

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: WA-504 - Everett/Snohomish County CoC

1A-2. Collaborative Applicant Name: Snohomish, County of

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Snohomish, County of

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Homeless Policy Task Force (Advocacy)	Yes	Yes	Yes
Supported Employment	Yes	Yes	Yes
Philanthropic & Business	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness 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.

Public invitations via website and email distribution lists solicit new board members annually, including representation from local organizations/individuals with knowledge of homelessness such as law enforcement and youth.

Law enforcement: The Sheriff rep sits on the Strategic Planning Committee. The Chronic-Utilizer Alternative Response Team is a team of criminal justice, emergency response, and social services who collaborate to provide alternative services/housing for high needs homeless persons with high utilization rates for these systems. This includes embedded social workers who work with law enforcement to connect people to treatment/services/CE.

Youth: The largest youth serving org, Cocoon House, provides input on youth homelessness for the CoC, Data Analysis Committee. Cocoon House provides information to the CoC regarding youth needs in our community based on their outreach, shelter, housing, and prevention programs.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Cocoon House	Yes	Yes	Yes
Friends of Youth	Yes	No	No
Housing Hope	No	Yes	Yes
Youthnet	No	No	No
Housing Authority of Snohomish County (Family Unification Program Vouchers)	No	Yes	Yes
Workforce Snohomish (youth programs)	No	Yes	Yes
Compass Health (youth crisis intervention)	No	No	No
Catholic Community Services (youth chemical dependency services)	No	Yes	Yes
YWCA (Pathways to Work youth employment)	No	Yes	Yes

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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Domestic Violence Services of Snohomish County	Yes	Yes

1B-2. 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 new projects in 2016. (limit 1000 characters)

A Funding Notice for renewal & new projects was announced via extensive distribution list of 200+ recipients & posted to the County website. An application workshop was held for previously unfunded entities & renewal agencies. Collaborative Applicant was available to provide info/TA to interested parties. Applications were evaluated by the Project Review Committee using Scoring Instructions & Ranking Policies approved by the CoC Board Application Oversight Committee. New & renewal projects were scored using objective criteria, including HEARTH measures. Poor performing renewals could be ranked lower; new projects meeting both HUD priorities & local needs by improving the CoC's outcomes & reducing homelessness more effectively than a renewal could be ranked higher. Also considered: whether the project serves those with the longest histories of homelessness/most severe service needs, is housing first & low-barrier, and agency experience/capacity to operate CoC Program and/or HUD funds.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC collaborated with 3 of 3 Con Plan jurisdictions. County CoC & Con Plan staff are co-located within the same Division & work together. CoC staff coordinates activities with CoC Board/committees, housing/service providers/stakeholders, Everett, a CoC member & Marysville, a CoC committee member. The CoC, County & Everett participate in CoC meetings-2hrs/bi-monthly & Board meetings-2hrs/qrtly. The County holds a consultation meeting for ESG funds with the CoC-1.5hrs/biannually for 2 years of funding; input is provided via email. CoC staff provide County & Everett/Marysville Con Plan staff with PIT, HMIS and outcome data for ESG-funded activities and other required information for the Con Plan, Action Plan & CAPER-est-40hrs/year. CoC staff evaluate CDBG, HOME and ESG applications for homeless projects for consistency with the CoC's Homelessness plan-est-4hrs/annually. The County also receives State pass-through ESG funds that are coordinated/consistent w/ State & local Con Plans.

1C-2b. Based on the response 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)

The CoC Board has delegated the CA to consult with State & local ESG recipients on the plan for allocating ESG funds & reporting on/evaluating ESG subrecipient performance. The County is the CoC CA & ESG recipient. CA, Con Plan & ESG staff are co-located within the same Division and work together. CA consults with CoC & ESG sub/recipients biannually on community need/ESG allocation priorities. CA & HMIS Lead provide Con Plan & ESG staff with local PIT, HMIS, ESG-annual outcome data. Input received is used to help ID priority needs, make funding recommendations & develop 5-yr Con Plan goals that guide investment of ESG funds. ESG activities must be consistent with CoC's homeless planning. CA works in collaboration with CoC's Data & Analysis Committee to establish performance measures & evaluate ESG-outcomes, ensuring compliance with requirements & identifying performance barriers. CA receives State pass-through ESG funds that are coordinated/consistent with State & local Con Plans.

1C-3. Describe 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)

Domestic Violence Services (DVS) & non-victim CE sites prioritize safety & equitable access to housing/services for persons fleeing all forms of DV. DVS CE navigators work w/ DV victims to connect them to their choice of housing/services at DVS & the full range of housing/resources available through CE (incl. CoC, ESG, other private/local (Ending Homelessness Program)/St (Consolidated Homeless Grant)/federal (DOJ-OVW, HHS-RHY, CSBG) programs). DVS receives CoC & state-funded RRH to quickly move families to safe housing of their choice. DVS receives CE referrals from housing/service agencies, community justice programs, law enforcement via 24hr hotline. DV victims who present at non-victim service providers are offered a DVS referral but can work with any CE site. All sites coordinate with DVS on safety planning/connection to DVS programs as appropriate & use a unique identifier & secure/confidential methods of communication to coordinate to protect personally identifiable information.

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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Everett Housing Authority	33.00%	Yes-HCV
Housing Authority of Snohomish County	8.00%	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)

- PBVs (PHA): 2015: CoC had 333 vouchers for homeless households referred from CE
- Housing & Recovery through Peer Services (North Sound Mental Health Administration): rent subsidies for individuals with behavioral health issues; prioritizes discharges from inpatient treatment into homelessness
- Consolidated Homeless Grant (WA St Dept of Commerce): RRH; set-a-side for families on TANF; short-term rental assistance for homeless or at-risk

- Ending Homelessness Program (Local funds from WA St document recording fees): RRH, PSH, other homeless programs
- SSVF (VA): RRH for homeless vets
- (Private funds): RRH vouchers for homeless vets
- RHY (FYSB funds): TH for youth
- HOME, AHTF, Sales Tax: capital development of subsidized rental units for homeless; 2006-2015: capital funds for construction of 54 rental units; 92 additional units in progress
- HOME (City of Everett): TBRA for CH high utilizers of services
- Success (Sales Tax): TBRA for CH high utilizers of services

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.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Implemented options to provide housing/services to chronically homeless and other high utilizers of emergency systems, including contact with law enforcement and intermittent time in jail, often precipitated by drug use: -Capital development underway to offer short-term housing (90 days) for adults with mental health/substance use disorders being discharged from jail or to divert people from jail -County coordination with municipalities to assist as requested with their implementation of these strategies -Embedded social workers accompany Everett Police Community Outreach & Enforcement Team and local Sheriff to help homeless individuals on the street to navigate treatment, housing, and resources needed	<input checked="" type="checkbox"/>
Implemented low-barrier housing: -Low-barrier HOME TBRA project -County-funded RFP to municipalities to implement low-barrier/housing first projects. Project selected by local city and in predevelopment stage. Priority population: homeless on the streets/in encampments -New 20-unit PSH for veterans -Establish low-barrier shelter beds	<input checked="" type="checkbox"/>
Implemented government activities: -Municipal diversion opportunity for low-level offenders to complete community service as an alternative to prosecution. The local program works in cooperation with the Friendship Diversion Services organization that continues to implement state-wide efforts to expand similar diversionary programs -Implemented Chemical Dependency and Drug Courts to better serve the community by addressing public safety and the expedited reunification of children with their parent(s) by reducing criminalization of persons with mental illness or chemical dependency, and promoting systems collaboration	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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.

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<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) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not Applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**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)**

CE covers entire CoC area & is accessible to those least likely to have access, incl. persons w/ disabilities: outreach/encampment staff, behavioral health navigators & law enforcement-embedded social workers link high-barrier/CH persons. CE incl. special navigators for employment, in schools, at PHA, jail. CE navigators provide deposits/rent asst for quick access to PH; persons needing add'l support are referred to a housing program w/ goal of obtaining PH w/in 30 days. CE referrals to housing/services available at 10 sites (at housing/service providers incl. rural areas & County (CDBG/HOME/ESG entitlement jurisdiction) & phone 24hrs/day; sites posted to CE website & are accessible via public transport. Standard assessment determines eligibility, program match & prioritization based on time homeless, severity of service needs, vulnerability & vet status. CE is housing first/low barrier. Special pathways for youth/DV victims. Vet providers hold weekly by-name conferences w/ CE staff.

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 there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-1-1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Workers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VASH Case Managers/SSVF	<input type="checkbox"/>	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	19
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	6
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 2016 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<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)

Project Review Committee reviewed/ranked project applications using objective Scoring Instructions & Ranking Policies approved by CoC Application Oversight Committee. Projects' population focus factored in; points for:
 -Participation in the CE system (threshold criteria) that prioritizes longest histories of homelessness & most severe service needs/highest vulnerabilities; consideration of high service needs: medical fragility, high utilization of crisis/emergency services & tri-morbidity; other vulnerability factors: threat of victimization, unsheltered children, pregnancy
 -Low barrier/housing first: low/no income, current/past substance abuse, criminal/eviction records, victims of DV
 -PSH dedicated to CH, RRH for youth and/or families with children
 Ranking Policies included HUD policy priorities, such as ending chronic homelessness & using a housing first approach. CH dedicated projects were ranked higher, unless there were performance issues, while considering population served.

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. Evidence of the public posting must be attached. (limit 750 characters)

-Application Oversight Committee (AOC) of the CoC Board approved Scoring Instructions with objective criteria on 6/13; approved Ranking Policies that included HUD policy priorities/local need on 7/8
 -Local Funding Notice for renewal/new projects released (posted to County website & sent via distribution list of 200+ recipients) on 6/13; posting included Local Applications & Scoring Instructions
 -Project Review Committee (PRC) reviewed/ranked projects on 7/15; AOC approved PRC ranking on 7/22

-Applicants notified on 8/5 of project inclusions/rejection. CoC Rating and Review Procedure, including Funding Notice/Scoring Instructions/Ranking Policies/Processing for Reallocating and project ranking publicly posted to County website on 8/5

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/09/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/05/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Criteria/processes: County monitors subrecipient performance at least annually using Monitoring Guide for Subrecipients. Remote (review of APR/HMIS data reports/invoices) & on-site (file review/interviews) monitoring include review of utilization/housing stability/client eligibility/destination at exit/client income/mainstream benefits. On-site monitoring tools/forms include: entrance conference/monitoring worksheet to review compliance with CoC interim rule & project application (i.e. eligibility, target subpopulations, on-going assessments, lease agreements, rent reasonableness, HQS, etc.)/sample monitoring letters. Assess project capacity to implement the CoC requirements: risk assessment & annual competition's scoring criteria for timely submission of APR & invoices (for quarterly eLOCCS draws). CoC Board ratifies competition rating/ranking recommendations, allowing Board to monitor performance annually. Data Committee monitors system data & reviews/approves system performance.

1G-2. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA. GC Attachment B: Division of Responsibilities, pages 1-3 (PDF p. 11-13); GC, Attachment F: HMIS Governance Charter, pages 1-3 (PDF p. 19-22)

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 Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software ClientTrack

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Eccovia

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	\$212,216
ESG	\$25,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$237,216

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
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$100,000
State	\$45,000
State and Local - Total Amount	\$145,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$250,000
Private - Total Amount	\$250,000

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$632,216
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	460	52	403	98.77%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	161	16	134	92.41%
Rapid Re-Housing (RRH) beds	306	42	264	100.00%
Permanent Supportive Housing (PSH) beds	1,364	0	1,058	77.57%
Other Permanent Housing (OPH) beds	493	58	427	98.16%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The HMIS bed coverage rate for Permanent Supportive Housing is 77.6%, which is under the 85% target by 7.4%. There were 259 non-HMIS participating beds that are supported by the HUD-VA Supportive Housing (HUD-VASH) Program; this program does not currently participate in HMIS. These 259 beds represent 19% of the total PSH beds reported in the HIC; not counting these HUD-VASH beds, the HMIS Bed Coverage Rate for PSH would have been 95.7%. All participants of HUD-VASH are entered into CE. The following actions will be taken within the next 12 months: the CA/HMIS Lead is collaborating with the VA and PHA to work through issues of confidentiality (i.e. releases of information); once resolved, VA staff will be able to provide the data necessary to enter these beds into HMIS, while we wait for the VA to work through their process to allow VA staff to directly enter into HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input 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? Bi-Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	1%	8%
3.2 Social Security Number	5%	16%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	0%
3.7 Veteran status	1%	1%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	2%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	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	7%	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"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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 checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" 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)

The only non-participating program – VA GPD – does not exist in our community, otherwise they would participate.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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)** 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input 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)

Survey of providers: Shelter and transitional housing providers performed a complete census count of each sheltered homeless person residing in provider programs on the night of January 27, 2016. These individual project surveys

were a supplement to the HMIS data.

HMIS data was used as the final data source with the exception of our domestic violence provider and limited programs (under 5%) that do not participate in HMIS. Data collected from individual project surveys were compared to HMIS data for consistency. If inconsistencies were found, providers were required to update HMIS data for their programs before final HDX numbers were submitted. Additional training and follow up was conducted with each agency that contributed data on sheltered population totals.

This approach was selected to provide an accurate count of sheltered persons and to ensure that HMIS data was complete.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

Not applicable.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

- 1 project operated by mental health provider converted from TH to PSH (same number of beds)
- 6 projects operated by non-profit provider converted from OPH to PSH; 2 like projects for teens consolidated into 1; added 4 new PSH projects effective 1/1/2016.
- 1 new RRH project operated by victim service provider, effective 5/1/2015.
- 1 new TH, 2 new PSH projects operated by developmental disabilities services provider
- 2 like PSH projects consolidated into 1 by social services provider: same coverage provided to chronically homeless individuals
- 9 projects ended from 6/30/15-12/31/15: 2 ES, 1 RRH, 1 PSH, 5 OPH projects

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 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 methods). (limit 1000 characters)

The majority of persons conducting program census counts were experienced agency staff who worked directly with those programs. Community volunteers were paired with experienced agency staff for related count duties. Data entry personnel were provided specific training and support related to the count. Minor changes to 2015 training materials and dedicated support were the result of feedback obtained from the experiences of staff and volunteers the year prior.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/27/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input checked="" 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 type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

Night of count interviews: The county was divided into 4 geographic regions. Agencies familiar with each area and its' population provided leadership. Areas were mapped to reduce duplication of coverage. Outreach included areas known to be frequented by homeless. Staging areas were advertised to draw in homeless. Meals; supplies such as clothing, shoes, backpacks, sleeping bags; and services such as insurance enrollment and medical care were provided. Service based count: Post "night of count" surveys within 3 days of the PIT count night at locations where homeless go for assistance; food banks, meals. PIT Night interviews and service based counts utilized the same survey tool. The screening collected whether the person was homeless the prior evening and if they had already been interviewed. HMIS: All survey data from all methods was entered in HMIS. Identifiers allowed duplicate entries to be removed. The CoC selected to repeat past efforts as much as possible to maintain consistency.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

Not Applicable.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Not Applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

To enhance the ability to de-duplicate the count, the survey tool was slightly changed. Instead of collecting initials and age, the 2016 surveys collected the first two letters of the first name, the middle initial, and first two letters of the last name. The survey replaced the "age" datum with "date of birth". Persons were asked if they had taken the survey at any other time during the night of the count or the period of the service-based count. HMIS staff used algorithms on personal identifiers to further de-duplicate the count. Agency leads of the geographic areas were experienced social service

staff with prior experience with PIT.
The majority of persons conducting interviews and data entry were experienced agency staff.
Community volunteers were paired with agency staff for count duties.
Interviewer training included information on the importance of obtaining certain data elements necessary to de-duplicate.
Data entry personnel were provided specific training and support.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	829	960	131
Emergency Shelter Total	378	366	-12
Safe Haven Total	0	0	0
Transitional Housing Total	139	123	-16
Total Sheltered Count	517	489	-28
Total Unsheltered Count	312	471	159

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,993
Emergency Shelter Total	1,808
Safe Haven Total	0
Transitional Housing Total	318

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 of becoming homeless.

(limit 1000 characters)

There were 349 fewer first-time homeless in ES/SH/TH/PH in FY2015 from FY2014. 78% of persons who enrolled in CE between 07/2015 and 06/2016 had never had a previous HMIS enrollment.

ID'ing specific risk factors:

- Community Needs Assessment for needs/services; included conditions contributing to homelessness
- Gaps analysis: needs of locally/federally prioritized populations, strategies to prevent/end homelessness, annual PIT surveys ask for reasons for homelessness, ethnographer reports of interviews with families receiving homeless services
- CE system: intake & prevention assessments to determine causes of homelessness

Strategies to prevent first-time homelessness:

- CE specialized prevention pathway: prevention navigators, eviction prevention, limited financial assistance
- Discharge navigator in county jail

Partners for those at risk:

- Dispute Resolution Center: landlord/tenant mediation, eviction prevention, services at eviction court
- Targeted prevention
- Legal assistance

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)

FY2015: time in ES/TH increased to 58 days (median) from 50 but decrease of persons in ES/TH by 12%. Low-performing TH reallocated to PH; households served in RRH increased 11%.

- Ongoing efforts: Housing first/low-barrier CE, prioritize longest time homeless; Coordinate with embedded social workers/first responders/behavioral health navigators to connect to CE; Consider special population needs (DV/youth/vets/families); Employment services/connect to mainstream services/SOAR training; Collaborate with municipalities for strategies to prevent/end homelessness; Evaluate options to address extremely low vacancy-0-2.5% for studio/1bd
- Track time homeless: track time from CE enrollment to housing placement, time in program; dashboards track performance by system, specific subpopulation
- Planning: evaluate CE/housing placement process/project performance; use data to inform process improvements/streamline
- CoC/ESG data used to strategically allocate resources & inform CE prioritization

*** 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:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	125
Of the persons in the Universe above, how many of those exited to permanent destinations?	107
% Successful Exits	85.60%

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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	629
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?	589
% Successful Retentions/Exits	93.64%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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)

FY2015 return rate is 6% at 6 months. How it will be reduced:
 -Prevention prioritized for persons with prior homelessness
 -System benchmarks for returns; monitor project progress toward meeting outcomes
 -Housing Retention Specialist: outreach to landlord engagement specialist/prevention navigators/housing providers re: availability of landlord mediation services
 -Ethnographer reports of interviews with families receiving homeless services to ID reasons for returns

- Returners referred to same navigator for continuity of care
- Focus on specific subpopulations with higher return rates, including youth
- Strategies to ID returners:
 - CE system identifies returns
 - Examine trends that impact returns
- Use of HMIS to monitor/record returns:
 - HMIS records history of enrollments, including assessments; CoC reviews HMIS data quality monthly incl. de-duplication to ensure ID of returners
 - Dashboards calculate return rates closer to real time than HEARTH; allows for more frequent analysis

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

- Strategies developed:
- Project performance evaluation to understand gaps/strengths/provide TA
 - SOAR training
 - Integrate employment services at CE/shelters
 - Strengthen pathways between homeless housing & mainstream employment services
- Strategies implemented by CoC projects:
- Supported employment pilot project for TANF families with mental health barriers working with CE navigators or enrolled in RRH
 - Piloting employment services tailored for RRH participants
 - CoC funded agencies are Washington Connections sites so that participants can apply for public benefits
 - Connect to employment navigators at WorkForce Snohomish
- Assistance to CoC projects to implement strategies:
- CA financial support to use employment assessment/planning tool assists staff in developing employment/education plans
 - TA
- CoC projects' success at increasing income in FY2015:
- 47.7% increased their total income from entry to exit; 13% increased earned income; 82% of households exited with non-cash income

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 supports & staffs a CoC Board employment committee with representatives from Workforce Snohomish, DSHS Workfirst & Employment Security, supported employment organizations-Sunrise Services & Service Alternatives-and local homelessness service providers. The committee promotes income progression through employment & education services to CE & CoC agencies to ensure that participants are connected with appropriate programs to meet their education & employment goals quickly through provider

training, education & outreach. The CA provided private funding to employment providers & CoC agencies to use a uniform employment assessment/action-planning tool (evidenced based tool) to facilitate shared case management. A privately funded pilot project has been implemented to quickly connect local shelter participants to life-skills classes focusing on employment & financial management. 100% of CoC funded projects have clear relationships with the employment providers mentioned above.

3A-7. 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)

The CoC canvassed the whole CoC region, conducted a known locations count & service-based count, and utilized HMIS to collect & report unsheltered data. Portions of the CoC were excluded due to inaccessibility/lack of habitability.

CoC coordinated with first responders/outreach workers/persons experiencing homelessness/community based orgs (incl. housing, homeless assistance providers) to ID areas for PIT. During the year, outreach workers track the locations of encampments in HMIS; this info was used at PIT coordination meetings to ID specific areas to include. Agencies serving special populations provided outreach & input on areas to include: i.e. youth service agencies teamed to host a staging area event with meals/shoes/clothing/bus passes/service referrals.

CE navigators conducted assessments during the PIT to connect homeless individuals/ families to housing, services. VA Reps were posted at each staging area to assist with accessing VA services.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

Portions of the CoC geography such as wetlands, sloughs, cliffs, mountains, and dense woodland are inaccessible and were not canvassed. These areas

were excluded due to inaccessibility and lack of habitability based on topography, wilderness conditions and the ability of volunteers to safely access very remote areas for which there was no evidence of homeless persons. This was done in consultation with first responders, outreach workers, persons experiencing homelessness and community based organizations.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/09/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	160	254	94
Sheltered Count of chronically homeless persons	19	43	24
Unsheltered Count of chronically homeless persons	141	211	70

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
 (limit 1000 characters)**

Total PIT count of sheltered/unsheltered CH persons increased by 94. HMIS vendor has increased functionality of the HMIS platform with version 15 upgrade (Sept 2015). Instead of relying on providers with a limited data view (typically within their own agency or MOU) to identify and report CH populations, the HMIS platform views enrollments system wide regardless of MOU and accurately perform this calculation. With unsheltered populations, increased system capabilities have allowed us to identify and perform additional outreach to include families with children. Our CoC has made great progress in coordinating response to and tracking locations of homeless encampments by working with embedded social workers & law enforcement. The abrupt increase in the count of CH persons is more indicative of improved canvassing methods than an actual increase. Our CoC has experienced a severe opioid epidemic for several years that is factoring into the number of people in homeless encampments.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	533	287	-246

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

Not Applicable.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate PDF p.76-78

the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

CoC is committed to ending CH by 2017:

- All CoC-PSH beds dedicated to CH in FY2016; apply for new funds to expand PSH CH beds; City of Everett/local non-profit developing 70 low barrier units
 - CA & PHA discussing moving stable PSH residents onto HCV to free up PSH for new CH
 - Nonprofit developing PSH units for youth 18-24
 - Engage landlords to address ~0 vacancy rate for smaller unit sizes
 - Establish low-barrier shelter beds
 - Utilize RRH for CH so clients can stabilize through RRH or bridge to PSH if needed
 - CA to continue to work with CABHI funded program & mental health providers for supportive services for CH in PSH to increase access to units by CH with high service needs
 - CA to continue to work w/ Outreach & Encampment Team, behavioral health navigators & law enforcement/embedded social workers to ensure that most vulnerable CH have access to CE for housing
- However, the CoC faces significant challenges to meeting this goal:
- Severe opioid epidemic
 - Extremely low vacancy rate

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 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 strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

CE system uses a housing first/low barrier approach. Homeless families are ID'd through outreach (i.e. family resource centers) & CE advertising. For quick access to permanent housing (PH), CE navigators/shelter staff provide deposits, first/last month's rent through a flex fund so families can quickly stabilize in housing without additional support. Families needing additional supports are referred through CE to RRH; vulnerable families with long histories of homelessness/high service needs are prioritized, including CH. CoC, ESG & local RRH target those who need the most assistance obtaining & maintaining PH. Landlord Engagement Specialists provide support for successful placement & retention of hard-to-place families in private market. Local RRH Guide mandates low-barrier/housing first approach for all programs. CoC & ESG RRH outcomes include obtaining housing within 30 days. RRH funds are also targeted to shelters to promote obtaining housing within 30 days of becoming homeless.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	36	68	32

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, gender or disability 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 checked="" 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	80	88	8
Sheltered Count of homeless households with children:	75	78	3
Unsheltered Count of homeless households with children:	5	10	5

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The Total PIT Count of sheltered and unsheltered homeless households with children increased by 8. It should be noted that the number of unsheltered homeless families with children is very small, so any differences from year to year result in a greater percentage difference than the numbers they represent. This small increase may be attributed to several factors, including a rise in housing costs & declining vacancy rate. During this year's PIT count there was an unusually high average of 0.80 inches of rain throughout the county compared to a sparse 0.04 inches the night of the 2015 count. It is possible that the weather conditions resulted in more persons seeking services on the day of the count. The CoC continues to increase homeless housing capacity: last year, the CoC increased RRH beds and PSH beds for households with children by 60% & 50%. The CoC is also evaluating prevention approach to address the high percentage of first time homeless entering the system.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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 checked="" type="checkbox"/>
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Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Outreach for trafficked/exploited youth; Nat'l Safe Place; collaborate with local hospital & youth intervention agency to ID sexual assault victims	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 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"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	69	78	9

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 2015 is lower than FY 2014 explain why. (limit 1000 characters)

While the number of enrollments increased by 9 in FY2015, the unduplicated count was actually an increase of 5. Though the number was higher in FY2015, the CoC is making strides to end youth homelessness. The CoC started a youth RRH project in 2016 to serve homeless youth, including from unsheltered situations. The CoC continues to actively search for funding opportunities/partnerships to increase its capacity to serve youth.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$2,182,639.00	\$2,234,308.00	\$51,669.00
CoC Program funding for youth homelessness dedicated projects:	\$51,688.00	\$103,357.00	\$51,669.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$2,130,951.00	\$2,130,951.00	\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	21
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	4

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

CoC Board members incl. largest school district Title 1 director & County Early Learning Div. Mgr: serve on CoC Board Data & Systems Coordination Committee. Early Learning Div.:
 •Contracts w/ 9 local school districts, 3 non-profits incl. CoC agency, local Comm. College, 2 local Tribes
 •Collaborate w/ McKinney-Vento (MV) staff for services
 CoC & CoC agencies participate in school district strategic planning meeting.
 CoC CE System:

- Homeless families informed of their MV rights; CoC agencies have designated staff to ensure children are enrolled in school/connected to services
- MV liaisons have access to CE database; attend CE meetings for coordination/case staffing
- County Mental Health contracts with 2 school districts for middle school student advocates; refers homeless students to CE for services
- Schools & ECEAP sites receive regular updates on CE eligibility/access for housing/services
- Homeless families w/ children prioritized for homeless/education services

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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.
(limit 2000 characters)**

All CoC/ESG programs & CE navigators must document that they have determined if school aged children are eligible for McKinney-Vento services and if the child is engaged with a homeless liaison. If the child is not engaged, staff are required to refer the family directly to the liaison at their school of choice and document it in the client file. All CoC/ESG & CE participants with school-aged children are provided with a document that explains their rights under the McKinney-Vento Act which provides contact information for the liaison at every school district within the CoC area. Participants are asked to verify in writing that they were provided with the document & understand their rights. This form must be kept in the client file. All CoC/ESG programs & CE navigation sites are monitored for compliance with these requirements. Staff are required to document they have discussed the WA St Early Childhood Education & Assistance Program & Head Start with families who have eligible children. Participants verify in writing that they understand the services available and that their case manager or navigator can help them enroll. This document is required to be kept in the client file & programs are monitored for compliance with this requirement. Projects serving unaccompanied youth collect information regarding school history, attendance & needs related to education at intake. The information is sent directly to the McKinney-Vento liaison at the school chosen by the youth & case managers ensure that youth are connected. Agencies serving youth, schools, juvenile justice agencies & Children's Administration all utilize the youth CE system to identify participants who are eligible for CoC/ESG programs. LEA liaisons also attend CE meetings & collaborate with navigators to engage & connect eligible children to housing/services. Every effort is made to house homeless families & children in close proximity to their schools of choice.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

ChildStrive has an MOU with Housing Hope, a CoC agency, to provide:

- Early intervention
- Nurse-Family Partnerships
- In-home parent support
- Early learning and child development services
- ChildStrive also works with other CoC projects and homeless service agencies/shelters for these services

Housing Hope, a licensed childcare facility designed to serve homeless/low-income families providing:

- Free childcare open to homeless housing/shelter programs through the Homeless Child Care Program, in consortium with 7 homeless services agencies

- Childcare transportation to/from local shelters

Snohomish County Early Learning Division, providing WA St Early Childhood Education & Assistance Program and Head Start with funding and support, contracts with:

- 3 non-profits, including CoC agencies
- 9 local school districts
- 2 local tribes
- Edmonds Community College
- Everett Community College

The County Early Learning Division Manager is a CoC Board member.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	64	58	-6
Sheltered count of homeless veterans:	32	22	-10
Unsheltered count of homeless veterans:	32	36	4

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The total PIT count of sheltered/unsheltered homeless veterans decreased by 6. While the unsheltered PIT increased by 4, this may be due to 2016 PIT emphasis/training for identification of homeless vets & added Vets Reps at each staging area to assist with accessing vet services. The Veterans Homelessness Committee partnership has been leading efforts to achieve the goal of 0 since summer 2010. Strategies employed included establishing a specialized vets CE branch for homeless vets; an intensive outreach program deployed to both urban & rural points throughout the County, as well as jail outreach, connection points with community corrections officers & embedded social worker program; making existing programs more accessible to vets; & RRH focusing on immediate housing whenever possible. The 2016 sheltered PIT decreased by 10; most of the region's vets programs have converted to RRH or project-based

permanent housing.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Vets Homeless Committee (VHC) has reps from VA, CoC agencies & local agencies incl. PHAs & non-CoC agencies. Specialized vets CE branch identifies/assesses homeless vets using a standard assessment tool. Intensive outreach program in urban & rural areas; jail outreach; connection points w/ community corrections officers; embedded social workers; PIT w/ Vets Reps at each staging area to assist w/ accessing vets services. CE providers & outreach staff work w/ VHC to ensure each vet is connected to a navigator to assist w/ connection to:

- On-site VA benefits specialist to determine discharge status
 - VA benefits to establish VASH/SSVF eligibility
 - WA VA-accredited service officer at County Vets Office w/ direct access to VA system for benefits/claims/discharge assistance
 - Other referrals to CoC/ESG/prevention/RRH/PSH if VA benefits ineligible
- Weekly by-name review conference (incl. vet housing providers (VA & non-VA), County CE manager, vets navigators) to engage/refer homeless vets.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	73	58	-20.55%
Unsheltered Count of homeless veterans:	32	36	12.50%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

3B-3.4a. 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 2016?

(limit 1000 characters)

We adopted the strategies outlined by the USICH in our efforts to end veteran’s homelessness—in fact, our application for validation of ending homelessness by the end of 2015 was provided to USICH in December 2015. Of the five strategies:

- (1) The community has identified all veterans experiencing homelessness
- (2) The community provides immediate shelter to any veteran experiencing unsheltered homelessness who wants it
- (3) The community only provides service-enhanced transitional housing in limited instances
- (4) The community has capacity to assist veterans to swiftly move into permanent housing
- (5) The community has resources, plans, and system capacity in place for those that become homeless or are at risk of becoming homeless.

To achieve functional zero, the County is reviewing strategies to create adequate low-barrier shelter. Additionally, the County has allocated more financial resources for housing veterans through privately and locally funded rapid rehousing dollars.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	19
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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	19
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

- Project Homeless Connect (PHC), annual 1-day event providing services for homeless persons, incl. connecting to health insurance through 5 agencies: 1 agency, Molina Health Care, provided 350 health coverage eligibility services and/or enrollment information at PHC
- In 2015, Vets Homeless Committee assisted 99% of vets served (132 people) with completing & submitting VA health care (or other health care if ineligible) applications
- The CoC also works with orgs (Community Health Clinics, WithinReach, WA St

Dept of Social & Health Services) to facilitate access to health insurance for clients; CoC agencies assist clients with accessing Washington Health Plan Finder or in-person assisters at community clinics. Domestic Violence Services, a CoC-agency, works directly with Community Health Center (CHC) & set-up protocols to address health needs of DV victims; CHC provides health services & enrolls DV victims in health insurance if uninsured or if unable to access it for safety reasons

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	19
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 2016 competition:	19
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	19
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	19
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 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:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" 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 checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	107	192	85

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", to 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 the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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 since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Engaging state VA in HMIS and addressing HMIS consent issues specific to Washington State	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
TA sat in on call with HHS regarding HMIS RHY concerns	08/31/2015	4
Clarification on allowability of State VA participation	08/19/2015	4
List of CoC contacts to discuss vendor relations	04/20/2016	4
Clarification on HEARTH 4	06/20/2016	4

Attachment Details

Document Description: Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description: 2016 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoC's Process for Reallocating

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/12/2016
1B. CoC Engagement	09/12/2016
1C. Coordination	09/12/2016
FY2016 CoC Application	Page 63 09/12/2016

1D. CoC Discharge Planning	08/25/2016
1E. Coordinated Assessment	09/12/2016
1F. Project Review	09/09/2016
1G. Addressing Project Capacity	08/25/2016
2A. HMIS Implementation	09/09/2016
2B. HMIS Funding Sources	08/24/2016
2C. HMIS Beds	08/31/2016
2D. HMIS Data Quality	08/25/2016
2E. Sheltered PIT	08/24/2016
2F. Sheltered Data - Methods	08/30/2016
2G. Sheltered Data - Quality	08/24/2016
2H. Unsheltered PIT	08/24/2016
2I. Unsheltered Data - Methods	08/30/2016
2J. Unsheltered Data - Quality	08/26/2016
3A. System Performance	09/07/2016
3B. Objective 1	09/12/2016
3B. Objective 2	09/02/2016
3B. Objective 3	09/01/2016
4A. Benefits	09/08/2016
4B. Additional Policies	08/25/2016
4C. Attachments	09/09/2016
Submission Summary	No Input Required