

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 2. Ensuring all questions are answered completely.
 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
 4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: FL-507 - Orlando/Orange, Osceola, Seminole Counties CoC

1A-2. Collaborative Applicant Name: Homeless Services Network of Central Florida, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeless Services Network of Central Florida, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board Members |
|--|------------------------------|---|
| Local Government Staff/Officials | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes |
| Law Enforcement | Yes | Yes |
| Local Jail(s) | Yes | Yes |
| Hospital(s) | Yes | Yes |
| EMT/Crisis Response Team(s) | Yes | Yes |
| Mental Health Service Organizations | Yes | Yes |
| Substance Abuse Service Organizations | Yes | Yes |
| Affordable Housing Developer(s) | Yes | Yes |
| Disability Service Organizations | Yes | Yes |
| Disability Advocates | Yes | Yes |
| Public Housing Authorities | Yes | Yes |
| CoC Funded Youth Homeless Organizations | Yes | Yes |
| Non-CoC Funded Youth Homeless Organizations | Yes | Yes |
| Youth Advocates | Yes | Yes |
| School Administrators/Homeless Liaisons | Yes | Yes |
| CoC Funded Victim Service Providers | Yes | Yes |
| Non-CoC Funded Victim Service Providers | Yes | Yes |
| Domestic Violence Advocates | Yes | Yes |
| Street Outreach Team(s) | Yes | Yes |
| Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates | Yes | Yes |
| LGBT Service Organizations | Yes | Yes |
| Agencies that serve survivors of human trafficking | Yes | Yes |
| Other homeless subpopulation advocates | Yes | Yes |
| Homeless or Formerly Homeless Persons | Yes | Yes |
| Other:(limit 50 characters) | | |

| | | |
|-----------------|-----|-----|
| Funders | Yes | Yes |
| Faith Community | Yes | Yes |
| | | |

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

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

Diverse organizations from the list are active in planning and priority-setting. For example, Florida Hospital, the anchor community hospital system in the region, loans an executive who serves as CoC Board Treasurer & has donated \$6M to the CoC's work to end chronic homelessness. The hospital, community foundation, jurisdictional staff, CES, outreach workers & case managers meet twice monthly to explore strategies for improving outcomes for chronically homeless persons.

Representatives from multiple law enforcement agencies actively participate in the regional Judicial Committee working to address the criminal justice system's response to homelessness related crimes.

Landlords participate in CES focus groups & fair housing training.

General membership meetings include small group work to increase multi-sector participation informing development and implementation of the CoC's regional plan which is also bolstered by the CoC's year-round, active committee structure.

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

Membership is continuously open to all interested parties and is activated directly as a result of participation in CoC meetings & committees. The CoC website lists these opportunities & explains what it means to be a CoC member. In addition, weekly meeting/committee reminders are sent to 3500+ interested parties via Constant Contact. Membership is stressed at 6 general membership meetings each year - including reminders about completing membership information forms and the importance of signing in to keep membership current. Membership forms are made available at all general membership meetings & online. All of these materials highlight the importance of participation by homeless & formerly homeless people and more than 6% of current members self-identify as current or formerly homeless. The CoC also seeks input from homeless people through the creation of advisory boards, such as the Youth Advisory Board, and through program participant satisfaction surveys.

1B-3. Describe how the CoC notified the public that it will accept and

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**consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The CoC sent emails re: the CoC application to 1450+ people, made announcements at CoC meetings & posted on the CoC website. Written/verbal information, including the RFA, emphasized the CoC's receptivity to new application & diverse audiences, & support to applicants for whom English is a second language. Process information including FAQs were sent to all who expressed any level of interest in submitting new applications. The CoC lead agency held 2 info/Q&A sessions & made staff available to assist new applicants. The CoC received applications from 2 unfunded agencies & one was selected for a bonus project. For project review, the method for scoring applications was transparent, but the histories & identities of the applicants were obscured. For one, scorers reviewed identical sections of all applications rather than only a subset in their entirety, & all names were redacted prior to scoring, thus ensuring that scoring was based on merit vs. funding history or name recognition.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.

Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

| Entities or Organizations the CoC coordinates planning and operation of projects | Coordinates with Planning and Operation of Projects |
|---|---|
| Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| Temporary Assistance for Needy Families (TANF) | Yes |
| Runaway and Homeless Youth (RHY) | Yes |
| Head Start Program | Yes |
| Housing and service programs funded through Department of Justice (DOJ) resources | Yes |
| Housing and service programs funded through Health and Human Services (HHS) resources | Yes |
| Housing and service programs funded through other Federal resources | Yes |
| Housing and service programs funded through state government resources | Yes |
| Housing and service programs funded through local government resources | Yes |
| Housing and service programs funded through private entities, including foundations | Yes |
| Other:(limit 50 characters) | |
| | |
| | |

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

Lead Agency manages the funding competition & now administers BoS ESG funding for Seminole & Osceola Counties. Consultation with all 4 ESG jurisdictions led to incorporating CoC performance standards into grant decision

processes (e.g. adding Hsg 1st) and have added HMIS & CES requirement to contracts. The CoC developed reports for use in monitoring ESG agency performance and is making system performance dashboards available. All ESG funded jurisdictions & 4 ESG-funded sub-recipients participate in the CES Registry Management process. The CoC has also worked extensively with ESG jurisdictions to regionally integrate and leverage ESG funding to implement a system-wide Rapid ReHousing strategy. All 6 ConPlan jurisdictions sit on the CoC Board and the CoC shares information (e.g. PIT & HIC data) needed for ConPlan and other planning activities. Four ConPlan jurisdictions provide funding for agencies to participate in HMIS, improving quantity and quality of data available to the ConPlans.

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

Referrals for survivors flow between the standards homeless service agencies and DV agencies (DVAs). All DVAs emphasize safety & have creative programs to address needs of survivors. For example, the largest DVA has a kennel onsite at the shelter so that survivors don't say with abusers because of fear for pets that might be left behind. Families served by DVAs are eligible for CoC referrals for homeless prioritization in subsidized child care. Homeless agencies are trained by local DVAs on how to screen and refer to DVAs using victim-centered practices, emphasizing safety and confidentiality. DVAs discuss housing and service options with survivors not currently tracked in HMIS. DVAs are able to directly submit de-identified information to CES staff about survivors who want to participate in PSH or Rapid ReHousing projects. In other cases, survivors choose to go directly to CES HUBS for enrollment into CoC projects. The CoC has also initiated its first pilot CES HUB at a DVA.

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

In addition to safety planning, DV best practice trainings include Motivational Interviewing, Trauma Informed Care & Housing 1st offered 1x a year, some bi-annually. Also, DV Agency (DVA) staff attended the 1st six months of family & youth CES registry management meetings supporting victim-centered practices. DVAs also train homeless agencies directly on best safety and privacy practices & how to make referrals.

At a minimum the CoC uses PIT data from the DVA comparable system to determine the proportion of our homeless population with DV background.

CES policy is for DVAs to refer w/o PI directly to CES staff or refer to specialized DV CES HUB to ensure survivors are linked w/ RRH projects. The CoC is creating a plan for integrating human trafficking survivors into CES while implementing best DV.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry | PHA has General or Limited Homeless Preference |
|--|---|--|
| Orlando Housing Authority | 15.00% | No |
| Orange Co Housing & Community Development | 20.00% | No |
| Seminole Co Housing Authority | 72.00% | Yes-HCV |
| Osceola County Housing Agency | 0.00% | Yes-HCV |
| Housing Authority of the City of Winter Park | 16.00% | Yes-Public Housing |

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

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

The CoC, including the region's Housing Locator/Landlord Support Team, has met with PHAs to encourage both formal policies, but also succeeded in increasing general access to units as demonstrated by the % of units available to homeless households. Jurisdictional leaders have also supported PHAs creating preferences. The CoC has had PSH partners, especially those providing intensive case management services, to meet with the PHAs to affirm the depth of services available to potential PHA tenants. The region has also engaged technical assistance from the Corporation for Supportive Housing in developing potential agreements and preferences, as well as developing a long term strategy for engaging the PHAs, particularly as a back door for persons who have stabilized with intensive case management and may no longer need the PSH that the CoC providers, but who do still need subsidized housing.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families

**experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)**

The greatest vulnerability of homeless LGBTQ persons is found among youth. The largest regional mental health provider has created specialized projects, called Zebra, for LGBTQ youth & adults, including training open to all CoC members. In addition, they have a youth drop in center, street outreach & transitional housing that targets LGBTQ youth. Zebra provides case management for a CoC funded RRH project, which already served a dozen LGBTQ youth. Covenant House also incorporates LGBTQ cultural competencies into their outreach, shelter and transitional housing projects. Training on equal access rule will happen at least annually.

Non-discrimination policies are incorporated into all sub-recipient and contractual agreements involving CoC funded projects that are passed through the Lead Agency and Planning Committee has developed strategies to support non-funded agencies with equal access implementation. The policy and implementation plans will be finalized by March 2018.

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

| | |
|---|-------------------------------------|
| Engaged/educated local policymakers: | <input checked="" type="checkbox"/> |
| Engaged/educated law enforcement: | <input checked="" type="checkbox"/> |
| Engaged/educated local business leaders | <input checked="" type="checkbox"/> |
| Implemented communitywide plans: | <input type="checkbox"/> |
| No strategies have been implemented | <input type="checkbox"/> |
| Other:(limit 50 characters) | |
| Inclusive Criminal Justice Committee | <input checked="" type="checkbox"/> |
| CJ-HMIS data sharing project | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

| | |
|--------------|--|
| Foster Care: | <input checked="checked" type="checkbox"/> |
| Health Care: | <input checked="checked" type="checkbox"/> |

Applicant: Orlando/Orange, Osceola, Seminole Counties

Project: FL-507 CoC Registration FY2017

FL-507_CoC

COC_REG_2017_149363

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

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

Instructions

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

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

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

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

1E-2. Severity of Needs and Vulnerabilities

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

Severity of needs factored prominently into project priority. First, the regional application scoring heavily incentivized applications that: 1) adopt HUD's criteria for prioritization; 2) Use VI-SPDAT to capture needs and vulnerabilities, including victimization, abuse, criminal histories, low or no income, substance abuse; 3) refer clients based solely on the needs-driven CES process; 4) dedicate 100% of PSH units for chronically homeless; and 5) implements Housing 1st/0 barrier practices. Existing projects were scored based on % of clients referred from the prioritized by-name CES list as well as % of persons terminated and the reasons termination; new projects were scored on commitments to CES & Hsg 1st.

Second, CoC-adopted policies embedded in the 2017 application process included: 1) a priority for PSH projects; 2) PSH units to be filled using HUD's Orders of Priority (highest needs/longest histories); and 3) other PH units filled

using CoC-established needs criteria.

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

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

| | |
|--|-------------------------------------|
| Public Posting | |
| CoC or other Website | <input checked="" type="checkbox"/> |
| Email | <input type="checkbox"/> |
| Mail | <input type="checkbox"/> |
| Advertising in Local Newspaper(s) | <input type="checkbox"/> |
| Advertising on Radio or Television | <input type="checkbox"/> |
| Social Media (Twitter, Facebook, etc.) | <input type="checkbox"/> |

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

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

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

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

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No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/19/2101

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/19/2017

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. PP 18-19 of Governance Charter and ByLaws

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

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

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

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

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in that project type.

| Project Type | Total Beds in 2017 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter (ESG) beds | 1,049 | 152 | 814 | 90.75% |
| Safe Haven (SH) beds | 0 | 0 | 0 | |
| Transitional Housing (TH) beds | 1,180 | 32 | 857 | 74.65% |
| Rapid Re-Housing (RRH) beds | 285 | 68 | 215 | 99.08% |
| Permanent Supportive Housing (PSH) beds | 1,325 | 0 | 625 | 47.17% |
| Other Permanent Housing (OPH) beds | 451 | 0 | 49 | 10.86% |

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

PSH: Other than the 700 HUD-VASH beds, our PSH bed coverage is 100%. CoC is working with the Program Analyst for the VHA Homeless Programs at the VA homeless to explore ways to include VASH beds in HMIS

TH: More than 90% of non-HMIS TH beds are at Orlando Union Rescue Mission (OURM), an unfunded faith based agency reluctant to participate in HMIS. Fully engaging OURC in CoC projects, including RRH and CES, has exposed OURM to other agencies using HMIS, that highlighting strict adherence to privacy & recognition of protections within HMIS. This exposure is creating more interest in HMIS on OURMs part and we will include them while assessing future HMIS system options.

24 TH beds attributed to CMWP were incorrectly attributed in the HIC and will be corrected in the future.

OPH: All of the non-HMIS OPH beds come from unfunded beds at Grand Avenue ECDC. The CoC will continue to work with local funders to create a strategy to resource Grand Avenue's increased HMIS coverage.

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

**2A-7. Enter the date the CoC submitted the 05/05/2017
2017 Housing Inventory Count (HIC) data into
the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

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

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/05/2017

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

Instructions:

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

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

One of the large faith based shelters participated in 2017, adding 302 beds to the count. Other sheltered beds were added with new bridge housing projects, primarily funded by the State. The CoC's shift away from TH, including reallocation of funds previously awarded to TH was the primary factor in the loss of 277 beds.

The CoC continues to refine the sheltered count with an emphasis on improved planning including volunteer recruitment and improved training. The improved planning, communication and accountability that has resulted in fewer data quality errors.

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

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

| | |
|---------------|-----|
| Beds Added: | 418 |
| Beds Removed: | 277 |
| Total: | 141 |

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

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

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| | |
|---------------|---|
| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

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

The biggest difference in the unsheltered count was significantly better weather: the 2016 count occurred during a torrential, prolonged storm.

However, three additional outreach workers hired during the year also increased awareness of known locations, factoring into the increased unsheltered number. The CoC's emphasis on housing long term unsheltered persons has also changed the dynamics between all outreach workers and our unsheltered homeless individuals who are now more willing to engage, including sharing locations.

The CoC engaged in improved planning for the PIT, including volunteer recruitment & training, youth focus groups & provider focus groups for improved mapping of known locations, and piloted engagement of non-funded partners to serve as Come and Be Counted sites (CBCS) for the first time. The CoC was more effective in obtaining small gifts, ranging from hygiene kits & food to clothing, incentivizing participation by persons at CBCS and on the streets.

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

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

The CoC used information obtained during the 2016 Voices of Youth Count (VOYC) to improve identification of youth in the PIT, including results of youth

and provider focus groups that identified hot spots that had been identified by youth earlier in the year. The PIT also had Come and Be Counted sites as designed by the VOYC. Some of the VOYC volunteers also participated in the PIT and focused on known youth locations. Youth serving agencies participated in at least 2 PIT planning meetings and focus groups that focused on mapping of known locations.

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

Between 2016 & 2017 the CoC increased the number of street outreach staff, chronic, youth and family projects. Project staff provided known locations for youth, family and chronic homelessness using google maps. Providers were also encouraged to solicit information about locations from participants in RRH, PSH and shelter projects. Maps were shared at multiple meetings & in focus group settings during the 2 months prior to the count.

Increased street outreach staff participated in a minimum of 3 planning meetings & mapping focus groups, improving identification of count locations. The local VA and SSVF program staff participated in at least 2 planning meetings and were heavily engaged the night of the count. Unsheltered veterans identified the night of the count were provided with immediate emergency shelter options.

The region also piloted Come and Be Counted sites at unfunded projects for the first time, which supported a better count of all populations.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

(limit 1000 characters)

1 1st time homelessness (FTH) for ES,SH & TH decreased 134 persons; including PH decreased 251.

2 The CoC uses HMIS to conduct analysis to understand FTH, focus resources & intervene strategically. Data shows ES's are the largest entry point for FTH. Other entry points are 211, faith partners and DV agencies. 211 enters into HMIS as part of CES. The CoC created a faith-based and a DV HUB to capture data on those usually not in HMIS. Good ES coverage and partnerships between providers w/ knowledge around FTH are CoC strengths.

3 Shelters with highest FTH are engaged with CES. CoC is leading an ES workgroup to improve communication re: SPM including FTH. A new survey will improve risk factor analysis. SPM analysis based System Planning resulted in a new diversion program is being structured to reduce FTH.

4 The Lead Agency restructured staffing to support an HMIS Analyst who, along with a new CoC Deputy Director, is charged w/ implementing the survey and an FTH action plan.

3A-2. Performance Measure: Length-of-Time Homeless.

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

(limit 1000 characters)

1Avg ES/SH/TH LOTH decreased 19 days.

2Data shows ES projects w/ longer LOTH have more PH exits so the CoC seeks a balance: house longest LOTH w/o lowering PH exits. CES no wrong

door w/ 6 HUBS (inreach) & strong outreach allows ID of highest LOTH & matching w/ proper services, streamlining access to housing. CES's Housing Locator Team w/ 5 privately funded staff recruit landlords willing to lower barriers and/or master lease. Longest LOTH list are used to target placement efforts. Case Managers & Hsg Specialists facilitate move ins. At the planning level, the Lead Agency launched efforts to empower providers to use LOTH self-monitoring tools.

3CES's by-name list uses Notice CPD16-11 to prioritize housing & services based on LOTH & vulnerability. All CoC funded resources are filled via CES, w/ weekly targeted registry management for chronic, family & veterans homeless.

4The CES team, w/ guidance & support from the CoC Deputy Director, leads the strategy to reduce LOTH.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

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

1Exit/retention for PH increased 3%/127 ppl. Exits to PH from ES/SH/TH/RRH decreased 1%/139 ppl. Street outreach increased PH exits by 36 & exits to temporary/institutional decreased 298. Some change in temp/institutional was due to a flawed HMIS workflow, inflating 2015 #s, since corrected.

2The CoC is committed to housing focused practices & provides Motivational Interviewing, Trauma Informed Care, RRH, & Hsg 1st training. CES weekly Registry Management meetings w/ SO/ ES staff support prioritized PH placement, fill funded beds & addresses retention. CoC identified agencies with lowest positive placement % & engaged to develop & implement performance management plan to meet benchmarks. CoC is exploring barriers contributing to non-PH exits to inform System Planning. Hsg Locator Team recruits and provides 24/7 support to landlords. Late FY16 PSH & RRH contracts from reallocated funds enabled Hsg 1st implementation.

3 New CoC Dep Dir is to support, monitor & enhance strategies.

3A-4. Performance Measure: Returns to Homelessness.

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

1Total returns to homelessness (R2H) remained static at 21%.

2The CoC has committed more resources to data analysis to better understand our SPM including which exits run greatest risk for R2H. CES Registry Management meeting with SO/ ES/TH/maximize Right Size Assistance for most appropriate services. A new Exit Policy helps strengthen Housing Focused Practices with funded agencies and system-wide.

3Based on the above analysis the CoC is proposing strategies for following up with those client groups with the highest R2H at earlier intervals, implementing a Performance Management Plan and monitoring quarterly. Additionally, the CoC will continue conducting analysis, including targeted client satisfaction surveys, to better understand the causes of R2H and to inform corrective action strategies and System Monitoring .

4Deputy Director for CoC is responsible for overseeing the CoC's strategy.

3A-5. Performance Measures: Job and Income Growth

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

1The CoC uses 6 SOAR workers in PSH projects to ensure access to cash benefits (SSI, SSDI, VA, etc). Funded projects have partners w/ a Dept. Children & Families ACCESS site facilitating SNAP, Medicaid & temp cash assistance enrollment. Benefit eligibility rule updates occur 2x/yr at CoC meetings. Local colleges & Goodwill recruit CoC clients for job training opportunities, esp. high wage job cert programs.

2A privately funded income project & learning collaborative is building a system between RRH projects, Goodwill employment specialists & Area Agency on Aging, linking clients with training/job /placement supportive employment. Matching is based on needs & preferences & facilitated by CES.

3Funding for SOAR staff, funded employment specialists that exclusively work with CoC funded project participants, and training on employment program eligibility assist CoC projects.

4Deputy Dir for CoC and the SOAR/Outreach Coordinator are responsible for overseeing strategies.

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

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

The CoC's tri-county catchment area encompasses more than 2500 square

miles, reaches a maximum of 90 miles in length and is geographically diverse. PIT resources were concentrated mostly in the urban core and urban areas. Areas were excluded from the PIT count included land virtually uninhabited, inaccessible by safe and reasonable means (swamps & interior of dense forest) and areas devoid of all discernible human activity. Gated communities and a desolate privately owned ranch were also not covered. These areas were selected for exclusion primarily based on feedback from homeless focus groups, experience of a greatly expanded street outreach staff and conversations with unsheltered homeless people. All areas with any known history of presence of homeless persons were included.

3A-7. Enter the date the CoC submitted the 06/05/2017
System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)

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

Instructions

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

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

| | 2016 | 2017 | Difference |
|--|-------|-------|------------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC. | 1,339 | 1,289 | -50 |

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

| | |
|--|-----|
| Total number of beds dedicated as Dedicated Plus | 14 |
| Total number of beds dedicated to individuals and families experiencing chronic homelessness | 479 |
| Total | 493 |

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

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

| | |
|--|-------------------------------------|
| History of or Vulnerability to Victimization | <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 with Mental/Physical Disability | <input checked="" type="checkbox"/> |

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

To rehouse families in 30 days the CoC expedites intake & placement w/ "no wrong door" CES w/ family access points, 211 intake, CES HUBS (inreach) & collaboration w/ navigators, outreach, shelters & housing locators.

Through adoption of Housing 1st/RRH approach, training, contracting & alignment of funding streams efficiently serves more families. Projects link clients w/ mainstream resources & families have priority for state funded child care. Housing locators identify low barrier & large units.

Efforts have intensified with implementation of 2016 contracts (which will reduce the current 84 days to housing) that created 80+ new RRH slots, creation of new HUBS, participation by all funded service providers in housing navigation & analysis of HMIS to identify system bottlenecks to inform System Planning. All CoC & ESG funded jurisdictions participate in CES, invest resources for RRH & coordinate funds & programs. The Dep Dir for CoC is responsible for overseeing these strategies.

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

| | 2016 | 2017 | Difference |
|---|------|------|------------|
| Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC. | 52 | 70 | 18 |

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

The CoC implemented policies & procedures prohibiting involuntary family separation of any members or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering ES, TH or PH. Policies are discussed in CES registry management, at CoC meetings, multi-disciplinary

case conferencing and built into trainings. Solo LGBT status training has also been provided. In all funding opportunities administered by the lead agency, including non-HUD opportunities, scoring is dependent on anti-discrimination Housing 1st. CES registry management, expanding into ES and TH, provides one systemic way for clients to notify/grievance when involuntarily separated. The CoC's ongoing work to develop and refine standards gives more forums for training, affirmation of non-discrimination, & opportunities to assist agencies that are challenged in implementing the policy. The Dep Dir for CoC is responsible for overseeing the CoC's strategies related to anti-discrimination.

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

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

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

| | |
|--|-------------------------------------|
| History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) | <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 | <input checked="" type="checkbox"/> |

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

System Planning led to youth projects w/track records of success, e.g. targeted youth outreach, youth TH, drop-in centers, youth employment & youth RRH, to create a thorough approach & perf. management plan for ending solo & parenting youth homelessness.

The Youth Demo Project housing & services proposal is submitted to other

fundings. The CoC funds youth outreach & TH & RRH slots in Tier 1 & requests a Bonus project for outreach & RRH. Local funds support youth drop-in centers & mental health & substance use services, including tele-MH services that improve access. Current efforts include ID of youth in the PIT, prioritizing with TAY-SPDAT, a by-name list & monitoring income, PH & LOTH outcomes against goals & benchmarks. Orange Co's Chapin Hall youth count report is forthcoming & the Central Florida Commission on Homelessness with the CoC's Youth Committee is implementing a youth count in fall 2017 for increased understanding of needs, resources and support fundraising.

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

CoC members representing youth service agencies, correction, local ConPlan jurisdictions, 211/United Way, social services, mental health providers, family shelters and family RRH providers have participated in LEA meetings/planning events. LEA McKinney-Vento liaisons in the region participate regularly in CoC meetings and on advisory committees and in family case conferencing. The CoC and schools continue to explore ways to improve data sharing, including identification of partner agencies and churches working with mutual and potential households and data sharing agreements. The CoC also notified school districts of HUBS and access points where families can be referred for eligibility determination for the CES family and youth registry and Liaisons actively refer families and youth to these CES HUBs and access points. Liaisons train CoC providers about educational rights at least 1x/yr.

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

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

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

The region has been identified by the USICH for effectively ending chronic veteran homelessness. Outreach workers in all counties identifies veterans, & 4 outreach staff work specifically with veterans. Veterans enter CES through all access points including outreach, feeding programs, 211 & a new VAMC HUB. The VA has access to HMIS reports and identifies new veterans who are entered on a weekly basis. The VA confirms/verifies veteran status & the CoC lead agency enters that data into HMIS. The VI-SPDAT, length of homelessness and vulnerability informs housing referrals. Veteran specific registry is held weekly to improve matching & linkage. VASH serves veterans who need PSH & are eligible. Non-eligible veteran are linked with other CoC subsidies & services. GPD serves those who want longer term TH & collaborates as bridge housing for SSVF. SSVF targets both homelessness prevention and RRH to veterans and their families. All veterans are offered PH project options.

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

Yes

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

Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?

Yes

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

All funded projects include a DCF ACCESS Partner to ensure participants apply & enroll in food stamps, TANF, etc. If applicants are ineligible for Medicaid they are evaluated for CHIP (KidCare) & tax credits in the Health Ins. Marketplace. SSI & SSDI provide income and access to health benefits for those w/ disabilities, so the CoC has funded 6 SOAR workers and is using interns to support them. The Lead Agency is a Certified Application Counselor under federal HHS to increase CoC wide capacity to help participants understand/use the health coverage options. United Way's 211 is an entry point to both CES & health insurance navigation.

Monthly CoC membership meetings include mainstream updates w/ detailed presentations on eligibility & application processes at least 3x/ year. Case Manager list serves notify of mainstream program updates, including FEMA

resources post natural disaster.

Lead Agency Dep Dir for CoC (Brian Postlewait) is responsible for this performance measure.

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

| | |
|---|---------|
| Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal) | 17.00 |
| Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition. | 17.00 |
| Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier" | 100.00% |

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

| | |
|--|---------|
| Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal). | 17.00 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition. | 17.00 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First. | 100.00% |

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

20+ outreach workers & navigators work 5+ days/wk, including bilingual staff engaging those in places not intended for human habitation. Teams include men & women & specialists in veterans, youth & chronically homeless, mental & physical disabilities. 100+ volunteers participate in surges that occur evenings & weekends. Sign language/other communication specialties supplement staff as needed. Cars get to many unsheltered, & bus passes help people access service sites. Phones & email are used to text updates/communicate. Multilingual 211 staff assist those who call for assistance. Hospitals & jails frequent flyer lists identify those w/ high service needs. The CoC's outreach activities cover 100% of the 3 counties included in the CoC's geographic region, although teams are unable to work in swamps, private land, gated communities, etc, due to logistical & legal barriers. When alerted to the need for outreach in these areas, the CoC works to provide legal and safe assistance.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The CoC incorporated requirements re: fair housing & non-discrimination, including the Equal Access Rule, into applications & contracts. Navigators, case mgrs & 211 provide support to persons least likely to apply for housing, esp. those w/ mental illness, language &/or reading barriers. Contractors include LGBTQ specialized services agency that also trains partner agencies. CoC hosts yearly landlord appreciation event & combines fair hsg/reasonable accommodation training.

The CoC supports communications for persons w/ disabilities &/or limited English proficiency as needed. Recent CoC activities: ID resources to assist non-English speaking staff w/ the application process if needed, provided sign language interpretation for 3 deaf individuals engaged in outreach, & used a buddy to assist a person w/ visual limitations with the application process. CoC website has a translation option & materials used by the CoC are routinely available in English & Spanish.

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

| | 2016 | 2017 | Difference |
|--|------|------|------------|
| RRH beds available to serve all populations in the HIC | 229 | 285 | 56 |

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

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

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants | Yes | applicant notific... | 10/31/2017 |
| 02. 2016 CoC Consolidated Application: Public Posting Evidence | Yes | | |
| 03. CoC Rating and Review Procedure (e.g. RFP) | Yes | Rating and Review | 10/31/2017 |
| 04. CoC's Rating and Review Procedure: Public Posting Evidence | Yes | Rating and Review | 10/31/2017 |
| 05. CoCs Process for Reallocating | Yes | 2015 reallocation... | 10/31/2017 |
| 06. CoC's Governance Charter | Yes | Governance Charter | 10/31/2017 |
| 07. HMIS Policy and Procedures Manual | Yes | HMIS manual | 10/31/2017 |
| 08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes | No | | |
| 09. PHA Administration Plan (Applicable Section(s) Only) | Yes | PHA Plans | 10/31/2017 |
| 10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter) | No | CoC HMIS MOU | 10/31/2017 |
| 11. CoC Written Standards for Order of Priority | No | | |
| 12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable) | No | | |
| 13. HDX-system Performance Measures | Yes | HDX System Perfor... | 10/31/2017 |
| 14. Other | No | Communication to ... | 10/31/2017 |
| 15. Other | No | | |

Attachment Details

Document Description: applicant notification

Attachment Details

Document Description:

Attachment Details

Document Description: Rating and Review

Attachment Details

Document Description: Rating and Review

Attachment Details

Document Description: 2015 reallocation totals

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Plans

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX System Performance Reports

Attachment Details

Document Description: Communication to selected applicants

Attachment Details

Document Description:

Submission Summary

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

| Page | Last Updated |
|---|-----------------|
| 1A. Identification | 08/28/2017 |
| 1B. Engagement | 10/31/2017 |
| 1C. Coordination | 10/31/2017 |
| 1D. Discharge Planning | 08/31/2017 |
| 1E. Project Review | 10/31/2017 |
| 2A. HMIS Implementation | 10/31/2017 |
| 2B. PIT Count | 09/21/2017 |
| 2C. Sheltered Data - Methods | 10/31/2017 |
| 3A. System Performance | 10/31/2017 |
| 3B. Performance and Strategic Planning | 10/31/2017 |
| 4A. Mainstream Benefits and Additional Policies | 10/31/2017 |
| 4B. Attachments | Please Complete |

| | | |
|------------------------|---------|------------|
| FY2017 CoC Application | Page 37 | 10/31/2017 |
|------------------------|---------|------------|

Submission Summary

No Input Required

2. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at <https://www.hudexchange.info/get-assistance/>.

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2016 into one or more new projects? Yes

FY 2015:
\$5.0
million
in reallocated
renewals

3. Reallocation - Grant(s) Eliminated

CoCs that intend to reallocate eligible renewal funds to create a new project application (as detailed in the FY 2015 CoC Program Competition NOFA) may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects on this form.

Amount Available for New Project:
 (Sum of All Eliminated Projects)

\$4,924,347

| Eliminated Project Name | Grant Number Eliminated | Component Type | Annual Renewal Amount | Type of Reallocation |
|-------------------------|-------------------------|----------------|-----------------------|----------------------|
| HSN Rapid Re-housing | FL0079L4H071403 | TH | \$385,147 | Regular |
| Harbor House -On ... | FL0081L4H071404 | TH | \$91,503 | Regular |
| Lifestream - Tran... | FL0082L4H071403 | TH | \$85,414 | Regular |
| ASPIRE (Lakeside ... | FL0083L4H071404 | TH | \$170,218 | Regular |
| HSN - Scattered S... | FL0087L4H071407 | TH | \$93,519 | Regular |
| Salvation Army of... | FL0088L4H071407 | TH | \$126,040 | Regular |
| Coalition - WRCC | FL0089L4H071407 | TH | \$61,078 | Regular |
| ASPIRE (CFDFL) - ... | FL0096L4H071407 | TH | \$121,418 | Regular |
| Sanford Hope Team | FL0097L4H071407 | SSO | \$77,249 | Regular |
| Safe House of Sem... | FL0098L4H071407 | TH | \$51,019 | Regular |
| Seminole County H... | FL0100L4H071407 | TH | \$178,530 | Regular |
| Transition House ... | FL0101L4H071407 | TH | \$93,274 | Regular |
| Wayne Densch Cent... | FL105L4H071407 | TH | \$279,466 | Regular |
| IMPOWER - The Vil... | FL0304L4H071406 | TH | \$134,906 | Regular |
| ASPIRE (CFDFL) - ... | FL0306LH071406 | TH | \$120,800 | Regular |
| ASPIRE (CFDFL) - ... | FL0333L4H071404 | TH | \$167,024 | Regular |
| ASPIRE (CFDFL) - ... | FL0357L4H071405 | TH | \$370,394 | Regular |
| Coalition - Commu... | FL0358L4H071405 | TH | \$96,664 | Regular |
| Coalition - First... | FL0359L4H071405 | TH | \$116,659 | Regular |

| | | | | |
|----------------------|-----------------|-----|---------------|---------|
| Catholic Charitie... | FL0375L4H071403 | TH | \$107,96 3 | Regular |
| Harbor House - Co... | FL0092L4H071407 | PH | \$308,01 6 | Regular |
| Orlando Hope Team | FL0095L4H071407 | SSO | \$165,97 7 | Regular |
| Grand Avenue - Pe... | FL0303L4H071406 | PH | \$287,59 3 | Regular |
| Wayne Densch Cent... | FL0330L4H071403 | PH | \$96,957 | Regular |
| Pathlight Home Ne... | FL0502L4H071401 | PH | \$181,26 1 | Regular |
| CoC FL-507 new PS... | FL0521L4H071400 | PH | \$956,25 8 | Regular |

4. Reallocation - Grant(s) Reduced

CoCs planning to use reallocation may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing projects must identify those projects on this form.

| Amount Available for New Project (Sum of All Reduced Projects) | | | | | |
|---|----------------------|-----------------------|-----------------|----------------------------------|-------------------|
| \$37,893 | | | | | |
| Reduced Project Name | Reduced Grant Number | Annual Renewal Amount | Amount Retained | Amount available for new project | Reallocation Type |
| Community Initiat... | FL0331L4H071403 | \$128,618 | \$90,736 | \$37,882 | Regular |
| Seminole County S... | FL0307L4H071406 | \$475,018 | \$475,007 | \$11 | Regular |