

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

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

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

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** MT-500 - Montana Statewide CoC

**1A-2. Collaborative Applicant Name:** Montana Continuum of Care Coalition

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

**1A-4. HMIS Lead:** Montana Continuum of Care Coalition

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

**Instructions:**

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

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

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


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

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

Participation is recruited at both a state and local level. To ensure local input, ten MT CoC board seats are elected by each of the 10 districts aka as local or community-based CoCs. 5 at-large seats are filled by election of the CoC members at a statewide meeting and the bylaws provide for actively recruiting additional at-large board members to ensure participation of targeted subpopulations, e.g. youth, mental and addictive services, PATH and SOAR, schools, veterans and the most recent addition is from the Montana State Board of Housing. Membership meetings are open and public notices go out to more than 2,000 thru the MT Housing Division listserve and thru local CoCs. Local CoCs actively strive to maintain or increase participation in local CoC planning and their meetings are open and widely advertised. Recent Coordinated Entry training and planning workshops have been boon for engaging new organizations and persons in local CoC organizations.

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

The MT CoC is built upon a foundation of ten local or community-based CoC organizations that represent 10 districts covering the entire state. Local planning informs and drives the State CoC. Membership in the MT CoC is open to all as are twice-a-year meetings. Meeting notices go out thru local coordinators, the statewide CoC membership list, posting to the MT CoC Website and to the State of MT Housing Division listserve as well as various nonprofit newsletters. Proactive outreach occurs when targeted subpopulations are not represented at either the local or state level. For example, the state agency overseeing housing programs was recruited to join the MT CoC board and recent outreach to PRIDE included in participation in PRIDE workshop, addressing lack of state protections of LGBTQ youth under the Every Student Succeeds Act and partnering in a legal research project. In turn, PRIDE is becoming more active in local and state CoC activities.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.**

**(limit 1000 characters)**

Public Notice of the NOFA was sent on August 7th to all local coordinators, past grantees, persons known to be interested in submitting applications and another Public Notice went out thru the MT Department of Commerce Housing Division's listserve to more than 2,000 persons interested in housing on August 11th. Local CoC Coordinators, in turn, distribute this information locally thru a variety of means. Both notices contained information about Montana's scoring criteria, key dates and links to more application information. Two new applicants submitted project applications that have been accepted; one will be funded through reallocation and the other through, we hope, the Permanent Housing Bonus. Both projects are from communities with no current CoC grants.

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

**Instructions:**

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

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	No
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Not Applicable
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

(1) MT Dept of Health & Human Services (DPHHS) administers ESG, provides funding to staff the CoC, sits on the CoC Board and is the current HMIS Lead, all providing for a close working relationship for all planning. DPHHS and CoC

co-host an annual Roundtable for all ESG field agents and the CoC sponsors monthly RRH roundtables for both ESG and CoC. Allocation and funding is governed by state statute requiring local decision-making, so we emphasize the need for local CoC and ESG collaboration. ESG subrecipients are active in local CoCs. (2&3) The CoC produces a comprehensive Needs and Gaps Analysis including extensive PIT and HI data which is sent to all 4 Consolidated Plan jurisdictions and distributed widely. The MT CoC participates in the state Con Plan public hearings and submitted comments for creating more homeless housing. Local Con Plan Jurisdiction offices are active in their local CoC organizations and CoC coordinators provide public input to their Con Plans

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

DV providers are highly trained in DV best practices and engaged as CE partners and trainers. CE is designed based on DV provider expertise, capacity and preference. DV providers are CE access points and DV-specific triage questions and process prioritizes safety and unique circumstances. Safety issues during CE trigger a DV provider warm hand-off (call, ride) is coordinated so the household can work directly with DV experts to plan around safety needs and access all appropriate DV and non-DV services. Personal information is not entered into the CE database; DV providers manage the VAWA-compliant spreadsheet with personal information. DV providers train all front doors on safety planning pre-CE launch, attend weekly case conferencing, will provide a statewide webinar in 2017 on DV best practices including trauma-informed care, and offer annual access point training to ensure consistency in procedures, promoting fair and equal access for households fleeing DV.

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

(1) All front doors are DV-provider trained pre-CE launch and attend weekly case conferencing. Statewide Fall 2017 webinar on best practices including trauma-informed care. Monthly issue webinars. Annual training on access points to ensure fair and equal access. (2) 80% of homeless mothers w/ children experienced DV and 57% of women report DV as the cause (NAEH workshop 7/2017). MT will use local by-name list data to track trends and monthly planning meetings to refine CE processes. E.g. Missoula BNL shows 8 DV hshlds and 4 have been housed. (3) MT uses DV providers as CE front doors and as trainers to ensure all front doors are know how to ask safety questions and refer hshlds to the DV provider when they choose that option. Hshlds fleeing DV have equal access to non-DV resources and can choose or

refuse without punitive policies. Personal information is kept in a VAWA-compliant spreadsheet and managed by local DV providers to ensure confidentiality within all steps of CE.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Helena Housing Authority	39.00%	Yes-Both
Missoula Housing Authority	24.00%	Yes-HCV
MT Dept of Commerce, Housing Division	5.00%	No
Housing Authority of Billings	34.00%	No
Butte Housing Authority	46.00%	No

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

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

Adopting a Homeless preference was discussed and dismissed by both the MT CoC Board and the State Community Action Agency association in 2016, to the dismay of many. In early 2017, the Consolidated Plan 2017 Action Plan included an invitation for feedback on a Section 8 Homeless Preference Concept Paper. Following a failed attempt (by CoC staff and others) to build support, the MT CoC Board agreed to a CSH facilitated Strategic Planning Session in June to discuss how to create more permanent, affordable housing for the homeless. One of the 9 Action Plans is a Section 8 Homeless Preference. While the plan is still being developed, support for the preference increased significantly. The MT CoC and the State CAA Association are now jointly reconsidering preferences. On Nov 8, Collaborative Solutions (HUD TA provider) will facilitate a meeting of key stakeholders intent upon building a cohesive statewide coalition focused on creating more homeless housing.

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



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

The CoC hosted a webinar on youth trafficking and participated in a PRIDE hosted workshop with homeless LGBTQ youth. The CoC is collaborating with PRIDE to conduct a legal review of guardianship issues, local ordinances affecting the homeless and more. The CoC partnered with PRIDE and the ACLU to submit an appeal to the Montana Office of Public Instruction to restore protections for LGBTQ youth in Montana schools. (2) CoC members participated in the HUD Nov., 2016 webinar on Equal Access and Gender Identity and will require local CoCs to view the archived recording when posted. Meanwhile, the Powerpoint and transcript were distributed to all local coordinators and CoC grantees. Also sent were: 1) The HUD Equal Access Self Assessment Tool; 2) The "Notice on Equal Access...for HUD's CPPD Programs" to be publicly posted, 3)"The Final Rule, Equal Access .....for CPPD program." A training session on Equal Access is planned for the statewide CoC Membership statewide meeting this fall.

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

Engaged/educated local policymakers:	<input type="checkbox"/>
Engaged/educated law enforcement:	<input type="checkbox"/>
Engaged/educated local business leaders	<input type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input checked="" type="checkbox"/>
Other:(limit 50 characters)	
Conducting research now to decide actions	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**At least one box must be checked.**

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

**Instructions:**

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

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

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

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

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

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

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

### Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

### 1E-2. Severity of Needs and Vulnerabilities

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

(1) The Scoring and Ranking Criteria for renewal projects include a response for how many of the High Needs Populations the project will serve: a) Chronically Homeless, b) Having little or no income, c) Having more than 1 disability, d) Having a criminal history and e) History of domestic violence or victimization. (2) Ten percent of a renewal project's total score comes from this question. While similar points were not included in the new project scoring, one new project was accepted for reallocation and another for the new permanent bonus and both are domestic violence shelters that are Housing First and ensure that participants are not screened out due to any of the characteristics above.

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

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

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

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

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

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

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

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

**Reallocation: Option 1**

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

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

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

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 09/17/2017

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

## Reallocation Supporting Documentation

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

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

## Attachment Details

### Document Description:



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

**Intructions:**

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

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

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

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** Pages 24-27 of the Montana Policies & Procedures, Operating Standards and Governance

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

**2A-3. What is the name of the HMIS software vendor?** Northrup Grumman

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

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

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	946	229	43	6.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	344	65	95	34.05%
Rapid Re-Housing (RRH) beds	511	0	511	100.00%
Permanent Supportive Housing (PSH) beds	965	0	362	37.51%
Other Permanent Housing (OPH) beds	0	0	0	

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

The reason given by non-CoC ES and TH providers for not participating in HMIS is that our system is not user friendly, does not meet their needs and is too onerous in terms of time and training. Efforts to change systems started in 2012, but were discouraged by the MT DPHHS which also is the HMIS Lead and grant administrator, provides funding for MT CoC staffing, underwrites the cost of the PIT and much more. Despite the awkwardness and possibility of losing their support, the MT CoC undertook a facilitated and extensive review of the current HMIS system involving 25 CoC and non-CoC organizations, including many ES and TH providers, which recommended that the CoC switch HMIS Lead and Software vendors. The CoC Board adopted this recommendation in late June and issued an RFP for new Lead and Software in August. A new system will be in place in 2018. PSH participation in MT CoC HMIS is 38% only because the other 62% are VASH beds which enter into a separate VA HMIS system.

**2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?** 8

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 05/04/2017

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

### Instructions:

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

**2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.** 01/26/2017

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/04/2017

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

**Instructions:**

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

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

There was no significant change to the sheltered survey except for some additional staffing time made available through the Planning Grant. This provided more time for scrutinizing the housing inventory and updating correct bed numbers which made the HI-PIT more accurate.

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

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

Beds Added:	255
Beds Removed:	222
Total:	33

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

No change was made in the methodology. Changes in data quality included a new outreach effort to youth. Local PIT coordinator training included specific recommendations for increasing outreach to youth locally. The state CoC coordinated with the state's Education Homeless Coordinator who urged all school homeless liaisons to work with local PIT coordinators in recruiting youth who could both advise on effective outreach efforts, including site identification, and volunteer to become interviewers of other youth. High School LGBTQ clubs were also contacted by local PIT coordinators in some communities for the same purpose. Despite these added efforts, youth numbers remained relatively unchanged from 100 in 2016 and 106 in 2017.

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

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

(1) Local PIT Coordinators were introduced to specific new steps on how to increase coverage of youth through planning, outreach and interviewing. (2) The state's Education Homeless Coordinator urged local school liaisons to help local PIT coordinators recruit youth to advise on how to best reach homeless youth and to volunteer to become PIT interviewers. High School LGBTQ clubs were contacted and youth from 3 homeless shelters were recruited for the same purpose. (3) Due to measures above, youth, particularly current and formerly homeless, were engaged in planning and conducting the homeless survey. (4) Recruited youth were instrumental in determining how and where to best reach youth. In some cases, where locations were only accessible by youth, youth volunteers were trained and conducted the interviews.

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

PIT Local Coordinator training included increased emphasis on unsheltered outreach, including steps to ensure full site identification and coverage on the night of the survey and how to use “service site” coverage for 7 days following the PIT to capture anyone who might’ve been missed on the night of the survey, especially in the more remote and rural areas. Increased participation from recently formed Family Promise chapters and ESs outreach were especially important in reaching families. For veterans, we continued to coordinate with the VA Medical Center and it’s satellite clinics but this year greatly benefitted from increased PIT participation from SSVF offices and outreach staff throughout the state

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

### **Instructions**

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

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.  
(limit 1000 characters)**

(1) MT achieved a 30% drop (170 TO 155) in 1st time hmlss among ES & TH participants. The 1st time hmlss among PH entries, however, increased by 13% (181) but largely due to successful increase in PSH enrollments of 10% (148). This also reflected a significant increase in the PSH inventory and the fact that of 39% of all households in the 2016 PIT were experiencing homelessness for the 1st time. (2 & 3)) The CoC has been using the ESG "At-Risk of homelessness" factors and relying largely on prevention services provided by community action agencies who are also the ESG subrecipients. As part of our Coordinated Entry, however, we are building Diversion practices in every community and using OrgCode's diversion script and tracking outcomes locally. (4) The Mt CoC Coalition is adopting these standards and responsible for overseeing statewide implementation.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.  
(limit 1000 characters)**

(1) Given that ES and TH participation in HMIS is very low, the 24% SysPM increase in average bed nights is of little value. (2) Following a 28 organization review of HMIS, the CoC issued an RFP this summer for a new HMIS vendor and the opportunity to increase ES and TH participation. The biggest challenge to reducing LoT is the lack of available, affordable housing. The CoC partnered with CSH and Empowerment Solutions to conduct Landlord Engagement (LE)

Sessions at two Montana Housing Conferences, conducted two statewide LE workshops and initiated a working group in 3 communities to pilot LE initiative. (3) The MT CoC Coordinated Entry Standards require using the VI-SPDAT assessment tool which includes LoT as part scoring vulnerability and prioritizing clients. (4) The MT CoC Coalition and the MT Dept of Commerce/Housing Division are partners in LE implementation and the MT CoC is implementing statewide CE standards.

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

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

(1) Exits from ES, TH (no SH in MT) and PH-RRH increased from 65% to 67% but please note that PH-RRH exits to PH was 93% in 2016. The exits and retention in PSH stayed the same at 92%. (2) Strategies include increasing our Landlord Engagement initiative, implementing Coordinated Entry and replacing HMIS. The biggest challenge to PH exits is the availability of affordable rental units and the CoC has been implementing Landlord Engagement strategies for more than one-year and we are increasing these efforts, with HUD TA, over the next couple of years. Coordinated Entry training and planning has increased ES and TH programs’ engagement in local CoC’s which is resulting in “buy in” to the need to track “System Performance Measure.” When coupled with a new HMIS, ES and TH participation in HMIS and SysPM is expected to greatly improve. (3) The MT CoC is overseeing implementation of all strategies.

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

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

(1) To repeat, very low ES and TH (no SH) in HMIS means this data is almost useless. (2) The priority strategy has been to change to a new HMIS more acceptable to nonCoC programs, especially ES and TH. Following an extensive review process with 28 CoC and Non-CoC programs, the CoC Board voted to issue an RFP this summer for a new HMIS. In the meantime, we are prioritizing the use of already established monthly RRH Roundtable conference calls to develop two new action plans to: a) Ensure clients are not exited until ready and b) Increase follow-up after exit to ensure preventive services are rendered when needed. (3) We are working with the state’s Community Services Block Grant administrator, which is also the ESG recipient, to utilize their CSBG data management system and their CSBG Results Oriented and Accountability Management system to conduct more thorough 3, 6, 12 and 24 month follow-up efforts with ESG RRH clients. 4. The MT CoC is responsible for



overseeing.

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

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

**(limit 1000 characters)**

(1) This measure was deferred to local CoC groups and grantees due to limited staff capacity (1/2 FTE) and the need to prioritize a workplan that included Coordinated Entry, changing to a new HMIS vendor, Landlord Engagement and other strategic planning. (2) Community-based efforts managed to increase income for all stays by 24% and for all leavers by 4%. (3) Local Job Service offices participate in all community-based CoC groups and various local CoC members and CoC grantees actively partner with the local workforce system, including participation on Community Management Teams located in each One Stop system. (4) The MT CoC is responsible for overseeing this activity and plan to increase activity in the area in the coming year by building it into this year's planning grant.

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

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

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)** 05/31/2017

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

### Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	76	120	44

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

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
<b>Total</b>	<b>0</b>

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

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

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

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

(1) One of the scoring and ranking criteria for CoC-RRH Renewal Projects is the time it takes a household from assessment to move-in. The maximum points are for 30 days or less and worth 7% of a project's total score. Currently only 2 of 7 RRH grantees are meeting this goal. The 2017 Planning Grant includes facilitated, bi-annual CoC Grantee Performance and Assessment which will include a challenge to improve move-in times between October 2017 and April 2018 by 50% and again by 50% by the following October. The MT CoC Board has adopted, thus far, five Standards to guide the completion of statewide CE planning and implementation. One of those standards is statewide outcomes for 6 measures, including average length of time between referral to PH lease up in days. The Board is schedule to adopt final CE Standards in October or November and the proposed standard to be submitted to the board for this measure is 30 days. (2) The MT CoC is responsible for overseeing this activity.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	158	150	-8

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

Local CoC’s review HUD’s Notice on Equal Access...for CPPD programs and HUD LGBTQ policies annually. Some CoC members participated in the HUD November, 2016 webinar on Equal Access and Gender Identity and local CoCs will be required to view the archived recording when it is posted but, in the meantime, the PPT and transcript were distributed to all local CoCs for review.

All grantees and local CoC coordinators also received the following: 1) The HUD Equal Access Self Assessment Tool and asked to complete it by end of 2017; 2) The “Notice on Equal Access Regardless of Sexual Orientation, Gender Identity, or Marital Status for HUD’s Community Planning and Development Programs” and advised it should be publicly posted, if not already; 3) “The Final Rule, Equal Access in Accordance With an Individual’s Gender Identity in Community Planning and Development Programs.” Finally, a training session on Equal Access is planned for the statewide CoC Membership statewide meeting 11/8/17.

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

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

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

(1) Youth accounted for 6% of all homeless in past two years (87 & 92) and were all in 7 communities. 1/3 are in 2 communities, Bozeman & Kalispell, where youth only homeless shelters just recently opened with private funding. One other long established youth shelter exists in Billings. (2) Those shelters have not had time to affect the count nor are they expected, by themselves, to

appreciably end youth homelessness. One new strategy arises from analysis that shows 37% of MT homeless youth have mental health issues, 17% drug abuse, 50% have been homeless more than 6 mos or been to emergency rooms or jailed at least once in past year. Because of these factors, PATH outreach program will emphasize targeting youth in the three communities where they work. (3) The principle measure currently is the PIT but we will be switching to using the Coordinated Entry By-Name list (BNL) as the source for measuring change. (4) The BNL source is much more accurate and trackable than the PIT.

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

(1&2) Collaboration occurs at the state and local levels. Statewide, the State Education Liaison (SEL), is a CoC Board Member who meets at least once a year to coordinate planning. The SEL regularly attends state CoC meetings participating in strategic planning, program performance evaluations and serves on the CoC's Grants Review Panel. The SEL ensures Local Education Liaisons (LELs) understand their responsibilities and roles and encourages them to participate in local CoCs. Local CoC's, in turn, invite LEL's to their meetings and LEL's are active participants in 7 of the largest local CoCs' planning, PIT, implementing coordinated entry and exploring local homeless issues in the schools. (3) MT CoC Policies and Procedures requires every grantee agency and encourages all other providers to adopt 9 Measures ensuring a staff person informs all families of the Educational Rights of Students and connects them directly with a local school liaison.

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

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

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

The CoC Board adopted a policy in 2015 that all CoC providers will refer all veterans to their nearest SSVF office unless it is determined that they cannot be assisted through VA services (e.g. no longer VA eligible). SSVF, in turn, determines a veteran's eligibility for SSVF, VASH or GPD where available and makes the referral and enrollment determination. To ensure coordination, the state SSVF Operations Manager became a CoC board member in 2016. As part of Coordinated Entry, each local CE system will now immediately refer all veterans to SSVF.

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

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

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

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

**Instructions:**

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

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

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

**4A-1a. Mainstream Benefits**

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

(1) All CoC client’s eligibility for SNAP, TANF and Health Coverage Assistance is assessed immediately and a single application is submitted using the State’s on line system. Enrollment onto Section 8 waiting lists is also done immediately and further assessments and referrals for SSI/SSDI, Medicaid, Medicare, other disability or pensions and more are conducted very early. All 14 CoC grantees have access to SOAR and all directly provide or arrange transportation of clients to service appointments. Some of the larger local CoC’s conduct bi-monthly Case Manager Roundtables with presentations from guest speakers from mainstream programs. SOAR trainers in some communities meet montly to ensure high quality SOAR Applications are being submitted. (2) Each CoC grantee and many local CoC Coordinators work with and meet directly with their local Public Assistance offices on an almost daily basis to stay current. (3) The

MT CoC is responsible for this activity.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	16.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	16.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	16.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	16.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

(1) Outreach is provided by three principle sources, the state's emergency shelters, SSVF and PATH. ES's in the five largest cities provide extensive street outreach covering 88% of the homeless populated areas. SSVF now covers 55 of the state's 56 counties including outreach. The PATH program has outreach programs in only 3 counties which accounts for 55% of the homeless populations. In addition but to a lesser extent, the Salvation Army, Good Samaritan Ministries, some local churches and several youth shelter programs also provide street outreach. While it may be sporadically available at different times in the more rural and remote areas, there is a network in place that covers 100% of the CoC's geographic area. (2) In the 5 largest cities, outreach is conducted almost daily to at least a couple of times a week and less often and more sporadically in the more rural areas. (3) Personal and repeated contact ensures most effect outreach.

**4A-5. Affirmative Outreach  
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin,**



**religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

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

All local CoCs have been provided with the link to the film, "A Matter of Place," (Fair Housing Justice Center) and a promotional package with the urging that they use this film as an educational tool to promote fair housing by hosting a screening in a local CoC meeting as well in a community-wide meeting. All CoC grantees have been provided the Final Notice on Equal Access, the HUD Equal Access Self Assessment Tool and an Equal Access Notice for public posting. A training on Equal Access is planned for this fall's CoC Statewide Membership meeting. All CoC grantees are required to have HUD related documents that are available in Spanish and any agency who does not have a proficient Spanish speaker on staff must identify someone in their community that can be called upon if and when needed.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	340	511	171

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

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

## 4B. Attachments

**Instructions:**

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

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

## **Attachment Details**

**Document Description:**

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## Submission Summary

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

Page	Last Updated
<b>1A. Identification</b>	08/22/2017
<b>1B. Engagement</b>	09/21/2017
<b>1C. Coordination</b>	09/21/2017
<b>1D. Discharge Planning</b>	09/21/2017
<b>1E. Project Review</b>	Please Complete
<b>1F. Reallocation Supporting Documentation</b>	No Input Required
<b>2A. HMIS Implementation</b>	09/22/2017
<b>2B. PIT Count</b>	09/21/2017
<b>2C. Sheltered Data - Methods</b>	09/21/2017
<b>3A. System Performance</b>	09/22/2017
<b>3B. Performance and Strategic Planning</b>	09/22/2017

<b>4A. Mainstream Benefits and Additional Policies</b>	09/22/2017
<b>4B. Attachments</b>	Please Complete
<b>Submission Summary</b>	No Input Required