

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

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

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

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

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

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

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

### Instructions:

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

**1A-1. CoC Name and Number:** FL-504 - Daytona Beach, Daytona/Volusia, Flagler Counties CoC

**1A-2. Collaborative Applicant Name:** Volusia/Flagler County Coalition for the Homeless

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

**1A-4. HMIS Lead:** Volusia/Flagler County Coalition for the Homeless

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

**Instructions:**

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

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

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

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

The FL 504 CoC consists of 240 member agencies, organizations, individuals, advocates to date. Experienced executives from Bank of America, CareerSource Inc. & United Way of Volusia/Flagler County have provided strong and unbiased leadership on the Steering Committee, Applications Committee, HMIS Committees and Board of Directors. Their expertise with networking culminated in the re-branding of the VFCoC into the Commission on Homelessness for Volusia & Flagler to include experienced decision makers from Halifax Medical Center, financial institutions, public housing authorities, school liaisons, Mental Health providers, law enforcement, The Volusia/Flagler Mental Health Consortium & homeless advocates to actively participate in the CoC process. The CoC provides an open forum for all of its meetings with public comments as an agenda item. Public comments are encouraged on its website which posts all meetings, minutes and results for comment and review.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
SMA Behavioral Healthcare Services	Yes	Yes	Yes
Cudas Unhooked	No	No	No
Hope House	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Domestic Abuse Council, Inc.	Yes	Yes
Flagler Ecumenical Social services/Family Life Center	Yes	Yes

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)**

The CoC role as a liaison organization provides for opportunities for stakeholders to present and train CoC partner agencies and the public on needs and assistance that is available within the community. The CoC also conducts monthly to bi-monthly planning meetings which are advertised via email, and public notice on the website. The CoC is a virtual and physical place for information exchange and connection to help and housing solutions. By inviting agencies and organizations to present and experience the continuum of services offered throughout our geographical area, the CoC encourages collaboration, growth and expansion. The CoC not only solicits information and ideas for coordination & planning but also educates interested agencies and the public on opportunities and encourages all agencies to apply for available funding in order to expand the horizons and boundaries of assistance that is provided throughout the communities that we serve.

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

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

**Instructions:**

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

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

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

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	6
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	6
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	6
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

**1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

The CoC provides the State of Florida, County of Volusia, Cities of Port Orange, Deltona, Daytona Beach and representatives from Palm Coast comprehensive reports including PIT data, HIC data, Gaps analysis and narrative information to support these entities Con Plans. The CoC attends quarterly conferences-calls with the State of Florida and monthly CoC conference calls which provides input and feedback in order to receive and inform the Council on any issues, problems and/or developments. The CoC confers with the County and Cities on a monthly basis to assist in the development of their Con Plan and ESG written Standards. The County and cities have provided representation at the CoC Bi Monthly Strategic Planning meetings from July 2015 thru May 2016 and the CoC also attended the County's 6/22/16 Annual update of the 5 Year Con Plan public forum. The CoC act as a conduit to promote and advance the CoC /ESG RFP process to engage local entities in the process.

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

The CoC actively promotes the ESG funding process providing information about funding opportunities, RFPs, and requirements/standards at all CoC, Steering, Planning meetings, Applications and HMIS meetings as well as via email and CoC website. The CoC works hand in hand with ESG recipients to provide evidenced driven data in the form of results from CAPER/APR Reports on program success/failures, PIT data, gaps analysis, and HIC data that will have a significant impact on funding priorities and System Performance Measures. The CoC provides its strategic plan/objectives to aid in the development of ESG funding priorities and has the HMIS lead track data for ESG recipients, evaluate outcomes and provide feedback on areas needing improvement. HMIS support is an invaluable tool that is provided to ESG recipients by the CoC to help in decisions about prioritizing funds, population, housing type, and geographical areas of need.

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

The CoC has two certified DV providers who offer safe, confidential 24/7 ES beds, transitional housing, and crisis intervention. Both are active in the CoC's

planning body and decision-making structures. CoC agencies insure that persons fleeing domestic violence are included in eligible populations served by rapid re-housing and PSH projects. Releases of information and interagency memoranda of agreement are used to address confidentiality and referral arrangements. DV shelter referrals can be linked through coordinated entry with housing, assisting them with sharing of confidential information and providing the documentation qualifying clients for housing. DV clients who present to agencies independently, can be referred to a DV provider by initiating contact on their own or through confidential outreach. Based on client preference, referring agencies have the option to assess the DV client for directly available housing in the area via the VI/Family SPDAT and Coordinated Entry.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of City of Daytona Beach	15.00%	Yes-Both
Deland Housing Authority		No
Housing Authority of New Smyrna Beach	3.00%	No
Ormond Beach Housing Authority	11.00%	No
Housing Authority of the County of Flagler		No

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

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)**

The CoC has agencies who actively solicits funding through the HOME and NSP programs. Over the course of the last 10 years, there were approximately 45 housing units (240 bed) created that targeted low income, special needs clients to include homeless population through this funding. One of the agencies who facilitated much of this housing has dissolved, however, the housing has transferred to other housing agencies who have remained true to the intent of the housing and homeless focus. The Neighborhood Center of West Volusia has assumed a significant amount of these housing units and embraces a housing first approach. Thru coordinated entry, more outreach and engagement of community housing providers such as halfway, Faith



based,boarding and other shared housing providers is being pursued prioritizing homeless individuals and families.The CoC is also looking into Florida Finance Corporations RFP process in order to utilize available Homeless funding & LIHTC programs to expand PSH.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
<b>Other:(limit 1000 characters)</b>	
Adoption by the CoC of a Homeless Bill of Rights	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons**

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

N/A

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

### **Instructions:**

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

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

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

Coordinated Entry links participating agencies together via HMIS to expedite the use of resources in assisting individuals with their immediate identified needs. The CoC has adopted CPD 14-012 and utilizes the VI/Family SPDAT prioritization tool to facilitate a listing of “the highest level of need” and “vulnerability” of chronically homeless individuals/families/unaccompanied youth with the longest length of homelessness for priority entry into permanent supportive housing or referral to other appropriate resources such as RRH. Outreach programs, Emergency Shelters, and Housing programs in each area will be able to access referrals and provide housing assistance through Coordinated Entry via HMIS and as monitored by the Systems Navigator. The System Navigator manages a registry of homeless and a central housing census of available PSH units in order to provide assistance for immediate entry into different housing options and/or referral to the most appropriate intervention.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,**

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

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

### 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	7
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

<b>Performance outcomes from APR reports/HMIS:</b>	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
<b>Monitoring criteria:</b>	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
<b>Need for specialized population services:</b>	

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

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

The CoC has a very detailed local application which gives applicants ample opportunity to fully describe and substantiate the need for populations being served in accordance with "Opening Doors". The CoC prioritizes programs that are dedicated to chronically homeless individuals and families, longest length of homelessness and other factors contributing to vulnerability such as severe and persistent mental health, HIV population, substance abuse issues, LGBTQ status, DV issues, Behavioral health & healthcare issues and criminal history, etc... The scoring criteria used takes into account those programs that are implementing Housing First methodology, moving towards lowering barriers to entry and meeting the clients where they are at. The Applications Committee gives maximum points to Housing First/low barriers to entry, compliance with Coordinated Entry and systematically decreased available points within the context of the extent of vulnerability of the population being served.

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

The CoC conducted a NOFA and Reallocations Briefing for Providers and community meeting on July 8, 2016. The Community, CoC members and providers were emailed notice of the meeting 8 days prior and one day prior to this meeting. The CoC competition Policies and Procedures to include reallocation and scoring were approved July 8 and posted July 12, 2016. The CoC emailed the HUD NOFA, Link to HUD exchange, Local application, Notice and Timeline, Proposal Cover Sheet, Local Competition checklist, Letter of Intent and Coordinated Assessment Agreement to CoC membership, providers and community on July 13, 2016 and posted all documents on its website: Vfcontinuum on July 14, 2016.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).** 09/10/2016

**1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** Yes

**1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 08/24/2016

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



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

## Instructions

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

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

The CoC in conjunction with the CoC HMIS Committee, has implemented Peer Evaluation Reviews using a comprehensive Monitoring Tool. The tool, derived from HUD CoC and ESG standards targets: outreach, intake/eligibility, utilization, supportive services/outcomes, administration/expenditures. These reviews are led by a different HMIS Team on a monthly basis. The CoC requires at least one licensed HMIS staff from each agency to participate under the direction of the HMIS Team Leader in monitoring of the different agencies. This provides comprehensive monitoring coverage for all agencies on an annual basis. The CoC provides training for the HMIS Committee Members in conducting these monitoring. The CoC Lead is required to review all APRs bi-annually and PRIOR to submission to HUD for accuracy and accountability. The HMIS Administrator also tracks the data quality for each program on a bi-weekly basis.

1G-2. Did the Collaborative Applicant include Yes  
accurately completed and appropriately  
signed form HUD-2991(s) for all project  
applications submitted on the CoC Priority  
Listing?

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

**Intructions:**

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

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

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.** GC 3,4,11,12; ALT HMIS GC p.2-4; Alt HMIS MOU p.2-3

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

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

**2A-4. What is the name of the HMIS software** Service Point

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

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

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

### Instructions

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

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

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

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

Funding Source	Funding
CoC	\$71,645
ESG	\$2,275
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$73,920</b>

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

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

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

Funding Source	Funding
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City	\$1,945
County	\$3,962
State	\$13,098
<b>State and Local - Total Amount</b>	<b>\$19,005</b>

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

Funding Source	Funding
Individual	\$0
Organization	\$4,450
<b>Private - Total Amount</b>	<b>\$4,450</b>

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

Funding Source	Funding
Participation Fees	\$43,920
<b>Other - Total Amount</b>	<b>\$43,920</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$141,295</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

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

**2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):** 04/23/2016

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	233	69	124	75.61%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	191	49	142	100.00%
Rapid Re-Housing (RRH) beds	247	0	247	100.00%
Permanent Supportive Housing (PSH) beds	395	0	159	40.25%
Other Permanent Housing (OPH) beds	0	0	0	

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

The Lead agency collects a census from shelter programs that do not participate in HMIS (DV and faith based programs) to use in the PIT Count/HIC. The HMIS lead generates a report documenting the individuals and families in participating HMIS ES/TH programs on the night of the count. The agencies are trained and given reminders by HMIS lead to insure that all clients are entered into HMIS. A crosscheck of surveys, census and HMIS data is done to ensure that the data reported on the PIT is accurate. The CoC approved this methodology as the majority of the shelter programs are HMIS participants who are experienced in collecting the required data. The HMIS lead agency is working with several of the agencies providing permanent housing to include PHA's that provide VASH vouchers and HCV beds associated with Homeless Preference, who have not participated in order to get them to enter into HMIS and improve the coverage rate and access to data.

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

VA Grant per diem (VA GPD):	<input checked="" type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input checked="" type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

**Instructions:**

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

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.**

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



None	<input type="checkbox"/>
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**2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?**

7

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

Bi-Monthly

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

Both Project and CoC

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

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

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

N/A

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

### **Instructions:**

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

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.**

**2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes

**2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/26/2016

**2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable

**2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 04/23/2016

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

**Instructions:**

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

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

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

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

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

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

Survey providers: volunteers and staff survey all residents of housing programs. Lead agency collects a census from shelter programs that do not participate in HMIS (DV and faith based programs) to use in the count. The

HMIS administrator generates a report documenting the individuals and families in participating HMIS ES/TH programs on the night of the count. The agencies are trained and given reminders by HMIS lead to insure that all clients are entered into HMIS. A crosscheck of surveys, census and HMIS data is done to ensure that the data reported on the PIT is accurate. The CoC approved this methodology as the majority of the shelter programs are HMIS participants who are experienced in collecting complete high quality data standard required for the population/subpopulation. Those agencies that do not participate in HMIS have historically been accommodating, using staff and volunteers to gather full range of data via interviews and surveys as required by HUD.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)**

Not applicable

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

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

The CoC reallocated a one transitional housing program in 2014 competition to RRH which reduced the number of Transitional housing beds and increased permanent supportive housing. There was also an agency which facilitated a large number of permanent supportive housing beds and transitional housing beds that dissolved on July 1, 2015 which decreased the number of transitional housing beds. 75 % the permanent housing beds that were facilitated by this organization were transferred to other direct housing service providers who utilize HMIS however the other twenty five percent went to organizations that do not participate in HMIS. Efforts are being made to enlist these organizations into HMIS.

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

**Instructions:**

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

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

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

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)**

The CoC provided greater outreach to agencies, Faith based organizations, outreach agencies and the community as a whole in recruiting volunteers to include homeless and formerly homeless individuals for the PIT counts. In total there were 50-60 volunteers assisting with the count. Staff from agencies who specialized in outreach were designated Team leaders and new volunteers were paired with seasoned volunteers while conducting the PIT to ensure the increased validity of the count. The CoC also increased the level and number of training workshops for the count which included methodology, HMIS data entry, confidentiality, and accessing data from non HMIS participating agencies.

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

**Instructions:**

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

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.**

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

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/26/2016

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

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/23/2016

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

**Instructions:**

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

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

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

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

The CoC has increased the number of volunteers and agencies that are engaged in the survey over the last several years and therefore has the personnel necessary to conduct the complete census count. The complete coverage count is done by dispatching volunteer teams to conduct full surveys and canvas all areas and different locations throughout Volusia & Flagler counties. This approach utilizes known locations to include; Public places counts, public places interviews, law enforcement mapping, engaging homeless in suspected or know encampments, areas where unaccompanied youth are known to gather, other known areas where people are known to seek shelter and word of mouth identification of other locations used as shelter by homeless who are interviewed. De-duplication of surveys is done by identifying survey participants by initials only cross referencing surveys and maintaining strict boundaries where surveyors are dispatched as to not double count across identified sector borders.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)**

No changes in methodology

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

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

N/A



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

**Instructions:**

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

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

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)**

The methodology remained the same however there was a more systematic approach to mapping, identifying boundaries and areas of coverage in order to help with deduplication. There was also an increase in direct services agencies participation with the count, greater enlistment of law enforcement participation, use of existing outreach agencies to lead volunteer teams, increased number of faith based agencies engaging in the count, engagement of college students (some of whom had been unaccompanied homeless youth) and a greater number of volunteers and teams that canvassed the most outer regions and hard

to access areas of both counties which was more detailed and expansive than in prior years. There was also more intensive training for all surveyors participating in the count to allow for a more comprehensive approach for successful implementation.

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

### Instructions

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

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,327	1,005	-322
Emergency Shelter Total	218	233	15
Safe Haven Total	0	0	0
Transitional Housing Total	332	191	-141
Total Sheltered Count	550	424	-126
Total Unsheltered Count	777	581	-196

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,389
Emergency Shelter Total	625
Safe Haven Total	0
Transitional Housing Total	845

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

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

**(limit 1000 characters)**

The CoC collaborates with the County of Volusia, Flagler County Homeless Task Force and the State of Florida ESG in emergency assistance and prevention efforts to identify/reduce factors for 1st time homeless. HMIS/coordinated entry process utilized the VI/Family SPDAT (assessment tool) to identify and prioritize families and individuals' specific needs related to housing and supportive services to include mental health, substance abuse, food assistance, financial assistance, educational needs, and vocational/job assistance. Local law enforcement /correctional facilities, Health and mental healthcare providers regularly meet with direct service agencies to identify barriers preventing entry into housing utilizing coordinated entry. Direct housing service providers and certain faith based organizations act as single points of entry into HMIS/Coordinated Entry to provide referrals to the appropriate intervention: RRH, PSH, SSVF, ESG programs and Emergency Shelters programs.

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

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

**(limit 1000 characters)**

The FL 504 CoC ended veteran homelessness in 2015 thru Housing First approach, now utilized throughout the rest of the CoC for all populations. Coordinated Entry employs the SPDAT prioritization tool in all of its CoC/ESG programs. The SPDAT along with Housing First approach prioritizes the most vulnerable families and individuals with the longest length of homelessness for immediate entry into available housing or diversion to the most appropriate level of intervention. The CoC uses strike teams that canvas the geographical areas identify the homeless to assist the most vulnerable with placement in the soonest available housing. A registry of chronic, unaccompanied youth and homeless families has been created with the goal of placement into housing within 30 days from identification. Monthly Coordinated Entry meetings allow service providers and stakeholders to discuss barriers to entry and assist "hard to place participants" to access various housing options.

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

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

**3A-4a. Exits to Permanent Housing Destinations:  
Fill in the chart to indicate the extent to which projects exit program**

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**participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,488
Of the persons in the Universe above, how many of those exited to permanent destinations?	813
% Successful Exits	54.64%

**3A-4b. Exit To or Retention Of Permanent Housing:**  
**In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	263
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?	212
% Successful Retentions/Exits	80.61%

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

The CoC 2015-16 strategic plan to includes: Enhancement of HMIS driven tracking of individuals returning to homelessness and linking with appropriate housing interventions through Coordinated Entry utilizing the prioritization SPDAT tool; Creating SOAR Network within the CoC made up of one dedicated SOAR staff at each homeless provider agency to assist families and individuals in obtaining income benefits, develop archive of client documents (HMIS) required for application for benefits within the HMIS client record to assist those returning or at risk of returning to homelessness with expeditious filing for benefits and entry into new housing; Pursue ESG (F/Y 2016-17: \$423,500), State Challenge grant (F/Y-2016-17: \$300,000) United Way Emergency Food and Shelter (F/Y 2015-16: \$274,842), other grants through State and County RFP's for prevention, homeless assistance and Rapid Rehousing to increase CoC's capacity in this area.

**3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase**

**program participants' cash income from employment and non-employment non-cash sources.  
(limit 1000 characters)**

CoC Agencies share strategies associated with increasing total income. The Neighborhood Center utilizes an individualized case management approach to assist clients with linkage to local job programs such as Career Source and Goodwill Industries. Several agencies work with local business owners who assist the homeless population with reintegration into the workforce thru job development and training programs. The CoC is enhancing the SOAR Network within the CoC by promoting the use of one dedicated SOAR lead at each homeless provider agency. Lutheran Services is providing SOAR training's and Train the Trainer for our area to enhance the benefits of SOAR Implementation. System performance Measures indicate that 46% of adults stayers and 22% of adult leavers increased total income in the current F/Y.

**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)**

There are multiple mainstream employment agencies to include: Career Source of Volusia/Flagler, Goodwill Industries of Volusia/Flagler, Daytona State College-Fresh start Program, Early Learning Coalition, Center for Business Excellence and Volusia and Flagler County Veterans Services that partner with all CoC participating agencies in linking clients to employment programs and opportunities. Area agencies all maintain individualized Case plans which includes weekly to biweekly follow up with attendance at employment resources (when appropriate), job search,, applications, resume writing, and life skills training on presentation and interviewing. Case managers at most agencies have the ability to transport clients to interviews and job screenings when appropriate. 100% of 13 CoC projects and all three ESG funded agencies regularly partner with one or more of the aforementioned employment resources in assisting their clients with moving towards increased income and self-sufficiency.

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

The Collaborative Applicant(CA) has an outreach collaborative within the monthly planning and membership meeting and extends to the SSVF and Flagler County Homeless Solutions Task Force meetings which assist in coordination of outreach/resources to reach homeless encampments, identified homeless areas and other obscure locations within the CoC. The CA has traditionally maintained an AmeriCorps VISTA Volunteer geared towards increasing capacity through recruiting volunteers to assist with outreach. Local agencies such as the Salvation Army employ strike team methodology in their program to physically go out into areas where suspected homeless may be found. Once identified they are placed on a registry (Coordinated Entry) and the agencies follow up with housing or shelter placement within 30 days. CoC Outreach through programs such as PATH and ESG Outreach and Faith based

programs have also been beneficial in identifying street homeless & linking them to services.

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

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

No, all areas were covered

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)** 08/10/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)**

not applicable

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

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

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

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

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	246	180	-66
Sheltered Count of chronically homeless persons	32	13	-19
Unsheltered Count of chronically homeless persons	214	167	-47

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.  
 (limit 1000 characters)**



The PIT count DECREASED for both sheltered, unsheltered and total chronically homeless. This can be partially attributed to ending veterans homelessness in Volusia dn Flagler counties in 2015. There was also additional training provided to surveyors on the criteria associated with Chronically homeless population, who conducted the PIT which gave them a better understanding and ability to more accurately complete the surveys and identify chronically homeless populations.

**3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	64	64	0

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

The total number of dedicated beds remained the same from 2015-16. The CoC facilitated the transfer of funding (8 projects) from an agency that dissolved in 2015. The aftermath however, caused some difficulty in reporting which slowed the process of one new project that had difficulty filling the total number of beds. All of these beds (20 in all) were/and remain dedicated to chronically homeless individuals and or families. During the PIT count three of these beds associated with this grants, which was new and had not been fully implemented, reported 17 out of 20 beds (13 out of the proposed 15 units) that were fully operational, therefore leaving 3 dedicated beds vacant however these beds remained prioritized for chronic homeless persons. Since the PIT, these beds/units have become operational and the total count for persons served - chronically homeless has increased.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?** Yes

**3B-1.3a. If “Yes” was selected for question P. 24**

**3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.**

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

This question will not be scored.

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

All CoC funded agencies have committed to a Housing 1st Model or made funding available through reallocation to agencies that are committed to Housing First. The CoC has adopted the Notice CPD 14-012. One PHA has adopted a Homeless Housing Preference which prioritizes fifty beds for chronically homeless, families and children. All CoC participating Agencies have prioritized non-dedicated turnover beds for chronic homeless and created shared housing options to increase availability. Flow housing is being used to assist with movement of chronically homeless who are housed in PSH units and that have reached a level of self sufficiency necessary to move into permanent housing of their own to increase the capacity necessary to achieve this goal. The SSVF program led the way in ending veteran homelessness in our CoC by 2015 and serves as a model for other programs with the use of strike teams to identify street homeless, registry to track homeless entry and utilization of RRH and PH programs. Funding through the state and county ESG programs & SSVF funding for outreach & RRH continues to impact efforts to reducing chronic homelessness.

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

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

**Instructions:**

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

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

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).**

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

**3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)**

In accordance with the CoC’s 2016 Strategic Plan Objective 3, the CoC has dramatically “Increased the supply of rapid rehousing from CoC (15 units) , ESG (24 Units) and SSVF (229) programs. ESG funds also support Shelter programs which are retooling to a Bridge Bed type of approach to quickly identify needs and flow individuals and families through shelter into housing. Volusia County has also funded a family bridge shelter program for Families (200 beds) with children and unaccompanied youth (30 beds), which also includes some permanent housing units. Through Coordinated Entry the Family SPDAT will be used for prioritization and quick access to RRH. This includes centralizing eligibility paperwork in HMIS, creating a registry of participants for a 20-30 day turnaround into housing and formal communications procedures with school districts for prioritization of families at risk of and homeless.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	170	256	86

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

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

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
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Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	154	91	-63
Sheltered Count of homeless households with children:	76	76	0
Unsheltered Count of homeless households with children:	78	15	-63

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

The count for Transitional Housing programs and unsheltered homeless household with children count decreased significantly therefore decreasing the total sheltered count. Increase in RRH units was a significant contributing factor for the overall DECREASE in the total number of homeless households with children count. The CoC is in the process of shifting or retooling transitional housing to other housing opportunities such as RRH or PSH. This transition plus the evolving focus on prevention has had a significant downward impact on the census of transitional housing programs.

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

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>

Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Freedom 7 - Homeless Youth Trafficking task force	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)**

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	54	57	3

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)**

The CoC fully realizes the importance of identifying and providing services

related to unaccompanied youth and children however the recent focus has been on Veterans and Chronic homeless populations. According to the Family Youth and Service Bureau, HUD does not have a successful history of identifying homeless youth due to poor de-duplication techniques and incompatible homeless definitions which adds to the difficulty of accuracy in count and undercounting. Until now, the CoC has not had projects targeting unaccompanied youth under HUD funding, however, the CoC was awarded a PSH program for unaccompanied youth for the 2016-17 grant cycle. The CoC has partnered with Volusia County in the implementation of an accompanied youth housing program scheduled to open in the summer of 2017. The CoC is focused on implementing youth specific programs and will be applying for the Youth Homeless Demonstration Program 2016 NOFA to capture this population and create positive outcomes.

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$232,500.00	\$496,642.00	\$264,142.00
CoC Program funding for youth homelessness dedicated projects:	\$82,500.00	\$176,792.00	\$94,292.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$150,000.00	\$319,850.00	\$169,850.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

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

The CoC has representatives from both county school districts: Ms. Woods, District Homeless Liaison for the Volusia County School District and Dr. Jackson-Smith who is the Liaison for Flagler County School District. Both are active in the Planning group for the CoC. Dr. Jackson-Smith represents Flagler School District on the Flagler Homeless Solution's Task Force meetings as well as the SSVF Community Meetings. Pam Woods is active on the Planning Committee, Chair of the Applications Committee, and heads up the School

Homelessness Steering Committee. Both report to the State office updated with a list of housing program leads. The CA staff also attends forums such as the Poverty and Homeless Conference (Stetson University: Oct 23, 2016) which focus on the complexity of poverty and homelessness and ideas to improve students' academic success. The CoC has an MOU with the Early Learning Coalitions to assist linkage and referrals to programs for infants, youth and toddlers.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)**

The Continuum of Care will require that participating agencies to include RHY and CPC (Child Protective Care/DCF), complete the Coordinated Entry Intake Process including child/youth educational information as a part of the process of determining appropriate placement in a specific housing program. In accordance with McKinney -Vento guidelines, the CoC mandates that housing providers/agencies have a designated staff person that will ensure that children are enrolled in school, are connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services. The area Homeless Management Information System (HMIS) will include a section where housing programs can indicate that a referral to the school district's McKinney-Vento program has been completed. The CoC/Housing programs will notify families that a child(ren) may attend any school of their choosing in coordination with school district/early education program policies. Housing programs will notify families of the ability of school districts to provide transportation services to keep the child(ren) in their school of origin and assist in coordinating this service for the child(ren) as appropriate. Housing programs will make referrals for educational needs of a child(ren) for additional school district/early childhood education program services: School supplies, Appropriate clothing, Supplemental education needs (special education, English language learning, etc.), Extracurricular activity needs, School participation fees. The school district liaison serving on the Interagency Council will keep the CoC updated with a list of housing program leads and make the list available for housing providers, school districts, early education programs, and other agencies.

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

The CA for the CoC has entered into MOU's with the Early Learning Coalition to provide assistance to infants, toddlers and youth children as well as with Easter Seals to provide day care services for those homeless and at risk of homeless



families that are referred into housing or are receiving other homeless assistance. The MOU incorporates all participating agencies that are providing direct services as referral agents to these two entities so that they can leverage the programs offered by the early Learning Coalition and Easter seals against their HUD, ESG or other state, local and municipal funding.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

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

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).**

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	37	28	-9
Sheltered count of homeless veterans:	14	15	1
Unsheltered count of homeless veterans:	23	13	-10

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

The CoC reached functional zero for veterans in both Flagler & Volusia County as vetted by USICH in 2015. Concurrent with functional zero, the CoC saw a decrease in count again in 2016 as homeless veterans who are identified are placed in housing within 21 days of identification. This continued decrease can be partially attributed to a more comprehensive approach to implementing the PIT which translates into more accurate numbers, and the SSVF Program (RRH & Prevention) facilitated by the Salvation Army, with funding by the VA of \$1 million annually for 3 years, along with the existing Priority One (\$430,000) RRH/Prevention program. The CoC used the SSVF program as a model for implementation of Coordinated Entry, VI-SPDAT/Family SPDAT for prioritization, implementation of intensive outreach, strike teams and the facilitation of a registry through HMIS for rapid placement. There was also an

increase in HUD VASH & GPD program assisting with housing of chronically Homeless Veterans.

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

The CoC utilizes the Salvation Army's(S.A.) outreach in the form of strike teams to go out into all areas of the tow county region and identify homeless veterans for RRH and placement.The S.A. utilizes the SPDAT assessment tool and works hand in hand with VA to insure eligibility and rapid placement.The VA and the CoC HMIS lead have created a registry to track homeless veterans and transition into housing.The CoC has standing monthly SSVF Community meetings and provides updates to any changes in VA standards and offers an open forum to discuss hard to reach or hard to service veterans.The CoC is well represented from all areas at these SSVF meetings which allows for exchange of ideas, planning and actions in order to keep the homeless veteran count at (now) functional zero. The VA case workers work diligently with all agencies in the area providing education on VASH/GPD & SSVF eligibility in order to identify and place homeless a veterans in housing within a 21 day turnaround.

**3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	347	28	-91.93%
Unsheltered Count of homeless veterans:	323	13	-95.98%

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

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)**

The CoC has already been successful in declaring Flagler County at Functional zero as reported to the Veterans Administration in May of 2015 and vetted by USICH. The CoC has also declared Volusia County at Functional Zero in accordance with the VA guidelines as of December 7, 2015. The CoC will continue to address the veteran homeless population through the funding provided by the VA-SSVF, VASH and GPD programs while shifting its resources to accommodate not only RRH but also Prevention in order to continue to house homeless veterans as rapidly as possible (within 21 days of identification) but also to maintain those Veterans who have been successfully placed in housing to remain in Housing. The CoC will continue its intensive outreach efforts through strike teams and the facilitation of a registry through HMIS for rapid placement.

## 4A. Accessing Mainstream Benefits

**Instructions:**

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

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

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	13
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	13
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

Florida is not an Medicaid expansion State and therefore obtainable affordable healthcare continues to present issues. The CoC agencies have been actively assisting participants using SOAR in order to assist with SSI/SSDI benefits, Medicaid and Medicare. Lutheran Services (managing entity) provides monthly SOAR meetings and training's, and the CoC Lead Agency, Salvation Army & SMA Behavioral have certified SOAR Case managers. All agencies are educated on veterans benefits and local resources to link veterans to VA benefits to include the VAMC and local clinic, Volusia/Flagler Veterans

representative Office, and other organizations such as the DAV and American Legions who assist veterans in obtaining health care. CoC participating agencies assist participants by linking them to providers who will assist with guiding them through the Affordable Healthcare Marketplace such as Halifax Medical Center, Florida Healthcare Plans, BC/BS of Florida and linkage to benefits.

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

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

## 4B. Additional Policies

**Instructions:**

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

**4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?**

### FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	13
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

### FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	13
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	170	273	103

**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)

N/A

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

**4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons**



defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

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

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

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

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

## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/12/2016
<b>1B. CoC Engagement</b>	09/10/2016
<b>1C. Coordination</b>	09/10/2016

<b>1D. CoC Discharge Planning</b>	08/20/2016
<b>1E. Coordinated Assessment</b>	09/10/2016
<b>1F. Project Review</b>	09/10/2016
<b>1G. Addressing Project Capacity</b>	09/10/2016
<b>2A. HMIS Implementation</b>	08/30/2016
<b>2B. HMIS Funding Sources</b>	08/27/2016
<b>2C. HMIS Beds</b>	09/10/2016
<b>2D. HMIS Data Quality</b>	08/29/2016
<b>2E. Sheltered PIT</b>	08/21/2016
<b>2F. Sheltered Data - Methods</b>	09/10/2016
<b>2G. Sheltered Data - Quality</b>	09/10/2016
<b>2H. Unsheltered PIT</b>	08/27/2016
<b>2I. Unsheltered Data - Methods</b>	09/10/2016
<b>2J. Unsheltered Data - Quality</b>	08/27/2016
<b>3A. System Performance</b>	09/10/2016
<b>3B. Objective 1</b>	09/10/2016
<b>3B. Objective 2</b>	09/10/2016
<b>3B. Objective 3</b>	09/08/2016
<b>4A. Benefits</b>	09/10/2016
<b>4B. Additional Policies</b>	08/29/2016
<b>Submission Summary</b>	No Input Required