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.
- 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: UT-504 - Provo/Mountainland CoC

1A-2. Collaborative Applicant Name: United Way of Utah County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Department of Workforce Services, State of Utah

1B. Continuum of Care (CoC) Engagement

Instructions:

FY2017 CoC Application

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	No	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	No
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	Not Applicable	No
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	No	No
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)		

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Faith-based representative	Yes	Yes
Job Corps	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)

The CoC regularly reaches out to entities that have expertise about homelessness to ensure that local needs are addressed. The CoC staff reviews membership annually to assure representation throughout the region. Any new entities who are invited to become members engage in an orientation with staff and are encouraged to attend monthly CoC meetings. All new members are also assigned to a subcommittee to apply their expertise. Three examples for 2016-2017 are the LGBT youth service organization Encircle, the Job Corps, and a non-profit organization called New Beginnings that helps formerly incarcerated individuals with housing support and employment. Each of these organizations, and other members of the CoC, are given time at each monthly meeting to educate the group on their needs and perspective on the homelessness issue. Subcommittees then meet to work on specific initiatives (ranging from monthly to quarterly).

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

Each year the CoC issues a Request for Proposal which is widely disseminated to homeless and social service agencies, all CoC members, and other community groups. This RFP announcement is posted publicly on the CoC website, is announced through a mass CoC membership email, and is publicized via email through another nonprofit organization association. Any organization interested in learning more is invited to participate in an orientation to learn about the application process, the community needs and priorities, HUD priorities and regulations, esnaps, agency and project eligibility, review criteria, deadlines, and DUNS and SAM registration. Applicants may request assistance with project development and are given materials about key aspects of the application (eligible activities, eligible participants, match requirements and more). Applicants that may not be selected for inclusion would be given a debriefing.

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

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(limit 1000 characters)

The CoC notified the public through a public RFP on the Continuum website, through membership mass emails, and through a non-profit association newsletter. The RFP specifically invited all eligible providers (public agencies and non-profit organizations) who serve homeless persons and who also pursue housing assistance dollars to attend a new applicant orientation. Further, CoC staff directly contacted several organizations within the jurisdiction via email and phone to assert the new possibilities of the new Joint TH-RRH model. Two agencies who had never received funding were interested, but eventually declined due to staff capacity shortages. One of these agencies postulated the possibility of applying during the 2018 NOFA competition.

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)

All of the 5 CP entities engage with the CoC as follows:

- CPs are CoC board members
- CoC members contribute in annual CP online needs surveys

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CoC members are invited to participate in the appual CD Bublic Hearings

- CoC members are invited to participate in the annual CP Public Hearings
 CoC gives PIT & HIC data, unmet needs report, & the CoC Application to the CPs
- 3 CP staff serve on the CoC Project Review and Ranking Subcommittee
- 2 are officers of the CoC Executive Committee
- CPs participate in the annual online CoC community survey. CPs notify housing and homeless providers about the availability of HOME and CDBG funds. The CoC engages CHDO agencies in an annual HOME subcommittee to plan long-range homeless and housing projects. Two CPs participate in bi-monthly Housing Solutions work group meetings (1 1/2 hours) to plan for future housing projects, landlord outreach, etc.

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)

When a client reaches out for help to a housing provider or 2-1-1, they begin with a standard quick assessment. If a family says they are victims of DV, they receive info about DV shelter and services. With consent, the caseworker calls the DV program and connects the client to DV staff. DV shelter case managers use a SPDAT assessment and work with the housing and RRH providers to offer housing options with consideration for safety and to rapidly re-house the family. The assessments are initially inputted in a DV data system. The DV service providers offer shelter, housing, education, therapy, children's programs, and case management. They refer and assist with transportation to the Family Justice Center (legal assistance, prosecution efforts and law enforcement), Victim's Advocates, RRH, PHAs, UVISA assistance, etc. If needed, unresolved DV housing cases are brought to Coordinated Support Services and are discussed using assigned HMIS client IDs that are added to the by-name list.

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)

1)Our coordinated entry and assessment process requires training in HMIS, the VI-SPDAT and SPDAT. During these trainings, case managers are made privy to VAWA regulations. Starting in November 2017, the CoC will offer annual CEA trainings that will cover specific DV client needs, such as clients not being required to divulge any personally identifying information to access services, the possible use of the Campbell Lethality Assessment to inform prioritization, and a unique pre-screen mechanism in UHMIS that creates VAWA appropriate client level data. 2) The CoC primarily relies on data recorded in quarterly sheltered PIT counts to educate the community of the need and demand for DV

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shelter resources. All domestic violence shelters in our jurisdiction participate in the count. 3) Our coordinated entry and assessment policies and procedures address safety protocols that allow for specialized entry for DV victims and allows for a unique consent process to CEA.

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
Provo City Housing Authority	31.00%	Yes-Both
Housing Authority of Utah County	24.00%	Yes-Both

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

1C-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)

N/A

- 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 Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)
- 1) In 2016, our CoC added a local LGBTQ youth resource center as a member and asked them to be assigned to our Education and Youth Subcommittee. 2) Our housing authorities and other programs have antidiscrimination policies for LGBTQ+ clients on the agency level and have participated in Fair Housing

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training, which reviews Utah's sexual orientation protected class. Our coordinated entry and assessment policies and procedures honor the Equal Access Final Ruling by asking agencies to react to clients in safe and culturally competent ways. Our PIT questions allow space for transgendered people to answer questions in accordance to their gender identity. Our CoC will begin annual trainings on how to effectively implement Equal Access to Housing in October 2017 with an LGBTQ rights center, Equality Utah. 3) On September 11, 2017, our CoC formally adopted an antidiscrimination policy that includes a grievance process for agencies who violate tenants of the Equal Access ruling.

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:	Х
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	Х
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 50 characters)	

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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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	
None:	

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)

The Continuum of Care, approved on September 11 2017, has a CoC-wide policy in place to ensure that it is partnering with all systems of care to ensure safe relocation of clients after discharge. The only system that does not have a binding policy for safe discharge in our area are the local jails. The committee works with a local faith-based group and non-profit organization to secure motel vouchers for persons being discharged from the county jail in Utah County, in addition to a local emergency shelter/transitional housing facility to directly relocate clients. The committee works closely with Utah County Substance Abuse and Wasatch Mental Health's Justice Reinvestment Initiative to ensure that these clients are quickly referred to the coordinated entry and assessment process. The Mountainland Continuum of Care will engage with county governments to pursue a formal discharge policy for local jails by September 1, 2018.

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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.

	 117	
Foster Care:		X
Health Care:		Х
Mental Health Care:		Х
Correctional Facilities:		Х
None:		

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)

The Rank and Review Committee were given information about the CoC's priority to serve vulnerable populations in the approved Rank and Review Criteria for new and renewal projects. The criteria included built-in assessments to review each project's capacity to operate with low barriers. Capacity was assessed by program model, wrap-around service partnership, participation in coordinated entry, eligibility verification, and prioritization of subpopulations (chronic homeless persons, victims of domestic violence, youth, veterans, and homeless families with children). The committee prioritized projects that serve the chronically homeless (PSH), as well as projects who served the greatest number of clients with disabilities, zero income, and high standardized assessment scores (SPDAT). High SPDAT scores are indicative of multiple areas of vulnerability and morbidity. In addition, a willingness to serve clients with high acuity scores was assessed through "housing first" model status.

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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	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

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 1

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> Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project 09/05/2017 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.

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.

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

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

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 Yes
Governance Charter or other written
documentation (e.g., MOU/MOA) that outlines
the roles and responsibilities of the CoC and
HMIS Lead?

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.

Pages 3-5 of the MOU

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

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

2A-4. Using the drop-down boxes, select the Statewide HMIS (multiple CoC) **HMIS implementation Coverage area.**

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	97	36	61	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	60	23	37	100.00%
Rapid Re-Housing (RRH) beds	81	0	81	100.00%
Permanent Supportive Housing (PSH) beds	200	6	194	100.00%
Other Permanent Housing (OPH) beds	2	0	2	100.00%

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)

N/A

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 04/26/2017 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

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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 01/25/2017 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.

2B-2. Enter the date the CoC submitted the 04/26/2017 PIT count data in HDX. (mm/dd/yyyy)

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)

1 rapid-rehousing project was added and 1 permanent supportive housing project closed.

2C-2. Did your CoC change its provider No coverage in the 2017 sheltered count?

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:	0
Beds Removed:	0
Total:	0

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?

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.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT Yes count implementation, including

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methodology and data quality changes from 2016 to 2017?

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)

For the 2017 PIT count we consulted with local homeless liaisons for school districts on where to survey. We also worked with DCFS to complete PIT count surveys for homeless youth encountered during the day. While several homeless youth were surveyed, they were homeless according to McKinney-Vento standards. These changes to the methodology did not result in any significant changes in the PIT count results as none were found through this process to be literally homeless.

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

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)

Members of the PIT committee consulted with the education/youth homelessness committee and local homeless liaisons for school districts on locations to survey in order to count all homeless youth. Their answers were considered when creating outreach maps highlighting locations to survey. The committee also worked with DCFS to complete PIT count surveys for homeless youth encountered during the day.

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)

Several persons who formerly experienced homelessness participated in the PIT count in 2017. They were able to utilize their knowledge of locations where persons experiencing homelessness may be staying and helped the PIT committee prepare maps highlighting locations to survey. 130 volunteers participated in the PIT count over three days, ensuring adequate coverage of areas to be surveyed. Members of the Veteran's Community Council were

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invited to participate in the PIT count and to provide ideas of locations to survey specific to veterans. Businesses and community members were encouraged to call the outreach team if they observed someone suspected of experiencing homelessness so they could be connected to resources.

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)The total reduction was 111 clients from all ES, TH, and PH projects. 2)The CoC engages with 2-1-1 and partners to reach precariously housed families. Risk factors are addressed to CoC planners by providers who engage in shelter services: victimization, rental history, landlord relationships, prior homelessness, habitability of housing, language/cultural barriers, lease violations, inability to pay rent, illegal evictions, discrimination, substance abuse, mental illness, institutional history, no support network, aging out of foster care, jail discharge. 3)Services to mitigate risk factors: diversion assessment; tenant rights & responsibilities training; landlord mediation; homeless prevention rent help; outreach through social services, churches, hospitals, schools, employers; outreach to landlords about resources; disability services; employment and income services; and use of a landlord toolkit and flex fund. 4)United Way employs staff to facilitate all strategic planning.
- 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)
- 1) The LOT decrease in ES shelter was only one night, and a total reduction for ES and TH was two days. 2) Our CoC has committed to a no wrong door approach for CEA for years, and it will be fully implemented in all HMIS agencies on November 1, 2017. Our CEA process extends to both CoC and non-CoC funded agencies that unite biweekly to case conference the hardest to

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house clients in our Coordinated Support Services Subcommittee. 3) The byname list is sorted and discussed by the highest SPDAT scores and chronic status, and typically this captures the longest stayers in the system. Clients typically receive vouchers within 7 days of assessment. The issue for clients is leasing an FMR, 12-month contract. The 2015 Utah County renter vacancy rate was 2.97% and 3.4% in 2016. The lack of change denotes a significant effort on part of our programs to help maintain our length of time homelessness despite the housing market. 4) United Way of Utah County staff facilitate this process.

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)

1) Our street outreach enrollments (46) did not indicate direct placements, with a decrease in one client placement from 2015 to 2016. This was due to incomplete data from the lack of exit enrollment interviews, since many of these clients transferred to other programs before an exit interview was completed. This will be remedied next year. There was a 10% increase in retention for ES, TH, and PH-RRH clients. Change in retention went down 2% for PH (from 83% to 81%). 2) Our PSH programs partner with the largest mental health organizations in the local area to provide wrap around services to clients who have obtained permanent housing. Services include regular home visits, psychotherapy, day treatment, medication management, psychiatric services, healthcare services, provisions for food and clothing, case management, employment counseling, and life-skills courses. 3) Wasatch Mental Health, Utah County Substance Abuse, and Golden Spike Outreach spearhead these wraparound services.

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)

1)In 2016, returns to homelessness increased from 14% to 17%. ES enrollees decreased from 65% to 25%, TH clients increased by 9% and PH clients increased by 4%. Our totals indicate returns by eight additional clients, who likely returned due to violation of contract. 2) Our strategy to identify and case manage returned clients involves CEA and biweekly coordinated support services meetings, where persons are assigned to familiar street outreach and case management staff for contact. 3)Our CoC commits to continue case conferencing and utilizing our private flex fund to mitigate financial reasons for pending eviction, to provide diversion services and/or shelter space for

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individuals recently evicted, and to continue training case managers on consistent follow-up, as well as incentivize tenant education to clients.

4) Wasatch Mental Health leads street outreach and wrap-around services, United Way oversees the flex fund, and Community Action leads diversion and tenant education.

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, nonemployment including mainstream benefits.
(limit 1000 characters)

1) The CoC partners with agencies and programs such as Utah Defendant/Offender Workplace Development Program, Job Corps, People Helping People, and Department of Workforce Services to help clients access employment opportunities and mainstream services. 2) In monitoring visits, CoC staff encourage agencies to have case managers SOAR trained, to partner more directly with these employment or staffing agencies to meet their earned income and total income performance goals. The CoC also sends announcements about job fairs to all Continuum members and encourages them to advertise. 3) The CoC provides bi-annual training on mainstream benefit opportunities for Continuum member agencies, particularly for any new case management staff; 4) United Way of Utah County staff provide monitoring and advertising, Community Action provides Bridges out of Poverty training, and DWS provides mainstream services.

3A-6. Did the CoC completely exclude a yes 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).

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 Ad Hoc PIT Subcommittee is committed to making the most effective use of staff, volunteers, and other resources in the unsheltered count. Members of these committee include program street outreach teams and at least one formerly homeless individual. These committee members help evaluate our mapping for the unsheltered homeless during and outside of PIT. This team

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frequents areas of high traffic unsheltered homeless 5 days a week, and also conduct "in-reach" in a walk-in soup kitchen/service center five days a week. They also coordinate with local law enforcement to track individuals that are identified on weekends. All of these unsheltered individuals are eventually introduced to the coordinated entry and assessment process either by street outreach or by agency visits. Our CoC has a "no wrong door" policy for these individuals. Once they enter in CE, they are assisted with paperwork processes and are introduced to housing vacancy lists in order to find permanent housing.

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 CoCprogram 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.	91	54	-37

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 ad 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	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	60
Total	60

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.

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	X
Number of previous homeless episodes	X

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Unsheltered homelessness	X
Criminal History	
Bad credit or rental history (including not having been a leaseholder)	
Head of Household with Mental/Physical Disability	X

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)

1) Community Action Services and Food Bank (CAP) and two DV shelters cooperate to re-house homeless families within 30 days. Families who enter the DV shelter or CAP shelter program are assessed for CEA in the first interview. Housing search begins in 1-7 days with a placement goal of 2-3 weeks. The CoC maintains a list of vacant housing and attempts to recruit landlords to accept high-risk families. The CoC flex fund is used for landlord concerns (pay a double deposit). CAP helps the housing search and landlord negotiation. CH families have priority for PSH units. Families with more risk factors have a higher priority for RRH funding. CAP uses CoC RRH, TANF and EFSP funds for RRH. CAP went from \$77,000 RRH funds in 2014 to \$465,000 TANF RRH over 3 years starting in 2015. In 2016, CAP started CoC RRH project in the amount of \$75,000, and in 2017 it launched two RRH Youth projects. 2) The agency over strategically planning and providing RRH is CAP.

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.	25	22	-3

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)

On 9.11.17, the CoC adopted a policy to affirm the CoC's commitment to Equal Housing which included a grievance policy for reports of denial of services based on sexual orientation or gender identity. Our CEA policies and procedures and CoC policies and procedures include a general grievance policy where clients may file a complaint to CoC staff if they are faced with separation

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from family or denial of services. If this complaint indicates discriminatory practice, staff will notify the agency's executive director within three business days. The agency is required to make restitution with the client and/or supply a report to the CoC within 10 business days to explain the issue. If the agency has engaged in discriminatory practices, they will be reported to the Fair Housing Antidiscrimination and Labor Division. All agencies are encouraged to attend Fair Housing trainings annually, which reviews protected classes, and to formalize and implement anti-discrimination policies.

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

Human trafficking and other forms of exploitation?	No
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)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

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)

1) Our CoC jurisdiction includes a shelter for unaccompanied youth, which pursues new RHY NOFA's as they are presented, but currently is only maintaining their current grant. However, two new Youth RRH projects began in June 2017 (totaling \$70,878) to assist 16 youth clients with finding permanent housing. 2) Our CoC coordinates with DCFS with its program focus on youth transitioning out of foster care, particularly in order to help them enter CEA.

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DCFS is involved in UHMIS, and our Coordinated Support Services (CSS) Committee highlights youth as special subpopulation in the case conferencing process. 3) Our CSS Committee tracks monthly placements for veterans and chronic clients, and starting in October 2017 will monitor a monthly placement goal for youth. 4) A monthly placement goal will assist the CoC in targeting the placement of youth as a special subpopulation rather than relying on their SPDAT scores as the only prioritization method on the CoC by-name list.

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)

1) Youth education providers are members of the CoC's Education Subcommittee. Committee members also include an LGBTQ resource center, Community Action, DCFS, the unaccompanied youth shelter, Head Start, DV shelter, Job Corps, and CoC staff. This subcommittee meets quarterly to share resources, referrals, and strategically plan. Members are provided with housing referral cards and brochures. Schools collaborate with the DV shelter to ensure transportation to educational services is provided. This committee was consulted regarding PIT count methodology. 2) Member agencies of the Mountainland CoC, Mountainland Head Start, and United Way's Help Me Grow program have entered into a formal Memorandum Of Understanding (MOU). 3) School districts have a formal policy to post McKinney-Vento Homeless Assistance Act information for parents on their websites and in each school's front office. Registration forms ask questions relating to housing status.

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	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	Yes
Birth to 3	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
McKinney Vento Liasons	No	Yes

3B-3.1. Provide the actions the CoC has taken to identify, assess, and

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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)

All Continuum case managers participate in CEA and conduct standardized assessment with clients. As part of this process, veteran status is assessed. Those who self declare veteran status are looked up in the HMIS Repository and the Veteran Status Query and Response Exchange System (SQUARES). If they don't have the necessary paperwork in place, case managers complete a VA ROI, or begin the DD-214 process with the client. Homeless Veterans Fellowship (who provide SSVF benefits) and VA reps meet with clients biweekly at a local food and shelter walk-in center. HVF, VA, and DWS Veteran Reps meet bi-weekly with the Coordinated Support Services Subcommittee to case conference any veterans on the By-Name-List. Veterans are also referred to the CoC through the Utah County Vet Center and the American Legion. Street outreach is conducted each weekday in Utah County to identify, assess, and refer all persons experiencing homelessness including veterans.

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

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

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

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)

1) The CoC coordinates with Department of Workforce Services, (DWS) which provides an employment counselor who specifically works with homeless individuals and families. DWS also has an employment counselor who works with families who receive TANF RRH and veterans. This person participates in coordinated support service meetings. DWS provides: working with persons on an employment plan, intensive employment preparation, job seeking skills, and job search. DWS provides incentives (\$2,000 tax credit for hiring) for employers who employ persons with a variety of barriers including homelessness. DWS assists with other training funding- GED, adult high school, short-term training, apprenticeships, etc. DWS provides updates of their employment services in CoC meetings, and a DWS worker participates in the CSS Subcommittee. 2) The CoC coordinates an annual training with DWS about mainstream benefits

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for all members. 3) United Way of Utah County and CAP these trainings.

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)	12.00
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.	12.00
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).	12.00
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.	9.00
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.	75.00%

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)

1) Our outreach covers about 75% of our geographic area in terms of population. 2) We offer 5-day-a-week street outreach, led by mental health workers trained in trauma-informed care to help the unsheltered homeless gain access to CEA. Members of the street outreach teams include and at least one formerly homeless individual. This committee member helps evaluate our mapping for the unsheltered homeless during and outside of PIT. This team frequents areas of high traffic unsheltered homeless 5 days a week, and conduct "in-reach" in a walk-in soup kitchen/service center 5 days a week. They also coordinate with local law enforcement to track individuals that are identified on weekends. 3) The "in-reach" process allows the team to reach persons who do not typically expose themselves through panhandling or camping. Further, it was discovered that veterans have hesitance with CEA, so we coordinate with the local Vet Center and a VA case manager to conduct outreach with veterans biweekly.

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

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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)

1) Our basic strategy to affirm our commitment to Fair Housing involves annual trainings for program managers and case managers from public and private agencies, who are encouraged to develop and implement policies and procedures that protect clients from discrimination. Clients are also given briefings on their housing rights and how to file complaints with Fair Housing when necessary. 2) Our housing authorities and most of our private agencies employ at least one staff member with bilingual proficiency (typically, Spanish) in order to help clients who are not proficient in English. Our CoC also partners with an non-profit organization that specializes in assisting families with heads of household or children with disabilities and informs them on housing programs and housing opportunities. By January 2018, our CoC will reprint 2-1-1 outreach cards with basic housing information that will be printed in both English and 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	103	81	-22

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

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 statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).

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	Evidence of Commu	09/15/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2017 NOFA Consoli	09/13/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Rank and Review 2	09/15/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Ev	09/14/2017
05. CoCs Process for Reallocating	Yes	Rank and Review P	09/15/2017
06. CoC's Governance Charter	Yes	2017 Goverance Ch	09/15/2017
07. HMIS Policy and Procedures Manual	Yes	Utah HMIS Standar	09/13/2017
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 Administrativ	09/15/2017
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	Utah HMIS CoC MO	09/13/2017
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	System Performanc	09/14/2017
14. Other	No		
15. Other	No		

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Submission Summary

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

Page	Last Updated
1A. Identification	08/28/2017
1B. Engagement	09/15/2017
1C. Coordination	09/15/2017
1D. Discharge Planning	09/14/2017
1E. Project Review	09/14/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/13/2017
2B. PIT Count	09/13/2017
2C. Sheltered Data - Methods	09/15/2017
3A. System Performance	09/15/2017
3B. Performance and Strategic Planning	09/15/2017

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4A. Mainstream Benefits and Additional 09/15/2017

Policies

4B. Attachments 09/15/2017

Submission Summary No Input Required