

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: UT-504 - Provo/Mountainland CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Utah State Dept. of Housing and Community Development

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran services	Yes	Yes	Yes
Veteran/Military and Disaster services - Red Cross	Yes	Yes	Yes
Faith-based organization	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The main structure is the Mountainland Continuum of Care Committee. The CoC Executive Committee annually reviews membership to assure persons from all geographic areas and interests are represented. They publicly post an annual invitation for others interested or engaged in homelessness. The membership includes outreach, shelter & housing providers, prevention, education, ESG, faith-based, government and others. The CoC encourages partners with similar interests to serve on the CoC and/or in subcommittees or work groups. Time is set aside in meetings for members to address the CoC. Members may propose new business for the next meeting by email or at meetings. Membership examples: The lead person for Provo City CDBG/Utah Valley HOME Consortium serves on the general CoC, the CoC Executive Committee and the Review and Ranking Subcommittee. Our most recent new member represents Red Cross disaster services and new veteran services.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Vantage Point, Wasatch Mental Health	Yes	Yes	Yes

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Peace House DV Shelter and Services	Yes	Yes
Center for Women and Children in Crisis Shelter and Services	Yes	Yes

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

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

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

The Planner and Exec. Committee recommend the Subcommittee structure to the full CoC to address all aspects of the strategic plan. The P-T CoC Planner, Assistant Planner and Admin. Assist. are staff to the Exec. Committee, the CoC, and Subcommittees. They assess and support progress in meeting Opening Doors and other goals. The staff identify and recommend individuals to serve on the subcommittees (Housing Solutions, Coordinated Support Services/Intake, Education, etc.) The staff is up to date on HUD guidance and information from the National Alliance to End Homelessness so are competent to make the recommendations. Volunteers from the CoC and community are also invited to participate in subcommittees. The factors for recruitment include: understanding of community needs; willingness to commit time and effort; engaged in services; competence in specific skills (public relations, housing development, casework, etc.); members of the sub-populations or advocates; or key stakeholders.

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

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. 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, OneCPD resources, 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-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

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

4 of the 5 CP entities engage with the CoC as follows. (5th is new in the area.)

- CPs are CoC Committee voting members
- CoC members contribute in annual CP online needs surveys
- CoC members are invited to participate in the CP Public Hearing
- 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. The CoC has committed to hold a similar session with 4 CPs and key nonprofits beginning in early 2016 on the use of CDBG funding to meet housing needs. The CP entities are: Provo, Orem and Lehi Cities, State, and Utah County/Mountainland Association of Governments.

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

Through ongoing communication with continua representatives the State of Utah informs the prioritization and funding amounts for ESG. Each of the 3 CoCs presents to the ESG allocation committee about their priorities and needs. This is a factor in the scoring of all ESG and State funded homeless funding applicants which is how projects are prioritized and awards made. The State developed a series of performance standards that measure the outcomes of their ESG sub recipients with input from the CoCs. The measures are modeled after or directly from the HUD System Performance Measures and are aimed at developing a system in which agencies account for and improve on their contributions to the State and CoC outcomes. These measures are pulled on a quarterly basis from HMIS and will be used eventually as an evaluative measure for funding prioritization. The Assistant Planner for our CoC participates in State of Utah ESG monitoring visits of ESG funded programs in our region.

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

A: Our housing agencies begin with a quick assessment. If a family identifies as DV victims they receive info about the DV shelter and services. With consent the caseworker calls the DV program and connects the client with the DV staff to arrange for services. The housing agency then uses SPDAT assessment and offers housing options with consideration for safety and rapidly housing the family.

B: The DV agency completes an HMIS SPDAT to identify vulnerabilities. They use a code name with no identifying information in HMIS. They offer shelter, education, therapy, children’s programs, and case management. They refer and assist with transportation to Family Justice Center (legal assistance, prosecution efforts and law enforcement), Victim’s Advocates, RRH, PHAs, U-VISA assistance, etc. DV cases are brought to the Coordinated Support Services group in broad generalities to maintain anonymity and assess fit with housing services.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Provo City Housing Authority	20.00%	Yes-HCV
Housing Authority of Utah County	17.00%	Yes-HCV

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

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

Several agencies within our CoC jurisdiction offer help with housing for homeless persons through outside funding sources. Three new tax credit housing projects in Utah County have 4-5 units set-aside for the homeless with several more for DV survivors. A tax credit project in Heber City has 5 units set aside for homeless persons. The Food and Care Coalition, a non-CoC funded non-profit, provides transitional housing, case management, and housing search help for homeless clients. A TANF and ESG grant is used by Community Action to offer RRH and homeless prevention housing help for families. A prominent faith-based organization in the area has partnered with our agencies to provide emergency sheltering for individuals and families for several days in local motels. Our local DCFS office has a grant from the State Department of Human Services to provide limited housing funding for youth ages 18-21 who are aging out of foster care. Also, our CoC has a private flex fund that can offer a deposit, first and last month's rent, and an additional security deposit for literally homeless individuals when no other funding sources are available.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

5-day/wk street outreach is led by mental health workers who engage and offer info to people they encounter. Our coordinated entry process has involvement from homeless service providers - non-profit organizations, shelters, public housing authorities, substance abuse providers, local law enforcement, mental health providers, health clinics, and veteran services. The CoC has “no wrong door” policy, where homeless persons quickly receive standardized assessment and entry into HMIS at any agency. Our standardized assessments are Org Codes’ VI-SPDAT and SPDAT assessments used statewide. Our coordinated entry subcommittee meets bi-monthly and reviews a by-name list from HMIS which prioritizes persons for housing services by assessment scores (vulnerability), chronic status, veteran status, family status, etc. The group reviews the available housing as well (PSH, PH, RRH, etc.) and caseworkers then work with their clients to access the most appropriate housing and services.

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

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

Red Cross Homeless Veteran Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	11
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

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

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

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The Application Review Criteria for new and renewal projects required the reviewers to assess the eligible populations to be served as well as the subpopulations, the severity of the need, and the vulnerability of the persons to be served. These criteria are: eligible population; and subpopulation (chronic homeless persons, victims of domestic violence, homeless families with children, youth, and veterans). In addition the criteria included an assessment of whether the project was “housing first” and low barrier indicating the willingness of the project to serve those who are in greatest need and with the greatest vulnerabilities. The criteria also included a review of the specific local prioritized CoC and HUD needs met by the project as well as the importance of the service provided. All of these criteria gave the reviewers a good understanding of the projects and their potential role in assisting those in greatest need and those who are most vulnerable.

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

The CoC Planner modified the 2014 review, ranking and selection criteria based upon the HUD NOFA and distributed it to all CoC members for adoption. The criteria, request for proposal directions, and all essential information was then posted on the CoC website along with links to HUD NOFA information and more on September 29, 2015. The Request for Proposal and criteria was also widely distributed by email to all CoC members, all CoC funded agencies, other social service agencies and others on Sept. 29, 2015. The evidence of the email notification is attached. The email references the posting on the website.

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

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

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

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

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

Instructions

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

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

CoC administrators monitor CoC-funded projects semi-annually for HUD performance measures and a wide variety of topics (outcomes, draw-downs, APR submission, etc). State HMIS leads and CoCs evaluate all CoC-funded program data quality quarterly. The Monitoring form is in the CoC Policies and Procedures Manual. Annual Performance Reports (APR) are submitted to HUD by each CoC-funded program, and this report is evaluated by CoC staff before the in-person monitoring visit. CoC staff meet with project managers and discuss why APR goals were or were not met, and how funds and partnerships are being utilized to meet these goals. Strengths and needs of the agency are addressed, and a monitoring report is sent to executives and program managers of the agency with recommendations for the next six months. These monitoring reports are kept on file on a secure server. Monitoring information is provided and considered within the renewal project review and ranking process.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. Pages 4 - 6 attached CoC-HMIS MOU

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

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

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

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

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

Instructions

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

2B-1. Select the HMIS implementation coverage area: Statewide

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$26,189
ESG	\$7,981
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$34,170

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$5,696
State and Local - Total Amount	\$5,696

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$39,866
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/30/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	94	36	55	94.83%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	88	28	60	100.00%
Rapid Re-Housing (RRH) beds	19	0	19	100.00%
Permanent Supportive Housing (PSH) beds	198	6	188	97.92%
Other Permanent Housing (OPH) beds	2	0	2	100.00%

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

(limit 1000 characters)

Not applicable.

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

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

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	2%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

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

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

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

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

Not applicable.

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

Instructions:

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

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

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/30/2015

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

Instructions:

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

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

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

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

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

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

Our sheltered PIT count came from three main sources; 1) HMIS, 2) client interviews at non-HMIS shelters, and 3) provider surveys from domestic violence service providers. Using these methods, we gathered all of the population and subpopulation data that was required for the PIT. Using these three sources we were able to get a complete census count of the sheltered population in the continuum of care so no extrapolation was used. We choose this method because we determined that it would give us a reliable count for our communities.

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

There were no significant changes in our sheltered PIT count methodology from 2014 to 2015.

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

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

We had three changes in coverage for our CoC. The first was the addition of the 11 bed, ES RHY program. This program was included in 2015 because of clear guidance that RHY programs were to be included in the count. The second was the opening of the Food and Care shelter and transitional housing facility in Provo for homeless persons (singles and couples). This facility has 36 beds - some short-term shelter and most transitional housing. The third change is that Community Action received a substantial increase in private faith-based funding to provide motel shelter assistance to homeless persons thereby increasing their capacity.

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

Instructions:

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

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There were no significant changes in our sheltered PIT count from 2014 to 2015 that would impact data quality.

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

Instructions:

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

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

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/30/2015

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

Instructions:

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

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

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

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

For the unsheltered count, our CoC sent PIT count volunteers and outreach workers to known locations to interview people on the night of the count as well as the two nights following the count. Interviewers surveyed all of the people who they came in contact with during these canvassing efforts. The interviews gathered all of the population and sub-population data that are required for the PIT. We did not extrapolate as it was felt that all the areas where homeless persons might be staying were canvassed. We choose this methodology because past experience showed us that we would encounter persons who were staying on the street and would have a successful count. The methods were based upon our work in 2013 and 2014 when we used the Registry Week approach.

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

There were no significant changes in our sheltered PIT count methodology from 2014 to 2015.

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

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

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

Instructions:

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

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

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There were no significant changes in our unsheltered PIT count from 2014 to 2015 that would impact data quality.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	149	203	54
Emergency Shelter Total	57	86	29
Safe Haven Total	0	0	0
Transitional Housing Total	57	79	22
Total Sheltered Count	114	165	51
Total Unsheltered Count	35	38	3

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,032
Emergency Shelter Total	974
Safe Haven Total	0
Transitional Housing Total	108

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

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

The CoC did a community phone survey, client interviews and a census of people staying in low cost motels about homelessness. Key staff then met and identified risk factors and activities to prevent homelessness. Risk Factors: 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. Activities: coordinated intake includes diversion assessment; teach tenant rights & responsibilities; mediate with landlords; homeless prevention rent help; inform social services, churches, hospitals, schools, employers about homeless prevention services; outreach to landlords about resources; disability services; employment and income services; increase funding for eviction prevention; and use of landlord toolkit and flex fund.

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

Chronically homeless individuals and homeless individuals who have endured long episodes of homelessness are evaluated within our coordinated entry and assessment process. The VI-SPDAT and SPDAT assessments, our standardized tools to evaluate our clients, measure length of homelessness and other important issues such as physical and mental disability, family status, strength of social support, substance abuse, monetary resources, and more. Before each coordinated assessment meeting, the HMIS lead reviews all individuals that are recommended for housing resources on the by-name list. Individuals without placement for six months or more are flagged for special review, especially when they have high scores on assessments. These individuals are discussed at length and connected to appropriate services. Also, CoC-funded programs must report on their progress on decreasing length of homelessness in APRs, which is discussed in CoC monitoring visits every six months.

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

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

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	787
Of the persons in the Universe above, how many of those exited to permanent destinations?	587
% Successful Exits	74.59%

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	241
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	200
% Successful Retentions/Exits	82.99%

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

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

The CoC emphasizes services to reduce returns to homelessness. We review quarterly HMIS reports on returns to homelessness to focus our attention on specific clients and strengthening our strategies.

- 1) For those entering housing, agencies offer services to help clients maintain housing (mental health services [e.g., psychotherapy, day treatment, medication management, psychiatric services], healthcare services, provisions for basic needs such as food and clothing, case management, employment counseling, and life-skills courses.
- 2) The CoC did a landlord survey to assess their concerns. Agencies use this info to help prevent and resolve landlord issues.
- 3) Caseworkers help with landlord mediation and help with deposits and rent.
- 4) Clients are discussed in coordinated assessment meetings and caseworkers work together to resolve issues before people return to homelessness.
- 6) The CoC has a flex fund to help cover excess apartment damages to help people maintain their housing.

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

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

Every CoC project works with participants to assess employment barriers and potential and to also assess eligibility and access income and benefits from non-employment sources.

1st Strategy: Wasatch Mental Health (WMH) focuses on workability by working with Vocational Rehabilitation to assist in increasing employment opportunities. Medicaid participants may participate in the Transitional Employment program through Wasatch House which specializes in helping consumers return to work.

2nd Strategy: Community Action works with participants to apply online for SNAP, Medicaid, TANF, General Assistance, FEP, and CHIP. Community Action faxes required eligibility documents to DWS for participants and follows up with an eligibility worker at DWS when issues arise in the application process. Community Action also provides access to computers for participants to check on their cases online.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The Department of Workforce Services (DWS) employment services are essential to our success in aiding homeless individuals and families in increasing their income. DWS provides a special Employment Counselor who works specifically with homeless individuals and families. DWS also has an Employment Counselor who works with families who receive TANF RRH and special employment services for veterans. DWS provides a variety of assistance including working with persons on an employment plan, intensive employment preparation, job seeking skills, and job search. DWS recruits and provides incentives for employers to employ persons with a variety of barriers including homelessness. DWS also 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 where agencies collaborate on specific cases.

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

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

The CoC is committed to ensuring awareness of and access to housing and supportive services to the unsheltered. We provide a number of outreach activities: 1) Direct street outreach-led by trained staff in trauma-informed care that cover both urban and canyon areas five days a week; 2) 211 line—phone and internet services available in English and Spanish with translation for other languages; 3) Marketing of housing and support services in locations that may be frequented by the homeless (i.e. libraries, laundromats, city recreational facilities, box stores, soup kitchen, food pantries, hospital emergency rooms, health clinics, etc.) in both English and Spanish; 4) 211/coordinated intake and assessment information shared with targeted groups who may interact with persons who are homeless (e.g. churches, law enforcement, victim advocates, health clinics, hospital social workers and emergency room staff, volunteers of veterans, school district homeless liaisons, city staff, and others.)

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

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

The Ad Hoc PIT Subcommittee completes the PIT count and is committed to making the most effective use of staff, volunteers, and other resources in the unsheltered count. The following criteria is used to exclude specific geographic areas from the unsheltered count. The areas which are excluded may exhibit one or more of these criteria. The Subcommittee members were in consensus that it is highly unlikely for persons who are homeless to be present in any of these locations because there are no amenities, water, shelter, (i.e. generally uninhabitable) and are far from typical transportation systems. Criteria: areas that are inaccessible by vehicles or people; areas that are uninhabitable and inaccessible; remote west desert area; Wasatch Mountain range and high mountain passes; areas (mountains and desert) that are only frequented for recreational purposes and which are many miles from any community; isolated grazing land (cattle and/or sheep); and/or isolated river ways.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	6	5	-1
Sheltered Count of chronically homeless persons	5	2	-3
Unsheltered Count of chronically homeless persons	1	3	2

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

Our CoC had a decrease of 3 from 5 to 2 in the 2014 and 2015 sheltered PIT count of chronically homeless persons. We attribute this to an improved prioritization process in moving chronically homeless persons into PSH from shelter. Our CoC had an increase of 2 from 1 to 3 in the 2014 and 2015 unsheltered count of chronically homeless persons. We attribute this to the improved expertise of the Wasatch Mental Health street outreach program. Their lead person is very knowledgeable of the locations where homeless persons frequent thereby improving the outcome of our unsheltered count. He knows the names and circumstances of most of these persons who live on the streets and who have not yet chosen to come in for shelter or PSH. In addition, a new non CoC-funded transitional housing program opened in early January 2015 for single persons. We have begun to experience the movement of some homeless persons coming from Salt Lake and Ogden into our community.

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

The CoC's goal is to increase PSH beds by 30 in 2014 and 50 in 2015. This will be done by prioritizing funding for projects serving CH, by existing PH projects prioritizing their units to serve CH through annual turn-over, and through the addition of 20 units in 4 new tax credit projects that will be in operation by the end of 2015. In addition, the CoC will continue to:

- 1) Work with the Veterans Admin to acquire several VASH vouchers.
- 2) Work with ESG and TANF funded agencies to strengthen homeless prevention efforts
- 3) WMH WATCH Team will strengthen outreach and engagement activities to help identify and refer CH for housing placement
- 4) Formalize and fully implement coordinated access system
- 5) Improve access to mainstream resources and employment
- 6) Improve on methods to maintain housing eligibility and improve transition from PSH to other PH.
- 7) Continue conversations with the local jail, Corrections and local hospitals to prevent discharge to streets.

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

Our goal - increase PSH beds for CH by 30 in 2014 and 50 in 2015. Our 2014 calendar goal of 30 was reported in the 2015 HIC. The actual was 15. Our 2015 goal will be assessed in the 2016 HIC. The total increase from the 2013 HIC to the 2015 HIC was 31.

We have accomplished all 7 activities.

- 1) 5 VASH vouchers are in use in our region (ported from Salt Lake)
- 2) Community Action received new ESG funds to assist CH persons and has new funding for RRH for homeless families (total of
- 3) In spring 2015 Wasatch Mental Health received CABHI funds to expand street outreach
- 4) Our coordinated system prioritizes chronic homeless for placement in PSH
- 5) In 2013/14 several new persons were SOAR certified
- 6) We now have a toolkit for landlords and case managers to help improve placement and maintaining PSH
- 7) A university internship program and a faith-based outreach program has been established at the county jail to work with inmates prior to release.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	84	99	15

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

We had a 15 bed increase in the number of PSH beds that were identified as dedicated for use by chronically homeless persons. This increase came from an agency that receives non-CoC funding for housing and has committed their units that turn-over to chronic homeless persons.

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

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. Page 20

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	41
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	10
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	10
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

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

This question will not be scored.

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

1) Our coordinated assessment system prioritizes the chronically homeless to receive PSH in any/all CoC funded and non-CoC funded PSH projects. An HMIS report of unplaced, assessed clients (the by-name list) is discussed by all providers bimonthly. Clients with the highest vulnerability scores on the SPDAT assessment with chronic status are discussed first, with information necessary to generate referrals and to assess fit with current vacancies in the area. All eligible referrals are accepted. Subpopulations such as families with children, victims of domestic violence, and veterans are referred to relevant agencies. 2) 41 PSH units are designated as beds for CH persons when they turnover. 3) In late 2015, three tax credit projects with 14 set-aside units for chronically homeless persons will open. 4) A 9 bed PSH bonus application to serve CH persons has been submitted with this application. 5) The CoC will apply for LIHTC funds in October 2016 for 25-40 PSH beds.

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

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

Instructions:

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

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

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

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

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

Community Action (CAP) and the 2 DV shelters cooperate to re-house homeless families in 30 days. Families may first enter the DV shelter or CAP shelter program. Housing search begins in 1-7 days with a placement goal of 2-3 weeks. CAP is the provider of RRH in the region. The CoC maintains a list of vacant housing units. Landlords are recruited to accept higher risk families. The CoC flex fund is used for landlord concerns (i.e. pay a double deposit). CAP helps find and secure housing and increase the family's income to maintain housing. CAP helps negotiate with landlords. CH families have priority for PSH units. Families with more risk factors have a higher priority for RRH funding. CAP uses ESG, TANF or EFSP funds for RRH. The RRH in the HIC for 2014 and 2015 only reflect the # of persons served on the PIT night. It does NOT reflect the increase in RRH funding. CAP went from \$77,000 RRH funds in 2014 to \$465,000 over 3 years in 2015. So we now have much greater capacity.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	57	19	-38

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

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

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

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	22	30	8
Sheltered Count of homeless households with children:	21	29	8
Unsheltered Count of homeless households with children:	1	1	0

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

The total unsheltered count for homeless households with children was the same in 2014 and 2015.

We experienced an increase in the sheltered count from 21 to 29 with an increase of 8. We attribute this increase to these factors:

- 1) Improved outreach and a better informed community (211, law enforcement, churches, etc.)
- 2) Improved coordinated intake which resulted in more families seeking and receiving needed emergency shelter assistance. The increase was seen in both the DV shelters and in the Community Action motel voucher shelter program.
- 3) Improved 24/7 access to shelter services for non-domestic violence homeless families. In January 2014 we did not have 24/7 coverage for accessing the motel voucher shelter program due to limited resources. The 24/7 coverage and access was re-established by January 2015 thereby increasing access on weekends, week nights and holidays.

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

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

Unaccompanied minors/youth below the age of 18?	Yes
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3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
Collaborate with Refugee and Immigrant Center to access U-VISAs for undocumented victims	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	0	0

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

N/A

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$148,099.00	\$148,099.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$148,099.00	\$148,099.00	\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	3

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

3 of the Homeless Liaisons are members of the CoC. A Community Action/CoC representative participates on the regular Division of Child and Family Services committee that meets to address the needs of specific families and youth engaged in the programs of the Utah Division of Child and Family Services. Housing is one issues addressed in these meetings. CoC funded family programs, a RHY program representative, Head Start, the local school district liaisons and others regularly meet in a CoC Education Subcommittee to coordinate, share information, and address homelessness among families and unaccompanied youth.

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

The CoC is committed to ensuring that the educational needs of homeless children and youth are met. The CoC Education Subcommittee is tasked to coordinate educational and other services to families, ensure families are informed of their eligibility for services, and assist agencies in implementing procedures to meet the educational needs of families. Their membership includes the school district homeless liaisons, shelter providers, housing providers, RRH and ESG service providers, RHY programs and Head Start. CoC Policy: All new and renewal CoC-funded projects as well as ESG-funded projects are required to have activities in place to collaborate with school district liaisons to ensure all children and unaccompanied youth are enrolled in school and are connected to other services such as Head Start. They are required to assign at least one caseworker to inform families of their eligibility for the McKinney-Vento educational services and to assist families in accessing these services.

This policy was reviewed at each project monitoring in the spring and summer of 2015 and will be reviewed at each monitoring going forward. All projects met the requirement in 2015.

To improve the process in 2016 the CoC Assistant Planner will:

- Provide ongoing training to 211 staff about the educational services available for homeless children and youth;
- Task the Coordinated Support Services Subcommittee to address the educational needs of children and youth as they work together to place families into shelter and housing in their bi-monthly meetings;
- Provide flyers and posters to every CoC funded and non-funded service provider to post and distribute to families; and
- Ensure that school district homeless liaisons are trained on an annual basis of the services available through the CoC funded and non-funded programs.
- Reach out to less participatory school district homeless liaisons (Alpine and Park City School Districts) and provide training and assistance.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	6	9	3
Sheltered count of homeless veterans:	2	3	1
Unsheltered count of homeless veterans:	4	6	2

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

The total number of homeless veterans that were sheltered increased by 1 from 2014 to 2015. The total number of homeless veterans that were unsheltered increased by 2 from 2014 to 2015.

The factors that contributed to the increase are as follows:

- 1) Improvement in communicating and determining who meets the veteran status in shelter programs and in interviews with homeless persons who were unsheltered in the PIT count process.
- 2) The 3 veterans who were sheltered in 2015 were participating in a new transitional housing facility which opened in January 2015 (Food and Care Coalition). This 36 bed facility serves as a shelter and transitional housing for the community. The facility also provides case management which allowed for improvement in identifying persons as veterans who may not have identified as veterans otherwise.

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

Homeless veterans are primarily identified during the coordinated assessment process by case managers at direct-service agencies. The CoC has recently developed a new policy to ensure that homeless veterans are directed immediately to VA resources. Whether or not documentation is available, clients who claim to be vets are referred directly to the non-profit organization Homeless Veterans Fellowship, which partners with the VA to provide SSVF for families and HUD-VASH vouchers throughout the State. This non-profit can help veterans verify status and become connected to services with a signed VA release of information. The CoC also supplies direct contact information for a local VA representative that can answer clients' questions. Also, local Vet Center and VA clinic volunteers have a CoC point-of-contact for when they come in contact with homeless vets. Both veteran volunteers and CoC staff attend each other's committee meetings monthly.

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

Clients who claim to be veterans can receive help from the non-profit Homeless Veteran's Fellowship (HFV), and the VA. When the client is ineligible for VA programs, HFV will determine if they can still be of assistance. HFV only requires one day of active duty, while the VA has more stringent requirements. However, if the client never served a day in active duty or was dishonorably discharged, the client will stay on the HMIS generated by-name list and referred back to services to other non-profit homeless providers. Our direct-service agencies will complete a full pre-screen assessment of the client before they are fully referred to HFV, and if clients are identified as chronic and highly vulnerable, they will be prioritized in our by-name list by those criteria. HFV's lead case managers and other service providers in the region have continuous contact, and meet at least bimonthly. Clients are reviewed for quick referrals and for re-directing of services when necessary.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	16	9	-43.75%
Unsheltered count of homeless veterans:	12	6	-50.00%

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

This question will not be scored.

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

Our current service strategy is to prioritize 1) data quality of veterans on our by-name list; 2) maintaining communication between the VA, non-profits that target veterans, and volunteer groups; and 3) having accessible services. For the first strategy, our main homeless veteran non-profit and the VA are striving to communicate with individuals currently on our by-name list that are unknown to service providers and have no documentation. We are trying to ensure that these individuals are still primarily residing in our CoC, and that they have access to VA representatives who can verify their status and eligibility. Second, VA staff, homeless service providers that target vets, and volunteers from our local vet center have on-going communication and meet at least monthly. Third, homeless veterans can have access to in-person appointments with VA and non-profit service providers at least once a month in a well-known non-profit homeless facility in our area.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	11
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	11
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

Two local key health care organizations are instrumental in facilitating health insurance enrollment for project participants. Mountainlands Community Health Center/Community Health Connect has licensed enrollment specialists available to help individuals obtain affordable health insurance (Medicaid, CHIP, and the Health Insurance Marketplace). They have enrolled at least 75 homeless persons this past year. Medicaid has not yet been expanded in Utah which does limit health insurance options for many. Mountainlands Community Health Center opened a new clinic - Mountainlands East Bay Health Center in Provo in September 2015. This Health Center provides primary healthcare services for homeless persons. The Clinic is co-located at the Food and Care Coalition (soup kitchen/shelter/transitional housing facility). 125 homeless persons have received health care since it opened.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Opening of the new East Bay Health Center for homeless persons	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	11
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	9
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	82%

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

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	11
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	73%

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

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	57	19	-38

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

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

Not applicable.

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

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

Not applicable.

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

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

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Consolidation of two projects into one project	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Consolidation of 2 contracts into one project	05/31/2015	5
Advice re systems performance	03/01/2015	5
Contract extension	02/18/2014	5
APR clarification	06/25/2014	5
Renewal grant	02/26/2015	5

Attachment Details

Document Description: reallocation process not applicable

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Rating and Review Procedure with Criteria

Attachment Details

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

Attachment Details

Document Description: reallocation process not applicable

Attachment Details

Document Description: CoC Policies and Procedures with Addendum

Attachment Details

Document Description: Utah HMIS Policies and Procedures

Attachment Details

Document Description: other homeless persons served

Attachment Details

Document Description: 2 PHA Policies

Attachment Details

Document Description: Utah HMIS and CoC MOU 2015

Attachment Details

Document Description: CPD-14-012 CoC Policy

Attachment Details

Document Description: other homeless persons served

Attachment Details

Document Description: CPD-14-012 CoC Policy

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/12/2015
1B. CoC Engagement	11/16/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/12/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/18/2015
2A. HMIS Implementation	11/16/2015
2B. HMIS Funding Sources	11/12/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/12/2015
2E. Sheltered PIT	11/18/2015
2F. Sheltered Data - Methods	11/18/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/18/2015
2I. Unsheltered Data - Methods	11/18/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/16/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/17/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required