

## 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 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant 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 Detailed Instructions click [here](#).

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

### Instructions:

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

**1A-1. CoC Name and Number:** GA-505 - Columbus-Muscogee/Russell County CoC

**1A-2. Collaborative Applicant Name:** United Way of the Chattahoochee Valley

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

**1A-4. HMIS Lead:** United Way of the Chattahoochee Valley

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

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	No	No	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran/Military	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 in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

All CoC mtgs. & Sub-Committee (SC) meetings are open & announced to a community wide group of individuals & organizations. An annual calendar is being developed and meetings will be posted on the CoC Website. The CoC Board Rep. and SC chairs meet monthly to discuss participation within the community & insure all areas of homelessness are represented. Monthly housing updates are shared with CH & Vet placement as a priority. City Officials are represented at all levels of the CoC and work closely with PATH team which provides street outreach weekly & participates in biweekly housing navigator meetings. Members of PATH provide committee leadership for the CoC and updates are discussed at the monthly Committee Chair meeting. A Housing Task Force (HTF) has been developed by local hospital. Discharge protocols include VI-SPDAT evaluations on all homeless patients & appropriate referrals to services. The HTF representative serves on the CoC board, the Housing Navigator Team & Zero2016.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Muscogee County School District	No	Yes	No
Housing Authority of Columbus Georgia	No	Yes	Yes
Division of Family and Children Services	No	No	No

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Russell County Crisis Center	No	No
Hope Harbour	Yes	No
Sexual Assault Support Center	Yes	No

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

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

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

The CoC engages with community partners that serve, veterans, CH, youth and families/individuals to meet the timelines of opening doors. The CoC solicits membership from all agencies as well as solicits membership from local service providers and other community organizations. The CoC was selected to participate in Zero:2016 and a Housing Navigator Team (HNT) was formed and meets biweekly to provide progress in how many CH and/or Vets have been housed to meet the goals of Opening Doors. Our CoC challenged the Outreach Committee to develop a plan to implement strategies toward family and youth homelessness, one of the recommendations from this committee and other committee chairs was to turn one of our current projects into RRH of this sub-population, which is ranked #1 in our application. The COC is strategizing how to duplicate a plan based on our current success with Vets and CH and establish a similar approach focusing on ending all Homelessness.

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

The CoC post a RFP for new projects on their website, Cities Website & Email listserv. This listserv includes a mass # of individuals and organizations and unfunded agencies. New projects are based on community need, performance measures, organizations capacity, description of project type, must be (PH or RRH), leveraging and connection to mainstream resources. CoC reviews this criteria at monthly meetings. Monthly Homeless Coalition meetings discuss areas of need. Opportunities for future projects are high priority topics & persons are encouraged to explore possibilities for proposals. Agencies applying must meet HUD standards & then the priorities of the CoC. New applicants are encouraged to be paired with a funded program for mentoring or collaboration. If no new applicants apply, & new funding opportunities are available & needs of a specific target population are identified, the CoC seeks agencies most appropriate to consider applying for the funds.

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

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
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	100.00 %

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

The Columbus Con Plan consults & collaborates with its jurisdictions ESG recipients to prevent & end homelessness. The collaboration consists of monthly meetings, phone calls & workshops. Meetings address the issues of providing transitional & permanent supportive housing to homeless in the jurisdiction through RRH programs. This allows case management & housing services to be provided, so that persons at risk of becoming homeless & person with mental & physical needs can remain stably housed when exiting a TH program. The consolidated plan works with emergency shelter grant agencies to identify any gaps in services as well as any duplication of services, such as scheduling meetings that allow homeless service providers to serve the homeless population more efficiently. The CoC participated in the Alabama Balance of State ConPlan public comment period by submitting comments in February 27, 2015, including PHA Plan certification & housing/homeless needs throughout the state.

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

The CoC is not an entitlement jurisdiction for ESG and coordinates with both states (AL and GA) for approval and coordination of state ESG awards. The CoC is following the states (AL and GA) lead and coordinating closely with their work and that of the local ESG projects. The performance standards being developed in both states have been open to participation from this CoC. Both States require local jurisdiction approval and will often coordinate with the CoC regarding application opportunities, funding announcements, performance and local CoC priorities. The PIT data was provided as requested to both the states (AL and GA) and the local jurisdictions. The Emergency Food and Shelter Board requested data from multiple agencies, including the CoC to assist in determining priorities in funding. Data from the CoC HMIS system including occupancy rates, bed counts and length of stay were utilized to help determine unmet needs in our community.



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

CoC members receive DV training so non-victim service providers are knowledgeable about safety precautions & resources to ensure client choice is upheld. VSP work w/our non-VSP to provide survivors of DV a safe haven, not to be shared with the public. Providers meet monthly to discuss referrals & housing options & develop a best practice strategy. Endangerment follow up calls occur within 24 hours. The CoC works with DV centers for shelter & non-shelter services for victims of DV. Centers help victims navigate the criminal justice & social service systems to meet the needs & maintain their safety. DV shelters provide guidance to the CoC & community on issues & services. CoC coordinates housing services w/shelters to ensure safe options for victims. Safety & security is maintained by planning & following all applicable laws, local statutes guiding confidentiality & disclosure of victims of DV. For all providers, any disclosure of DV status to a referral agency requires informed consent.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Columbus, Ga.	13.80%	Yes-HCV
Phenix City Housing Authority	7.00%	Yes-Both

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

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.**

**(limit 1000 characters)**

The CoC utilizes a wide variety of subsidized and low-income housing opportunities to house the homeless. These include project based rental assistance programs, HOME funded programs such as Liberty Gardens, and low income tax credit developments such as Ashley Station. The CoC also works with local agencies such as Habitat for Humanity and NeighborWorks. The CoC had great success by hosting multiple landlord luncheons, which educated landlords on how they can help our local homeless. The CoC worked with these landlords to help set homeless preferences for their units. All of the aforementioned landlords have independently agreed to participate in housing the homeless.

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

<b>Engaged/educated local policymakers:</b>	<input checked="" type="checkbox"/>
<b>Engaged/educated law enforcement:</b>	<input checked="" type="checkbox"/>
<b>Implemented communitywide plans:</b>	<input checked="" type="checkbox"/>
<b>No strategies have been implemented:</b>	<input type="checkbox"/>
The CoC has recognized the need to closely examine local statutes and ordinances that could result in criminalization of people experiencing homelessness. We have involved local law enforcement and judicial officials in its efforts to develop diversion programs as alternatives to incarceration for minor crimes, and have prioritized further examination of local ordinances to ensure that they are not criminalizing or exacerbating homelessness. Many CoC organizations work closely with law enforcement and have law enforcement officials, such as police, parole and probation officers as board members to help educate law enforcement of homeless concerns and issues. Law enforcement also participates in Crisis Intervention Training and Mental Health First Aid to understand mental health issues. Intensive case management is also employed to reduce recidivism among justice-involved and formerly justice involved individuals and increase medical and mental health service access. Continued efforts between HAP and law enforcement help prevent disputes from escalating to criminal matters between homeless and landlords.. Local jurisdictions wrestle with possible conflicts between community safety and criminalization of homelessness. For example, trespassing, loitering, and remaining in parks after closing commonly represent violations of municipal ordinances. These circumstances necessitate involvement of stakeholders from varied sectors, such as mainstream providers, businesses, policymakers, and homeless individuals. These efforts require considerable time and energy, but this has not prevented them from pursuing sustainable resolutions with the aforementioned stakeholders.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

## Instructions:

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

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

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

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) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

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

### **Instructions:**

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

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

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

The CoC delivers outreach services through an interdisciplinary team process and is moving toward a CES. “Housing First” principles are always used when engaging with chronically homeless. Hard to serve individuals remain the outreach teams’ primary target. The outreach teams visit places where homeless individuals are known to frequent. The outreach team also works with our school district, homeless providers, churches, businesses, and city and county officials to collect referrals. The outreach teams also engage with our target audience by performing and attending community public events. Information regarding availability of services and access to housing is posted on a variety of social media. 211 is also a valuable resource. A VI-SPDAT was conducted with the homeless at our PIT count, and everyone was added to our by name list. This list is being used to target people for appropriate housing and services. Outreach Teams are knowledgeable of resources and refer appropriately.

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

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

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

## Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	5
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	5
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
<b>Performance outcomes from APR reports/HMIS</b>	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
HMIS Data Quality, HMIS Usage, HMIS timeliness, Financial Utilization.	<input checked="" type="checkbox"/>

<b>Need for specialized population services</b>	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

Since the majority of CoC projects serve and/or prioritize chronic homeless individuals & veterans, the scoring tool utilized HUD priorities & evaluation criteria related to these populations to score applications. Several of the Scoring criteria allocates points based on percentage of dedicated CH beds vs non-dedicated CH beds and housing first models (HF). Performance outcomes were important in decision making but was only one piece of the process. Looking at each individual project and the services provided for the population served i.e., example House of TIME is a TH facility but it serves individuals w/ all 11 of the needs and vulnerabilities mentioned in the detailed instructions and is a HF program, by looking at this, HOT was considered vital to this CoC. Data pulled from HMIS, such as data quality, and timeliness of entry and exit was also used.

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

An email blast was sent out on 9/24/15 notifying all possible renewal & potential new applicants of the review, ranking and selection process. Notice of the local competition's process was discussed at monthly Coalition meetings in August, September and October 2015. CoC meetings with all stakeholders being specifically invited discussed the process in monthly CoC meetings in the same months as above. The process and selection notification was also posted on the City's Website on 10/5/15. A letter was sent from the CA on 11/5/15 notifying all stakeholders that their applications would be part of the Consolidated Application. We used these methods to notify everyone involved so all were clear of the review, ranking & selection process.

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

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 10/06/2015

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

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

## Instructions

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

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

CA completes a capacity risk assessment (CRA) for projects. Based on the CRA, monitoring is scheduled & tools are provided agencies prior to the visit. Monitoring is conducted on-site & reports provided. A follow-up review related to corrective action(s) is completed. The CoC's Performance & Outcomes Committee developed measures to evaluate projects. Measures include, serving eligible participants, maximizing bed utilization, increasing housing stability, reducing length of time homeless, increasing income, accessing mainstream benefits, regularly draw down of funds, & recaptured funds. Data from HMIS is available quarterly allowing agencies to develop a Quality Improvement Plan to correct issues. Future funding will be based on Performance Measures. The CoC is establishing a Training Committee to improve capacity & performance. The training ensures CoC members utilize best practice models, & provides a format to network common problems & identify ideas to address them.

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

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

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

### Intructions:

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

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

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

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

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

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

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

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

### Instructions

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

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

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

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

Funding Source	Funding
CoC	\$0
ESG	\$0
CDBG	\$50,000
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$50,000</b>

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

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

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

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

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

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

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

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

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$50,000</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

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

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/14/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	214	33	72	39.78%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	44	0	44	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	169	0	141	83.43%
Other Permanent Housing (OPH) beds	0	0	0	

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

**EMERGENCY SHELTERS:** The CoC has successfully increased HMIS participation with Emergency Shelters by adding 2 Emergency Shelters over the past 12 months. The CoC's HMIS Steering Committee continues to work to increase coverage with other Emergency Shelters in our area, utilizing the insights gained this past year. The CoC is committed to engaging Faith Based Organizations (FBOs) in using HMIS, as they hold a majority of our Emergency Shelter Beds. Several meetings, to include Home for Good, Homeless Resource Network and The City of Columbus have taken place with our FBOs and will continue over the next 12 months to develop an aggressive plan to get more Emergency Shelter beds in HMIS.

**PERMANENT SUPPORTIVE HOUSING:** The CoC has one non-CoC funded agency that is not entering PSH beds in HMIS. Discussions are underway with this agency and we hope to include them in HMIS within the next 12 months.

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

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

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

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

**Instructions:**

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	1%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	9%	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	0%	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"/>

HOPWA APR, SSVF, HIC, PIT, CoC Application	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 8

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

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

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

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

SSVF and PATH are currently using the state mandated HMIS "Pathways". The CoC is in current conversation with principals at each of these agencies negotiating CoC HMIS participation. The goal is to have both entering into the CoC's HMIS by the end of 2016.

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

### Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/26/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/14/2015

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

**Instructions:**

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

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

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

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

HMIS:	<input 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)**

To ensure an accurate sheltered PIT count, providers were trained on the procedures and collection of required information prior to the count. Providers completed the standardized survey for the night of January, 26, 2015. The survey requires providers to enter the specific demographic information for each of the residents including population and assist shelter providers in recording the information on the survey forms. Committee members followed up with each provider to assure the training answered all questions, that the forms were properly completed and returned. Through this method 100% participation in the sheltered point-in-time count was achieved. The CoC choose this methodology to continue developing a more positive relationship with each shelter. Establishing this positive relationship with each shelter helps us “get our foot” in the door to accomplishing more HMIS coverage and explaining the importance of all data in all shelters being collected in one system.

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

Due to the lessons learned in PIT counts prior to 2014 and the accuracy of information gained in our 2014 PIT count, no major changes were made to the Methodology from 2014 to 2015. In the 2015 PIT count however, we had increased participation by a wide array of stakeholders (both in the planning and implementation) and therefore it was better organized than the 2014 effort. The result being, the methodology was slightly refined and better outcomes were achieved.

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

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

A new Emergency Shelter "Grace House" was opened with 12 beds. Also, 19 additional beds were added from existing Emergency Shelters.



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

**Instructions:**

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

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

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input 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 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

The 2015 PIT count encompassed increased participation by a wide array of stakeholders (both in the planning and implementation) and therefore it was better organized from the 2014 effort. Therefore the methodology was refined and better outcomes were achieved. We also compared the counts to other internal data sources and resolved inconsistencies.

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

### Instructions:

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

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

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

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/26/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/14/2015

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

**Instructions:**

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

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

Night of the count - complete census:	<input 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 checked="" type="checkbox"/>
HMIS:	<input 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 its unsheltered PIT count methodology. (limit 1000 characters)**

For the 2015 Point in Time Count, the GA-505 CoC conducted a week-long effort to count and survey homeless community members. The event (known as Registry Week) included early morning outreach to identified campsites, roving teams canvassing the general area, volunteers stationed at service provider agencies known for serving a high volume of the unsheltered homeless, and conducting surveys at the annual Homeless Project Connect Resource Fair. This allowed us to conduct a complete census for the entire geographic area covered by the CoC. This method was chosen due to the abundance of volunteers, various locations of the homeless, and overall size of homeless population.

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

The 2015 PIT count encompassed increased participation by a wide array of stakeholders (both in the planning and implementation) and therefore it was better organized from the 2014 effort. Therefore the methodology was refined and better outcomes were achieved. Additional rationale for improved outcomes includes:

- 2014 efforts were hampered by inclement weather including icy conditions and below freezing temperatures.
- For 2015, volunteers were able to take to the streets for four days straight to perform the count and to survey the homeless community.
- Increased number of targeted sites for access to unsheltered homeless (i.e., agencies that serve the highest number of unsheltered individuals)
- Increased effort by volunteers to maximize use of surveying instruments (i.e., Georgia Housing Status Survey and VI-SPDAT)
- Incentives for survey participation (Increased number of \$5 gift cards for distribution for 2015 – approximately 400 cards)

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

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

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

**Instructions:**

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

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" 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 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

2014 efforts were hampered by inclement weather including icy conditions and below freezing temperatures. The CoC had better volunteer recruitment, resulting in greater numbers of volunteers. New volunteers were paired with volunteers with previous PIT count experience. More extensive training was provided for all, and all reported feeling better equipped to conduct the PIT. Increased effort by volunteers to maximize use of surveying instruments (i.e., Georgia Housing Status Survey and VI-SPDAT)

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

### Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	312	371	59
Emergency Shelter Total	164	170	6
Safe Haven Total	0	0	0
Transitional Housing Total	35	36	1
Total Sheltered Count	199	206	7
Total Unsheltered Count	113	165	52

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	430
Emergency Shelter Total	345
Safe Haven Total	0
Transitional Housing Total	88

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

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

**(limit 1000 characters)**

CoC identifies risk factors that lead to 1st time homelessness through extensive networking of service providers, monthly homeless coalition meetings, and the VI-SPDAT provides data of first time homeless & those unable to secure resources before losing housing. Accessing affordable housing, mainstream resources, and mental health are among the highest needs. CoC held a forum w/FBOs, School District & Service Providers to identify risk factors leading to housing loss & first time homelessness. A plan is being developed to utilize HMIS as another mechanism to identify potentially homeless clients. CoC is working to reduce 1st time homelessness by developing a pilot prevention program in one of the CoC agencies to find all resources available to those at risk. The CoC works with the courts on an eviction diversion plan and is also educates landlords at our monthly landlord meetings about resources to address the barriers the client may have which will assist them to stay housed

**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)**

To reduce length of time homeless, the CoC reallocated funding from SSO to TH to RRH and converted our SSO project to PSH. The CoC sought increased resources for quicker placement into PH from ES particularly those with multiple barriers & lacking income to sustain their housing. These include voucher program, landlord luncheons (resulting in sufficient housing resources to meet housing needs), bi-weekly navigator team, by name list, & VI-SPDAT on every individual in need identifying longest lengths homeless and ultimately entering this data into HMIS. These resources accomplished quicker placement as well as the means to tier several funding sources allowing for longer assistance & more efficient utilization of funding. For those waiting on PSH beds, as more units are available, the CoC will be attempting to place those through RRH directly from the streets, not having to enter an Emergency Shelter.

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

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

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	197
Of the persons in the Universe above, how many of those exited to permanent destinations?	168
<b>% Successful Exits</b>	<b>85.28%</b>

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	180
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?	168
<b>% Successful Retentions/Exits</b>	<b>93.33%</b>

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

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



1)The CoC adopted & all participate in a Housing First Model. Reducing exits due to non-compliance decreases the rate of those returning to homelessness. The CoC coordinated training for case managers to help new & legacy programs adjust.

2)A Rental Counseling Program utilizes best practices curriculum to help housed individuals not return to homelessness.

3)Bridge funds are made available to meet startup costs of establishing a home, and supportive services and case management is provided for individuals based on their levels of need.

4)Agencies provide 6-12 month follow-up to ensure housing stability.

5)HMIS is used to track all individuals being served & is used to design and implement actions needed to identify returns to homelessness. HMIS is used in conjunction with a by name list to assure that returns to homelessness are met with proper follow-up & case management.

6)HMIS shows a reduction by 23% of people receiving services in 2015, compared to 2014.

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

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

NEW HORIZONS: Advocates in assisting individuals in accessing mainstream benefits and services. Individuals are assisted with applying for SSI/SSDI, non-cash benefits and other important life changing resources. SOAR case managers ensure that 100% of participants complete applications for benefits.

HOUSE OF TIME: Has a specific employment assistance programs for homeless persons even those with multiple barriers to employment. This program provides job development, job coaching & possible job placement. These employment programs will be altered to help all CoC funded agencies benefit from these services.

100% OF COC FUNDED AGENCIES: Are working with the SOAR program to develop an accelerated process to determine eligibility of non-employment income for disabled clients. CoC members have been training on submitting successful SOAR applications & assisting homeless persons in receiving benefits.

**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)**

To increase income, each person seeking employment enrolls and is registered with DEPARTMENT OF LABOR. This provides them access to career consulting; computers, phones/ fax for job-searches; internet access, the statewide system that features local job openings, skill requirements and wages; job search and placement services; job-search workshops; training opportunities, and work assessments. Staff assures that homeless individuals also participate in job fairs hosted by local service providers. Persons with a disability are referred to the DIVISION OF VOCATIONAL REHABILITATION and to GOODWILL SUCCESS CENTER to ensure more intensive support services in their job search. Members of the CoC also provide job skills training programs, certification training, vocational assessments, on the job training, job coaching and social security benefits counseling for homeless individuals. 100% of CoC funded agencies are connected to the above organizations & working with them on a regular basis.

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

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

**(limit 1000 characters)**

New Horizon's PATH team and Project Veterans First Outreach Specialist make weekly community visits to homeless throughout the community seeking to engage all in services and move them toward housing. New contacts are systematically and consistently assessed and then added to the by name list. The Action team, which involves the Path team as well as representatives from all the agencies serving the homeless, have semimonthly meetings to coordinate all information using the by name list created and managed by Home for Good. The highest priority people on the list are prioritized, and placed into housing, with supportive services as needed.

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

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**  
**(limit 1000 characters)**

N/A

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

**Objective 1: Ending Chronic Homelessness**

**Instructions:**

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	65	59	-6
Sheltered Count of chronically homeless persons	26	5	-21
Unsheltered Count of chronically homeless persons	39	54	15

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

TOTAL: Because of increased affordable permanent housing opportunities, the overall number of chronically homeless went down 10% and our Sheltered Count decreased allowing TH persons to move into PH.  
 UNSHELTERED: Because of inclement weather conditions in 2014, more homeless sought shelter, thereby contributing to the increased number of unsheltered people in 2015.

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

This CoC will aggressively take the following action steps to increase the number of PSH beds available for CH persons to meet proposed numeric goals:

1. Work with funded agencies to prioritize and dedicate existing non-CH PSH beds to CH through turnover. Providers have committed to prioritizing 100% of beds made available through turnover to the CH. Providers have agreed to dedicate an additional 10 beds of PSH for CH in existing programs.
2. Create an initiative to move stable residents of PSH on to other PH options when appropriate, freeing up additional beds that can be filled with CH.
3. Continue to work closely with other non-CoC funded providers to increase/include CH beds in future projects.
4. Review Transitional and SSO projects for project reallocation and/or rapid re-housing.

This CoC has strategically been working toward prioritizing CH persons and persons that are the most vulnerable in ALL PSH units for several years. All PSH that receive CoC funding have implemented standard procedures for housing this population first; this is demonstrated by the number of chronically homeless persons housed is almost double the chronically homeless dedicated beds

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

1. Done: All funded agencies prioritize & dedicated existing non-CH PSH beds made available through turnover to the CH. The Homeless to a Home programs I & II have dedicated all their beds to CH Beds to add an additional 10 CH beds.
2. Done: Stable residents of PSH programs began to utilize Georgia Housing Vouchers to move to other PH options, when appropriate, to free up beds to be used by persons who are CH and have SPMI.
3. Done: The CoC has adopted CH as a priority for any & all new future projects in the continuum.
4. Done: In Sept, the CoC reviewed all TH projects in the CoC for possible reallocation and/or rapid rehousing. It was determined that the Community Case Management Program of Open Door would be better able to serve high barrier families in need of being rapidly rehousing if reallocated as a RRH project. The TH project through the House of T.I.M.E. was determined to be vital to our CoC as TH as it serves homeless women with substance abuse treatment/mental illness.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	9	0	-9

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

In reality the number of CH beds with PSH did not decrease, but increased. Based on received 2015 applications, we have 77 PSH dedicated beds for CH, vs. only 50 from 2014 applications. The numbers listed on the HIC were simply a mistake by CoC agency staff. To fulfill the CoC goal of prioritizing chronic homelessness the PSH projects have been steadily working at adding dedicated CH beds, as well as prioritizing ALL available through turnover beds for those experiencing chronic homelessness. The projects have clearly illustrated a commitment to prioritizing turnover beds through the application process and all beds are considered to be prioritized for chronic homeless with 100% prioritization for all new enrollments.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** Page 3

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	59
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	20
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	20
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

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

Home for Good utilized Zero:2016 resources to facilitate an Action Camp involving all organizations serving homeless. As a result of this meeting, weekly meetings were conducted for all housing navigators to coordinate the process. A landlord’s luncheon was held and additional housing resources were developed and sufficient housing stock is readily available to meet the goals. Housing authority representatives have met with various agencies to improve understandings and communication involving vouchers. A voucher workshop involving all homeless navigators was held in November to improve the process even further. As of November 2015, 53 CH were housed, out of 89 that were identified via the Zero:2016 initiative.



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

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

**Instructions:**

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

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

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

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

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

When a family becomes homeless in our CoC, they are referred to services through 211 or connect to services through the Homeless Resource Network and other service providers, including emergency shelters, who administer VI-SPDATs on all adults in household and immediately seek RHH opportunities through ESG RRH projects that serve in a HFM, reducing barriers to access. These projects will not screen out families based on factors that have no bearing on future housing success, i.e. no income or active substance use/abuse. Housing Specialists assist families with housing search, landlord relations, the necessary inspections and securing suitable housing. The proposed CoC-funded Welcome Home RRH project (HFM, low barrier, for families with greatest barriers to housing) will provide female-headed households who enter shelter or reside on the streets with case managers/housing navigators to move that family within 30 days into PH.

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

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

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

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	19	18	-1
Sheltered Count of homeless households with children:	19	18	-1
Unsheltered Count of homeless households with children:	0	0	0

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

As a result of more consolidated and coordinated efforts, more affordable housing opportunities, and a focus on permanent housing, our numbers for 2015 PIT show a decrease compared to 2014 PIT, although our decrease is not substantial. We do hope to see a much larger decrease in the next year due to the proposed Welcome Home RRH project. With this project we hope to see more homeless families housed at a faster rate.

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

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	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 type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
VI-SPDAT Scores	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	4	12	8

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

N/A

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

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

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

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

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

CoC and school district liaisons work together to develop safeguards to protect homeless students from discrimination based on homelessness. CoC program and ESG funded recipients work closely with school district liaisons to quickly identify students/families who might be experiencing or be at risk of homelessness and connect them to appropriate services (housing, etc.). Local educational liaisons participate in CoC discussions through involvement in mayor's commissions and other stakeholder meetings which directly address issues of poverty and homelessness.

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

The CoC actively partners with local McKinney-Vento educational liaisons to ensure that all children experiencing homelessness are connected through their office as quickly as possible for services and supplies, as well to ensure that school attendance is disrupted as little and as infrequently as possible. CoC representatives work with the liaisons to ensure that children living in shelters are able to attend their assigned schools and that transportation is available for that to occur. CoC policy indicates that "providers are expected to collaborate with local education authorities to assist in the identification of individuals and families who become or remain homeless and these families should be informed of the eligibility for services. This includes collaborating with early childhood programs or school districts to determine available options." All CoC providers are required to collaborate with the liaisons in local school districts any time a new child or youth enters a program and offers materials to families/youth regarding their rights.

All CoC members and partners that serve children and youth identify participants who are eligible for CoC for ESG programs through intake and assessment (either with the youth or with parents, whichever is appropriate) which may include the VI-SPDAT (adults who can give consent) and by offering community resource materials such as the Street Beat and 211 for connections to appropriate housing options, food, employment, and other essential services.

The CoC ensures that all homeless service providers are complying with the requirements of the HEARTH Act through HMIS enrollment and tracking.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	20	37	17
Sheltered count of homeless veterans:	5	11	6
Unsheltered count of homeless veterans:	15	26	11

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

The 2015 PIT count encompassed increased participation by a wide array of stakeholders (both in the planning and implementation) and therefore it was better organized from the 2014 effort. Therefore the methodology was refined and better outcomes were achieved. Additional rationale for increased number of homeless veterans in 2015.

- 2014 efforts were hampered by inclement weather including icy conditions and below freezing temperatures.
- For 2015, volunteers were able to take to the streets for four days straight to perform the count and to survey the homeless community.
- Increased number of targeted sites for access to unsheltered homeless (i.e., agencies that serve the highest number of unsheltered individuals)
- Increased effort by volunteers to maximize use of surveying instruments (i.e., Georgia Housing Status Survey and VI-SPDAT)

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

IDENTIFY and ASSESS:The CoC works closely with local VA offices, service entities and local Ft. Benning entities to identify and offer services to homeless veterans. When veterans are identified through outreach efforts, assessments and appropriate referrals are made. Follow-up contacts occur and further assistance is offered in an effort to ensure appropriate services have been obtained.

REFERRED:The semi-monthly housing navigator meetings include veterans' agencies that coordinate with all the service agencies for eligibility and services. The by name list that started with the PIT count is added to as each veteran is identified. Veterans are typically provided priority access to services. Being a military community the collaboration and coordination between the veteran community and the service providers works exceptionally well.

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

At the point a Veteran is determined to be ineligible for VA services in our CoC, the Vet is referred to PSH through New Horizons or Stewart Community Home where they are linked with a multitude of services which may include case management, employment services, SOAR benefits services, mental health and/or substance abuse treatment. New Horizons has a total of 77 beds; 5% turnover beds have been prioritized for Vets (8 turnover beds), or 10% of the program dedicated for Vets. RRH projects (ESG and proposed CoC-funded) are accessed when PSH is not deemed necessary. All RRH projects follow a HFM and ensure barriers to accessing housing are removed so that the Vet can be rapidly rehoused in appropriate and suitable housing. Stewart Community Home dedicates 20 of their 52 beds to vets.



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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	72	37	-48.61%
Unsheltered count of homeless veterans:	24	26	8.33%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

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

Housing of veterans is a priority of the CoC. During the semi-monthly meetings of the Housing navigation Team and the Zero 2016 Task Force, intensive case conferencing is conducted to identify barriers to housing and develop and strategize to eliminate barriers and successfully house veterans. As of November 2015, 80 vets have been housed, out of 87 that were identified via the Zero:2016 initiative.

## 4A. Accessing Mainstream Benefits

**Instructions:**

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

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

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

### FY 2015 Assistance with Mainstream Benefits

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

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

VALLEY HEALTHCARE SYSTEMS (VHS), a federally qualified healthcare center, has 3 trained ACA Navigators to assist those experiencing homelessness to enroll in ACA. Numerous homeless who have never had insurance before have been enrolled in health insurance as a result. Navigators screen homeless for Medicaid enrollment, as well. Georgia did not expand the Medicaid program, but people under a qualified income amount who might be ineligible for ACA might be eligible under the current Medicaid program. COLUMBUS REGIONAL HEALTH, the CoC Hospital partner, has staff members dedicated to assisting individuals in enrolling in ACA or applying for Medicaid/Medicare. As a result, 26 individuals were enrolled in the past year. Therefore many homeless have been able to receive dental, physical, mental health, and addiction treatment services. VHS offers assistance with medication as well. HMIS shows in the last 6 months: 42% report as having health insurance, vs. 39% from 6 months previous.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Our PATH team provides homeless individuals and families with accessing mainstream services. These mainstream services include healthcare benefits, mental health, medical services, homeless assistance, and employment services. PATH team members provide assistance with completing paperwork and enrolling in services. Each HoH completes an intake assessment to verify which benefits they currently have. Once this information is processed then the PATH team member assists the HoH with accessing more benefits that they will need to improve their lives. Each HoH will then be referred to the appropriate level of care.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

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

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

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	6
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	5
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	83%

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

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	6
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	5
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	83%

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

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input 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 type="checkbox"/>
Mobile medical unit sponsored by local hospital serving our area engages homeless population and refers to CoC-funded agencies.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

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

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

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

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

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

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

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

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** 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 type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" 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"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

This response does not affect the scoring of this application.

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

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	11/13/2015
<b>1B. CoC Engagement</b>	11/19/2015
<b>1C. Coordination</b>	11/19/2015
<b>1D. CoC Discharge Planning</b>	11/13/2015
<b>1E. Coordinated Assessment</b>	11/18/2015
<b>1F. Project Review</b>	11/19/2015
<b>1G. Addressing Project Capacity</b>	11/18/2015
<b>2A. HMIS Implementation</b>	11/13/2015
<b>2B. HMIS Funding Sources</b>	11/13/2015
<b>2C. HMIS Beds</b>	11/18/2015
<b>2D. HMIS Data Quality</b>	11/17/2015
<b>2E. Sheltered PIT</b>	11/18/2015
<b>2F. Sheltered Data - Methods</b>	11/19/2015
<b>2G. Sheltered Data - Quality</b>	11/13/2015
<b>2H. Unsheltered PIT</b>	11/19/2015
<b>2I. Unsheltered Data - Methods</b>	11/18/2015
<b>2J. Unsheltered Data - Quality</b>	11/18/2015
<b>3A. System Performance</b>	11/19/2015
<b>3B. Objective 1</b>	11/19/2015
<b>3B. Objective 2</b>	11/19/2015
<b>3B. Objective 3</b>	11/19/2015
<b>4A. Benefits</b>	11/18/2015
<b>4B. Additional Policies</b>	11/17/2015
<b>4C. Attachments</b>	11/19/2015
<b>Submission Summary</b>	No Input Required