mainstream benefits	<input checked="checked" style="width: 50px; height: 20px;" type="checkbox"/>

<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
<b>Need for specialized population services</b>	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>
<b>None</b>	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

FL517 considered severity and vulnerability faced by the subcontractor’s clients. The CoC’s only HUD-funded housing serves chronically homeless households, including families with children meeting HUD eligibility requirements in a PSH setting. The subcontractor is a mental health/substance abuse service agency with the licensing to serve the population. The agency uses Housing First and prioritizes clients with substance abuse, mental illness, functioning impairments, high utilization of local services, and households coming from the streets with children. Criminal records (other than drug manufacturing, dealing, sexual crimes, and violent felonies) are not an impediment to admission. Clients with no or low income are admitted, as the agency prepares SOAR disability applications. APRs for four years have shown excellent outcomes (80% of clients stay longer than one year; 90% of discharged clients move into another form of permanent housing).



**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)**

The review, ranking and selection criteria, including priority listings were published on the CoC's website (attachments provided) on November 17, 2015. In addition, the CoC held a quarterly CoC meeting with 30 agencies represented on November 12, 2015 where the review, ranking, selection criteria, and priority listings were distributed.

FL517 has applied for a Rapid Rehousing Bonus project; the subcontractor has not been selected. An RFP was published on November 15, 2015. The RFP was distributed at the CoC November 11, 2015 meeting and a review of HUD requirements, agency capabilities, client eligibility, match and leverage was completed followed by Q&A.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)** 11/18/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** No

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 11/12/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC Executive Director provides oversight of the PSH renewal grant, including review of APRS before they are submitted, expenditure drawdowns and renewal grant applications. The Executive Director does twice yearly onsite monitoring which includes case file level review to confirm documentation of client eligibility, homeless status, case management plan and services provided, substance abuse recovery, compliance with mental health medication, SOAR applications and other benefits. Barriers to clients' progress and stability are addressed during case file review. Childrens' needs are reviewed and assessed, including McKinney-Vento issues. Data quality is reviewed monthly through HMIS data quality records. The subcontractor is required to report any changes in staff within 48 hours of staff change, with resumes documenting the qualifications of new staff. The subcontractor provides critical incident reports within 24 hours of their occurrence.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC’s governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** page 8 -- governance charter

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** Client Track  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Client Track  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Single CoC

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$33,344
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$33,344</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-2.3 Funding Type: State and Local**

Funding Source	Funding
City	\$0
County	\$0
State	\$14,000
<b>State and Local - Total Amount</b>	<b>\$14,000</b>

**2B-2.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$0
<b>Private - Total Amount</b>	<b>\$0</b>

**2B-2.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$47,344</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 04/07/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	129	47	19	23.17%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	131	18	34	30.09%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	54	0	54	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)**



The 23.17% HMIS coverage for emergency shelter beds is a result of faith-based providers and Rescue Missions who are unwilling to participate in HMIS. The 30.09% HMIS coverage for transitional housing is a result of faith-based providers who are unwilling to participate and a Public Housing Authority that has not yet agreed to participate in HMIS.

The highest operating priority for FL517 is the expansion of HMIS usage in 2016. HCCH has contracted with a Client Track consultant who will provide individualized presentations to all non-HMIS shelter providers. Funding is coming from HUD-HMIS funding and the HUD Planning Grant. The consultant has successfully integrated faith-based providers into HMIS in other CoCs and will use the success stories from those implementations to expand HMIS participation.

The HCCH Executive Director and our HMIS consultant are consulting with PHA which operates transitional housing to determine if exporting data can be achieved.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	4%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	4%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 0

**2D-4. How frequently does the CoC review data quality in the HMIS?** Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

Two Federal agencies with HUD-VASH vouchers are located in West Palm Beach and Tampa, both outside the CoC service area. The state VA office has communicated to both agencies that services and HUD-VASH vouchers must be offered to vets in FL-517 counties. FL517's Executive Director will be working with the state office for services, housing and HMIS participation. There are no GPD programs in the CoC region. There is one SSVF provider in Sarasota (outside of CoC) who is obligated for services in Desoto County. The ED will meet with the agency to open service access. HMIS participation will be required. Our CoC is unable to identify a RHY service agency within 150 miles of any county; there are none in the CoC region.

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/30/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/07/2015

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
PIT survey interviews with ALL sheltered homeless clients	<input checked="" type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

FL 517 has less than 50% coverage of HMIS beds in the CoC, due to discomfort of faith-based providers in participating in a "Federal" program. Limited HUD funding makes HMIS participation based on HUD grant allocation unrealistic.

To complete a thorough sheltered PIT, the CoC chose to have a printed survey completed for every client in all the shelter beds in the continuum. All non-HMIS agencies were contacted and provided samples of the survey. Staff training was completed by CoC staff. The agencies' staff were able to complete surveys on each client served on the day of the count. Surveys were returned to FL517. Surveys were input into HMIS to capture all data, including subpopulation characteristics. FL517 was fortunate to attain 100% participation in this methodology. HMIS participating agencies used the same process, with CoC staff comparing PIT data with client data in HMIS.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

FL517 did not use sampling or extrapolation. FL517 used the same strategies for the 2014 PIT and the 2015 PIT process. However, prior to the 2015 PIT process CoC staff visited with each agency's leadership to encourage and confirm participation, which resulted in 100% participation of HIC agencies as well as 100% participation of bed survey reports.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes**

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

Two additional faith-based providers participated in the 2015 PIT sheltered count. Other faith-based providers completed surveys more accurately or completely, improving the data collected in the 2015 PIT sheltered census report.

## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

FL517 used the same strategies for the 2014 PIT and the 2015 PIT process. However, prior to the 2015 PIT process the CoC staff expanded its Planning Task Force to incorporate agencies representing additional sites where homeless clients were being served, thereby expanding the base of PIT operations.



## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/30/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** No

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/07/2015

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Interviews with each unsheltered client	<input checked="" type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

FL517 encompasses 5000 rural square miles with a total population of 250,000. Outreach teams include PATH, FACT and faith-based church teams and provide limited coverage. As a result the CoC chose 2 strategies, with HMIS as a validation tool. Two regional meetings of CoC partners identified the known locations of camps and gathering places of unsheltered homeless persons. Trained volunteers provided additional capacity to go to those locations and personally interview unsheltered clients. The service-based count included survey interviews conducted at food banks and other service providers. The completed surveys were input into HMIS to dedupe results and include existing HMIS data.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

There was no change in methodology between the 2014 and 2015 PIT unsheltered count.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input checked="checked" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="checked" type="checkbox"/>
Survey question:	<input checked="checked" type="checkbox"/>
Enumerator observation:	<input checked="checked" type="checkbox"/>
De-duping process	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

County code enforcement and local police observations were used to expand the list of known camps in the region. Volunteers were provided more intensive training including role-playing to sharpen interview skills and engage volunteers observation of clients during interviews to provide accurate data on sub-populations. Several motivational interview techniques were modeled as well.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,346	1,332	-14
Emergency Shelter Total	121	129	8
Safe Haven Total	0	0	0
Transitional Housing Total	113	149	36
Total Sheltered Count	234	278	44
Total Unsheltered Count	1,112	1,054	-58

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	589
Emergency Shelter Total	363
Safe Haven Total	0
Transitional Housing Total	226

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

With no available HUD funding, the CoC successfully applied for a State Challenge Grant (\$237,000) to prevent and rapidly rehouse individuals and households in the CoC. Final results using ESG CAPER outcomes show that 135 households with more than 540 individuals were served. During grant implementation the following risk factors emerged: unanticipated reduction in employment income, loss of child care, sudden medical expense, transportation costs caused households with children to be evicted. The CoC could not ignore unsheltered chronically homeless with income who had not previously been offered financial assistance. Disabled homeless persons had not been provided SOAR assistance to receive eligible SSI, SSDI benefits limiting income and benefits.

Coordinated entry helped the CoC target funds to households on the verge of eviction; Goodwill Industries and Salvation Army centers were key access points to identify eligible households and begin immediate intervention.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

The ESG grant and Challenge Grant required referrals from outreach teams, service agencies, faith-based providers who were instructed to identify clients with the longest history of homelessness. After HMIS input and assessment, 185 households with the highest scores were prioritized for case management and financial assistance. Low HMIS participation by faith-based agencies and some service providers required this process. The process reduced the period of homelessness for 185 households.

Two changes in attitude occurred: 1) more non-HMIS agencies expressed interest in HMIS participation; 2) local community leaders were made aware of the shortage of financial assistance to prevent homelessness or rapidly rehouse households. The CoC works in a conservative political environment which does not normally embrace financial assistance for homeless households.

**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	0
Of the persons in the Universe above, how many of those exited to permanent destinations?	0
<b>% Successful Exits</b>	<b>0.00%</b>

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	44
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	41
<b>% Successful Retentions/Exits</b>	<b>93.18%</b>

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

The CoC is addressing two conditions that are barriers to reducing the rate of individuals who recidivate. ONE/ identification: HMIS coverage is less than 50% for ES and TH. Outreach teams other than PATH are faith-based and do not use HMIS. Strategy 1: In 2015 the CoC hired an HMIS consultant to encourage individual service/shelter providers to participate in HMIS through specialized HMIS demonstrations. In 2016 high participation rates will improve the comprehensive reporting on this data set and broader implementation of coordinated assessment will improve outcomes.

TWO/ minimizing returns strategy: 2) increasing funding through grants to nontraditional funders such as foundations and businesses to fund sufficient rehousing financial assistance. 3) recording in HMIS the reasons for return to homelessness to modify future case management strategies.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

(1) ACTS permanent supportive housing links clients with CareerSource and Goodwill Industries to explore opportunities for part-time and/or supervised work programs to create or increase employment income.

(2) Clients with disabilities are linked with medical partners to document disability; (3) case managers use the SOAR process to apply for expedited approved of such cases. (4)ACTS Permanent Supportive Housing program includes a comprehensive review of all eligible mainstream benefits for each individual/household served. Case managers assist clients to apply for all eligible benefits. (5)Clients are linked to child care vouchers to support employment outside the home.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

The CoC partners with CareerSource and Goodwill Industries to refer clients who need full-time, part-time and/or supported employment opportunities. In 2015, the CoC co-located its State prevention/rapid rehousing grant at two Goodwill Industries offices to encourage immediate connections for clients. CareerSource has begun sending weekly emails with lists of jobs to the CoC, which circulates them throughout the Continuum of Care. This type of communication is important because distances to CareerSource in this large rural CoC can be 120 miles, one way.



**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?**

**(limit 1000 characters)**

There is no HUD-funded outreach. Two PATH and FACT teams coordinate outreach with the CoC, use HMIS, and complete VI-SPDAT on clients. Faith-based outreach teams in 3 of the 6 counties, meet informally with the CoC quarterly, but do not use HMIS. The CoC has introduced "case conferencing" among the outreach teams to identify common clients and develop strategies to rehouse clients. With no HUD-funded rapid rehousing funding and 100% occupancy of PSH beds in the CoC, the conferencing focuses on non-traditional sources of funding and the identification of inexpensive SRO housing for homeless clients with incomes.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**

**(limit 1000 characters)**

Not applicable

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	117	227	110
Sheltered Count of chronically homeless persons	34	25	-9
Unsheltered Count of chronically homeless persons	83	202	119

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

Total number: The significant increase in total chronically homeless persons between 2014 to 2015 was based on a more effective unsheltered PIT count in 2015 which included faith-based providers for the first time, who completed PIT surveys on each client their groups encountered. Faith-based groups provide the largest outreach capacity in the CoC, with no HUD funding, and only a PATH and FACT team for a six-county rural CoC that encompasses 5000 square miles. The reduction in the number of Chronically homeless in shelters reflected lower acuity among surveyed population.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

Current CoC PSH Inventory: All the Coc HUD-funded permanent supportive housing beds are dedicated to the chronic homeless population. The current inventory is inadequate to meet the CoC's need. The CoC needs an inventory of 150 permanent supportive housing beds which will house the current chronic homeless population of 150 in the CoC.

Strategies: 1) combine competitive State CDBG and HOME funds to purchase and rehab mixed income apartment buildings, with 130 total units; combine with Florida Housing Finance Corporation SAIL funding for affordable housing for households with 60% AMI. 2) Generate cash/in-kind donations from four major employers' foundations for capitalized operating budget for first two years of operation. 3) Apply for State CDBG and ESG funding for supportive services and case management for tenants. 4) Apply for state Homeless Housing Assistance Grant (HHAG) funding to rehab and bring on line 20 additional units.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

Progress: 1) combine competitive State CDBG/HOME funds to purchase and rehab 130 total units; combine with Florida Housing Finance Corporation SAIL funding for affordable housing for households with 60% AMI. Update: all six counties declined to apply for State CDBG/HOME funding for this purpose. 2) Generate donations from employers' foundations for capitalized operating budget. Update: Without the collaboration of the counties, requests for capitalized operating budgets were unnecessary. 3) Apply for State CDBG and ESG funding for supportive services and case management for tenants. Update: all six counties declined to apply for CDBG and ESG funding for supportive services/case management. 4) Apply for State Homeless Housing Assistance Grant (HHAG) funding to rehab and bring on line 20 additional units. Update: The Florida legislature declined to fund the HHAG grant. In 2015-2016, the CoC will redouble its efforts to gain support for these initiatives from County governments.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	44	44	0

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

In the 2014 CoC application FL517 applied for PSH with rent/utility assistance for chronically homeless individuals and families with the local PHA as the subcontractor. Leverage funding was low; the CoC scored 147 (from the previous year's 45) in overall score, but did not make the cut. In 2015-2016, the CoC Board and Executive Director will invest substantial time in educating local County governments (who must apply for non-entitlement jurisdiction funding from the state) on the actual annual cost to Counties of maintaining a homeless person on the street (\$25,400) and encouraging a newly formed regional Affordable Housing Coalition to focus on PSH for chronically homeless persons.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** No

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** not applicable

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	0
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	0
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	5
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** No

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**

To develop a system of care to reach "functional zero" the CoC will focus on overcoming 4 barriers:

- 1) The six CoC County governments have the responsibility for accessing CDBG, HOME funds from the state (non-entitlement jurisdictions). Reluctant County leadership need to be successfully lobbied to address chronic homelessness through this funding.
- 2) SAIL funding from Florida Housing Finance Corporation to develop very low and extremely low income PSH project is limited to about 2 projects per year for the state. The only business operating in the CoC will be urged by the CoC to apply.
- 3) Case management overlay services are limited because the Continuum's state mh/sa resources are split between two managing entities who must be lobbied to allocate resources to the CoC from their budgets.
- 4) The CoC has \$485,000 in unused APRN which is frozen from access due to HUD budgets. The E.D. will research options for access.

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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

With no HUD-CoC or community funding for RRH, the CoC successfully applied for a State Challenge Grant for prevention and rapid rehousing for families. The \$237,000 grant included \$185,000 for financial assistance and was operated as a pilot. program. Based on its successful implementation, the following plan was been crystalized:

- 1) The CoC will apply for the rapid rehousing bonus of \$104,000 in the 2015 CoC application. The CoC will apply for \$150,000 from private foundations for the same rapid rehousing program.
- 2) Expand the HMIS coverage into both faith-based housing and service providers to identify eligible households, thereby implementing a broader coordinated entry system – to rank households by need for assistance
- 3) introduce an 800 number for homeless referrals and screening
- 4) use case management policies, files and procedures from the Challenge Grant
- 5) engage community partners with a high number of homeless clients to operate the grants.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>



**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	158	163	5
Sheltered Count of homeless households with children:	40	63	23
Unsheltered Count of homeless households with children:	118	100	-18

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The increase in sheltered households with children from 40 to 63 was a result of reporting from faith-based providers who participated in 2015 in a written survey on each of the households they provided services for. The decrease in the unsheltered count of homeless families with children was 20%, primarily as a result of school districts reports on the number of homeless households with children who were living in places not fit for human habitation -- according to the HUD guidelines, rather than DOE guidelines.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	No
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No
Unaccompanied minors/youth below the age of 18?	No

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Engagement with DV shelters who provide human trafficking services to obtain aggregated data	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
History of foster care system participation	<input checked="" type="checkbox"/>
History of mental health/substance abuse needs	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	0	0

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

There are no HMIS programs for this cohort in the CoC and the CoC has no reliable data on unaccompanied youth and children, or youth headed households being served in the CoC. As noted below, there is no funding within the CoC for these cohorts. The only consistent source of data is the School Liaison Program report published by each school system; even that report has limited use because all but one category do not meet HUD requirements.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$0.00	\$0.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	4
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	0

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

The CoC works closely with the six county education liaisons to monitor the changes in the number of homeless children attending public schools in each district. The SEA have trained the CoC to interpret and understand the categories being reported in their reports; the CoC has defined HUD eligibility guidelines for the SEA. The LEA all participate in the PIT count each year. The state liaison Lorraine Allen has been helpful in supporting local reporting, as only 3 of the six counties have a homeless liaison funded program. The LEAs include events for their homeless children for inclusion in CoC emails. They are reliable attendees at CoC planning meetings.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

The CoC has incorporated the DOE McKinney-Vento rights and responsibilities into its operating practice. Both CoC and ESG programs included policies and an information sheet for households with school age children, to ensure that their McKinney-Vento rights are enforced. Challenge Grant and ESG grant staff were trained on this topic and frequently intervened to ensure that parents' choices would be supported. RHY, juvenile justice and child welfare agencies do not reach out to the CoC, most likely because there are no resources available through the CoC, and regionally, emergency foster care program, TANF funding, and DCF case management are the default system of care.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	0	50	50
Sheltered count of homeless veterans:	0	0	0
Unsheltered count of homeless veterans:	0	50	50

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

Expanding relationships with county veteran services officers helped "on the ground" reporting. A regional American Legion District office agreed to coordinate communication among its 15 separate agencies both for PIT, number of homeless and need for services.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)**

Two Federal agencies with HUD-VASH vouchers are located in West Palm Beach and Tampa, both outside the CoC service area. The state VA office has communicated to both agencies that services and HUD-VASH vouchers must be offered to vets in FL-517 counties in 2015-2016.

There are no GPD programs in the CoC region. There is one SSVF service provider in Sarasota (outside the CoC) who is obligated for services in Desoto County. The ED will meet with the agency to open service access. HMIS participation will be required.

The CoC has scheduled a 6-county veterans service officer meeting to obtain data on the types of services they most frequently provide. The CoC will introduce an HMIS intake to encourage service officers to complete surveys on homeless veterans they encounter. By developing a homeless veterans list, the CoC can advocate for services from 3 agencies outside the Continuum responsible for veteran services.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)**

The CoC is still in the discovery phase to determine a reliable homeless veteran count in the six county region. With that data and briefings from county veteran service officers, the CoC will have the information needed to match NON-CoC funded resources for veterans. There are NO CoC-funded resources available for this population.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	0	50	0.00%
Unsheltered count of homeless veterans:	0	50	0.00%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** No

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

Two Federal agencies with HUD-VASH vouchers are located in West Palm Beach and Tampa, both outside the CoC service area. The state VA office has communicated to both agencies that services and HUD-VASH vouchers must be offered to vets in FL-517 counties in 2015-2016. FL517's Executive Director needs support from VA regional offices to help him advocate on behalf of veterans "lost" in the six rural counties of the Continuum. Monitoring by the VA as to whether clients from "claimed counties" are actually receiving services would be helpful.

The CoC has scheduled a veterans service officer meeting with the CoC staff to obtain data on services requests being presented. In February 2016 county veteran service offices will begin using HMIS surveys for veterans who appear homeless. With a comprehensive list of homeless veterans, the CoC leadership can advocate for services for the 3 agencies outside the Continuum responsible for veteran services.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	2
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	2
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**



FL517 is located in Florida, which is not a Medicaid Expansion State. Further, the Florida Department of Health has been forbidden from providing health navigators to give access to the Affordable Care Act and provide guidance. There are more than a dozen community clinics in the six-county CoC that offer ACA enrollment.

Extremely low income and/or homeless clients are served by Samaritan's Touch Care which provides free primary and specialized medical care to people with no medical insurance of any kind whose income is at or below 200% of Federal Poverty guidelines. The agency serves more than 9000 persons at its two locations annually. The CoC is assisting the agency to apply for funding from HRSA for Health Care Center for the Homeless funding in 2016. The agency will be a site for the 2016 PIT count. Finally, the agency has agreed to provide twice-yearly reports on the number of homeless clients served and the types of medical, behavioral needs being met within the cohort.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	2
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	2
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	2
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	2
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input type="checkbox"/>
Providing information at high-volume service centers	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)**

not applicable

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

not applicable

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

not applicable

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** No

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

<b>CoC Governance:</b>	<input type="checkbox"/>
<b>CoC Systems Performance Measurement:</b>	<input type="checkbox"/>
<b>Coordinated Entry:</b>	<input type="checkbox"/>
<b>Data reporting and data analysis:</b>	<input type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:</b>	<input type="checkbox"/>
<b>Maximizing the use of mainstream resources:</b>	<input type="checkbox"/>
<b>Retooling transitional housing:</b>	<input type="checkbox"/>
<b>Rapid re-housing:</b>	<input type="checkbox"/>
<b>Under-performing program recipient, subrecipient or project:</b>	<input type="checkbox"/>
	<input type="checkbox"/>
<b>Not applicable:</b>	<input checked="" type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

## **Attachment Details**

**Document Description:** FL517 rejected applications

## **Attachment Details**

**Document Description:** 2015 CoC application posting

## **Attachment Details**

**Document Description:** FL 517 Rating Priority Ranking Funding

## **Attachment Details**

**Document Description:** FL 517 Rating, Ranking Review documentation

## **Attachment Details**

**Document Description:** Reallocation FL517

## **Attachment Details**

**Document Description:** FL 517 Governance Charter

## **Attachment Details**

**Document Description:** FL517 HMIS P&P small file size

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Arcadia Housing Authority doc.

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** AVON Park LULA -- Lakeside PHA

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**



## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/14/2015
<b>1B. CoC Engagement</b>	11/20/2015
<b>1C. Coordination</b>	11/20/2015
<b>1D. CoC Discharge Planning</b>	11/17/2015
<b>1E. Coordinated Assessment</b>	11/20/2015
<b>1F. Project Review</b>	11/20/2015
<b>1G. Addressing Project Capacity</b>	11/20/2015
<b>2A. HMIS Implementation</b>	11/20/2015
<b>2B. HMIS Funding Sources</b>	11/20/2015
<b>2C. HMIS Beds</b>	11/17/2015
<b>2D. HMIS Data Quality</b>	11/16/2015
<b>2E. Sheltered PIT</b>	11/18/2015
<b>2F. Sheltered Data - Methods</b>	11/20/2015
<b>2G. Sheltered Data - Quality</b>	11/20/2015
<b>2H. Unsheltered PIT</b>	11/18/2015
<b>2I. Unsheltered Data - Methods</b>	11/20/2015
<b>2J. Unsheltered Data - Quality</b>	11/20/2015
<b>3A. System Performance</b>	11/20/2015
<b>3B. Objective 1</b>	11/20/2015
<b>3B. Objective 2</b>	11/20/2015
<b>3B. Objective 3</b>	11/20/2015
<b>4A. Benefits</b>	11/18/2015
<b>4B. Additional Policies</b>	11/20/2015
<b>4C. Attachments</b>	11/20/2015
<b>Submission Summary</b>	No Input Required