

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: DC-500 - District of Columbia CoC

1A-2. Collaborative Applicant Name: The Community Partnership for the Prevention of Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Community Partnership for the Prevention of Homelessness

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board | Sits on CoC Board |
|--|------------------------------|-------------------------------------|-------------------|
| Local Government Staff/Officials | Yes | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes | Yes |
| Law Enforcement | Yes | Yes | Yes |
| Local Jail(s) | Yes | No | No |
| Hospital(s) | Yes | 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 | Yes | Yes | Yes |
| 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 |
| The DC Fiscal Policy Institute | Yes | Yes | Yes |
| The District Alliance for Youth Advocates | Yes | Yes | Yes |
| The Urban Institute | Yes | Yes | No |

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

The DC Interagency Council on Homelessness (DCICH) is the DC CoC. The DCICH was established by the DC Homeless Services Reform Act of 2005 to ensure decisions about homeless services & the allocation of DC & Federal resources are made w/input by the community, consumers, & stakeholders w/consideration given to varying view points, experience & expertise. The DCICH is composed of DC & Federal Agencies that fund homeless & housing resources including the US Dept. of Veterans Affairs, the DC Dept. of Human Services – which is the HOME & ESG recipient, the Office of the State Superintendent of Education, the DC Housing Authority & others; consumer advocates such as the Washington Legal Clinic for the Homeless & the DC Alliance of Youth Advocates, CoC & non-CoC service providers; & orgs that bring special expertise to the CoC like the DC Fiscal Policy Institute that helps the CoC better understand DC funding priorities & the Urban Institute that helps the CoC develop performance metrics.

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

| Youth Service Provider (up to 10) | RHY Funded? | Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016. | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016. |
|--------------------------------------|-------------|--|--|
| Casa Ruby | No | Yes | No |
| Catholic Charities | No | Yes | No |
| Covenant House Washington | No | Yes | No |
| Latin American Youth Center | Yes | Yes | No |
| Sasha Bruce | Yes | Yes | Yes |
| Wanda Alston House | No | Yes | No |
| | | | |
| | | | |
| | | | |
| | | | |

1B-1c. List the victim service providers (CoC Program and non-CoC

Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

| Victim Service Provider for Survivors of Domestic Violence (up to 10) | Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016 | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016. |
|---|--|--|
| House of Ruth | Yes | Yes |
| District Alliance for Safe Housing (DASH) | Yes | No |
| | | |
| | | |
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| | | |

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

The CoC understands the importance of making new awards based on past performance, but that it is equally important to consider new & innovative practices that can help move the CoC closer to the goals & milestones laid out in Opening Doors. Therefore, the CoC regularly considers proposals from entities that have not previously received funds. The Collaborative Applicant (CA) announces funding opportunities to currently funded homeless services providers, non-funded providers, & newly formed organizations. The CA also announces opportunities at CoC & provider meetings, & holds bidders meetings for interested entities. Responses to solicitations are reviewed by CoC Board members who are not affiliated with any entity applying in a given competition. These panels consider proposals' congruency with the solicitation's requirements, its budget, the applicant's experience, & the project's alignment with DC & Federal policy priorities when making a selection.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

| | Number |
|--|--------|
| Number of Con Plan jurisdictions with whom the CoC geography overlaps | 1 |
| How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process? | 1 |
| How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data? | 1 |
| 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 |
| How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities? | 1 |

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

There is one Consolidated Plan for the District of Columbia, and it is developed by the DC Department of Housing & Community Development (DHCD). DHCD is finalizing the new 5-year plan, which is currently in the public comment period. The DC Interagency Council on Homelessness (DCICH) serves as CoC Board and DHCD's Director is a voting member of that body. The Community Partnership, the CoC's Collaborative Applicant and HMIS Lead, informs the Consolidated Plan by submitting the Housing Inventory Chart to include the list of ESG and CoC and DC-funded projects, and HMIS data on the size and scope of the CoC's homeless population on a single day and over the course of a year. The Consolidated Plan is further informed by Homeward DC, the DCICH's Strategic Plan, which was adopted by the CoC Board in 2015 and sets local objectives that mirror those outlined in Opening Doors.

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

There is one Con Plan and one ESG recipient for the District of Columbia. The Con Plan is developed by the DC Department of Housing & Community Development (DHCD). The DC Interagency Council on Homelessness (DCICH) serves as the CoC Board and DHCD is a voting member of that body. The DC Department of Human Services (DHS) is the ESG recipient and is a voting member of the CoC Board. The Community Partnership, the CoC's Collaborative Applicant and HMIS Lead, informs the Consolidated Plan by submitting the Housing Inventory Chart to include the list of ESG and CoC and DC-funded projects, and HMIS data on the size and scope of the CoC's homeless population on a single day and over the course of a year. The Consolidated Plan is further informed by Homeward DC, the DCICH's Strategic Plan, which was adopted by the CoC Board in 2015 and sets local objectives that mirror those outlined in Opening Doors.

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

The District of Columbia's homeless services programming includes nine programs for households fleeing domestic violence (DV), two of which receive

HUD CoC Program funding (the others receive local resources). Victim Service Providers (VSP) receive referrals from both the District's family central intake facility and from the CoC's coordinated entry for singles. VSPs that work solely with singles also operate access points for the singles coordinated entry and may make referrals to other programs as well. Households seeking DV services may also access DV programs through various hotlines that connect persons to DV-specific resources. When made aware of situations wherein households made homeless by fleeing DV, VSPs and the Collaborative Applicant may also refer the household to DV- or non DV-specific programming depending on the household's preference. DV providers do not use the CoC's HMIS and the CoC's information sharing policy includes protections for persons fleeing DV situations.

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

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry | PHA has General or Limited Homeless Preference |
|--|---|--|
| District of Columbia Housing Authority | 100.00% | Yes-Both |
| | | |
| | | |
| | | |
| | | |

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

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

The CoC has implemented a number of housing opportunities that target persons experiencing homelessness including: 1) the VA's SSVF prevention and rapid rehousing program for veteran households; 2) Housing Opportunities for Persons with AIDS (HOPWA) funded housing; 3) DC-funded Rapid Rehousing initiatives which assist singles, families and youth; 4) the DC-funded Permanent Supportive Housing Program which provides PSH to chronically homeless singles, families and youth; 5) the DC-funded Local Rent Supplement Program which provides affordable housing to low income residents and has

prioritized persons exiting homelessness; 6) the DC-funded Emergency Rental Assistance Program through which persons at risk of homelessness may receive prevention assistance; and 7) the DC Department of Housing and Community Development (DHCD) has implemented a policy that mandates that any DCHD-involved housing development set aside ten percent of its units as PSH.

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

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

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

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <input 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 system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain

**how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

CoC provider agencies conduct appropriate SPDAT assessments to prioritize households experiencing homelessness for housing placements following the guidance in Notice CPD-14-012 to first prioritize chronically homeless households with long histories of homelessness and high service needs per their SPDAT score (this is described in the CoC Written Standards for Order of Priority attached in section 4C). Families and individuals may be assessed in shelter, but in order to reach those who are less likely to access the system independently, the CoC applies the “no wrong door” approach and conducts assessments at a variety of sites. Persons unfamiliar with the CoC may learn about potential CoC-based providers by visiting www.coordinatedentry.com/help. The CoC also provides street level outreach to unsheltered persons in all 8 Wards of the District to ensure full coverage of city and these teams are also available for emergency assessments for individuals that require immediate assistance.

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

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

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

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

Instructions

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

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

| | |
|---|---------|
| How many renewal project applications were submitted in the FY 2016 CoC Program Competition? | 54 |
| How many of the renewal project applications are first time renewals for which the first operating year has not expired yet? | 6 |
| How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition? | 48 |
| Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition? | 100.00% |

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

| | |
|--|-------------------------------------|
| Performance outcomes from APR reports/HMIS: | |
| % permanent housing exit destinations | <input checked="" type="checkbox"/> |
| % increases in income | <input checked="" type="checkbox"/> |
| Monitoring criteria: | |
| Utilization rates | <input checked="" type="checkbox"/> |
| Drawdown rates | <input checked="" type="checkbox"/> |
| Frequency or Amount of Funds Recaptured by HUD | <input checked="" 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"/> |
| None: | <input type="checkbox"/> |

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

The CoC Board's Data & Performance Committee (DPM) Rating & Ranking Workgroup considered the needs & vulnerability of project participants when determining applications' priority. For consistency, the performance criteria used was the same as in past years. These criteria prioritize programs that work with the chronically homelessness or persons who may otherwise be difficult to serve. To wit, programs serving these populations were rated on the extent to which their clients increased or maintained their income, while other programs only received credit for income gains. Moreover, these projects were given credit for clients retaining housing as well as obtaining other permanent housing when exits occur; other programs only received credit for exits to permanent housing but not for retention. In finalizing the ranking, the Workgroup prioritized programs that lowered barriers to entry, accept referrals from coordinated entry, & work with priority subpopulations such as veterans & youth.

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

On 7/18/16 the Collaborative Applicant (CA) held a NOFA meeting, which included the CoC's project review, ranking & selection process & the CoC's minimum thresholds for projects applications to be included in the Consolidated Application. The CA held trainings & meetings for renewing grantees & providers interested in submitting new project applications where these processes were outlined again. The CoC Board's Data Performance & Measurement Committee completed the renewal ranking and new project selection on 8/10/16; projects were advised on their rejection or selection, rank,

& tier via email & the ranking was posted on the CA's webpage on the same date. Please see: <http://community-partnership.org/providers/nofa>.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/11/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

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

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

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

Instructions

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

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

The DC Interagency Council on Homelessness (DCICH) is the CoC and The Community Partnership (TCP) is the Collaborative Applicant & HMIS Lead. TCP monitors HUD CoC recipients which includes five onsite visits and desk audits each month to ensure compliance with the CoC Program, applicable regulations, and other federal and DC laws. Ongoing TCP monitoring includes HMIS data quality reviews, ensuring timely APR submissions, utilization rates, and that projects are serving eligible participants and operating at capacity. DCICH's Data and Performance Committee reviews performance data including, projects' success at connecting clients with income and benefits, length of stay and time homeless, exits to permanent destinations or housing retention, and minimizing returns to homelessness, all of which were included in the CoC's metrics used for rating and review of projects required for the 2016 HUD CoC NOFA (as described in the attached project ranking procedure).

1G-2. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

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

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

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

Instructions

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

2B-1. Select the HMIS implementation coverage area: 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 | \$76,429 |
| ESG | \$0 |
| CDBG | \$0 |
| HOME | \$0 |
| HOPWA | \$0 |
| Federal - HUD - Total Amount | \$76,429 |

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 | \$204,050 |
| County | \$0 |
| State | \$0 |
| State and Local - Total Amount | \$204,050 |

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 | \$280,479 |
|---|------------------|

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/01/2016

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

| Project Type | Total Beds in 2016 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter (ESG) beds | 6,077 | 76 | 5,853 | 97.53% |
| Safe Haven (SH) beds | 0 | 0 | 0 | |
| Transitional Housing (TH) beds | 2,237 | 289 | 1,829 | 93.89% |
| Rapid Re-Housing (RRH) beds | 3,824 | 0 | 3,824 | 100.00% |
| Permanent Supportive Housing (PSH) beds | 6,567 | 43 | 6,043 | 92.63% |
| Other Permanent Housing (OPH) beds | 2,296 | 0 | 72 | 3.14% |

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

In the 2016 HIC the Other Permanent Housing(OPH) distinction was used for programs that serve persons who are formerly homeless but that do not meet the specific requirements of HUD-defined Permanent Supportive Housing (please note: all beds that were counted as OPH were verified to be occupied by persons who were homeless prior to entry; if an OPH program was serving persons not homeless at entry, those beds were not counted). These projects are largely privately funded and most have been resistant to using HMIS. The CoC has offered access to HMIS to these programs at no cost to the agency and has offered training and other technical support though most prefer not to use the system. In the coming year the CoC will continue to engage these providers to ensure that coverage rates for OPH beds increase.

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

| | |
|---------------------------------------|-------------------------------------|
| VA Grant per diem (VA GPD): | <input type="checkbox"/> |
| VASH: | <input type="checkbox"/> |
| Faith-Based projects/Rescue mission: | <input type="checkbox"/> |
| Youth focused projects: | <input type="checkbox"/> |
| Voucher beds (non-permanent housing): | <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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

| Universal Data Element | Percentage Null or Missing | Percentage Client Doesn't Know or Refused |
|---|----------------------------|---|
| 3.1 Name | 0% | 2% |
| 3.2 Social Security Number | 5% | 5% |
| 3.3 Date of birth | 3% | 2% |
| 3.4 Race | 3% | 1% |
| 3.5 Ethnicity | 3% | 3% |
| 3.6 Gender | 1% | 0% |
| 3.7 Veteran status | 5% | 2% |
| 3.8 Disabling condition | 5% | 3% |
| 3.9 Residence prior to project entry | 4% | 3% |
| 3.10 Project Entry Date | 0% | 0% |
| 3.11 Project Exit Date | 0% | 0% |
| 3.12 Destination | 4% | 2% |
| 3.15 Relationship to Head of Household | 4% | 0% |
| 3.16 Client Location | 0% | 0% |
| 3.17 Length of time on street, in an emergency shelter, or safe haven | 0% | 1% |

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"/> |

| | |
|--------------------------------|-------------------------------------|
| Local Performance Report Cards | <input checked="" type="checkbox"/> |
| None | <input type="checkbox"/> |

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

| | |
|---|-------------------------------------|
| VA Supportive Services for Veteran Families (SSVF): | <input checked="" type="checkbox"/> |
| VA Grant and Per Diem (GPD): | <input checked="" type="checkbox"/> |
| Runaway and Homeless Youth (RHY): | <input checked="" type="checkbox"/> |
| Projects for Assistance in Transition from Homelessness (PATH): | <input checked="" type="checkbox"/> |
| Housing Opportunities for Persons with HIV/AIDS (HOPWA) | <input checked="" 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/28/2016

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

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/01/2016

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

Instructions:

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

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

| | |
|--|-------------------------------------|
| Complete Census Count: | <input checked="" type="checkbox"/> |
| Random sample and extrapolation: | <input type="checkbox"/> |
| Non-random sample and extrapolation: | <input type="checkbox"/> |
| Complete Census Count/Non HMIS: Homeless services programs that do not use the HMIS provided the CoC client counts and relevant PIT data on all sheltered persons in their programs on the night of the count. | <input checked="" 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"/> |
| Complete Census Count/Non HMIS: Homeless services programs that do not use the HMIS provided the CoC client counts and relevant PIT data on all sheltered persons in their programs on the night of the count. | <input checked="" 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)

Ninety percent of the PIT data collected on sheltered persons came from the HMIS. Providers using the DC HMIS report on PIT data elements year-round, so data collected throughout the year. The HMIS Lead created a PIT

assessment in the HMIS for providers to review and update to ensure that data was accurate and complete for the purposes of PIT. The assessment included all data elements reported in the HDX including demographics and age, veteran status, chronic homeless status, mental illness, substance use disorder, HIV/AIDS status, DV history and other items of interest to the CoC. Additional data was obtained from non-HMIS participating providers using survey forms on which they gave lists of clients served on the day of PIT with responses to the PIT questions. HMIS & non-HMIS data were de-duplicated using a combination of client names, SSNs, DOBs & other information. The de-duplicated data were then aggregated & reported to HUD via the HDX.

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

Not applicable.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

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

Not applicable.

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

Instructions:

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

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

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

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

Not applicable.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2016

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

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/01/2016

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

Instructions:

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

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

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

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

The Collaborative Applicant/HMIS Lead, DCICH and CoC partners assembled street outreach professionals and volunteers to count and survey unsheltered homeless persons in public places throughout the District on the night of PIT. Additionally, HMIS records from participating street outreach providers were also used as was data from the District's Coordinated Entry system to assist in targeting known locations. The CoC also implemented a service-based count by coordinating with meal programs and drop-in centers where staff surveyed persons who indicated that they had been unsheltered on the night of PIT. This information was compared to data collected on sheltered persons and the formerly homeless in PSH in order to ensure that no one was inappropriately counted as unsheltered. Data collected was also de-duplicated by comparing first names, last names, and dates of birth to ensure that no one was counted more than once.

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

Not applicable.

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

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

Not applicable.

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

Instructions:

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

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

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Not applicable.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

| | 2015 PIT (for unsheltered count, most recent year conducted) | 2016 PIT | Difference |
|--|---|----------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 7,298 | 8,350 | 1,052 |
| Emergency Shelter Total | 5,085 | 6,259 | 1,174 |
| Safe Haven Total | 0 | 0 | 0 |
| Transitional Housing Total | 1,669 | 1,773 | 104 |
| Total Sheltered Count | 6,754 | 8,032 | 1,278 |
| Total Unsheltered Count | 544 | 318 | -226 |

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

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

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Unduplicated Total sheltered homeless persons | 16,770 |
| Emergency Shelter Total | 14,687 |
| Safe Haven Total | 0 |
| Transitional Housing Total | 2,698 |

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

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe

what the CoC is doing to identify risk factors of becoming homeless. (limit 1000 characters)

The CoC has focused on reducing the number of households becoming homeless for the first time, informed by risk factors identified through strategic planning processes lead by HUD TA providers. These risk factors include 1) the loss of affordable housing in the jurisdiction, 2) the high cost of living that makes housing difficult to maintain for persons making less than a living wage and 3) limited supportive housing for persons with treatment needs (while what exists is typically being at capacity). The strategic planning efforts lead the CoC to mitigate these risk factors by 1) reallocating more of its HUD CoC programming to PSH and Rapid Rehousing (RRH), 2) increasing local investment in RRH as well, 2) expanding homelessness prevention efforts for households facing housing crises, and 4) creating set-asides through the DC Dept. of Housing & Community Development for the establishment of PSH or affordable housing to assist with the demand for these types of housing as it arises.

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

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

(limit 1000 characters)

The CoC has reviewed system- and program-level length of time homeless (LOTH) data in HMIS to assess performance (this is done for HUD CoC, ESG, VA, HHS, and locally funded programs). The CoC’s average LOTH for persons served in FY14 was 203 days in Emergency Shelter and Transitional Housing, which is 25 fewer days FY13. In 2016 the CoC held performance clinics where providers could share best practices; one clinic focused specifically on lowering LOTH. The primary means for continuing to reduce LOTH is ensure that households with the longest LOTH are targeted for the appropriate housing intervention using the CoC’s common assessment and housing placement system. The CoC increased its investment in rapid rehousing and established “targeted affordable housing” which is used to assist households with “stepping” up or down from one housing intervention to another, depending service needs, thereby creating housing openings which in turn reduces LOTH when targeted to long stayers.

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

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

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Persons in SSO, TH and PH-RRH who exited | 253 |
| Of the persons in the Universe above, how many of those exited to permanent destinations? | 206 |
| % Successful Exits | 81.42% |

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

| | Between October 1, 2014 and September 30, 2015 |
|---|--|
| Universe: Persons in all PH projects except PH-RRH | 2,409 |
| 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? | 2,282 |
| % Successful Retentions/Exits | 94.73% |

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

The CoC has reviewed HMIS data on returns to homelessness to assess both system- and program-level performance. The CoC has return rates of between 13-20 percent within two years, depending on program type, with PSH producing the best outcomes. Returning households are identified by looking at households' HMIS exit data over a given period and comparing it to new system entries at intervals up to two years following an exit from a given program. Strategies to minimize returns include using the CoC's common assessment and housing placement system to determine placement needs, the use of housing subsidies to assist households with low service needs maintain their housing, and a focus on households gaining income and employment to build economic stability prior to exit. In 2016 the CoC held performance clinics to share best practices; one focused on minimizing returns and another focused on increasing income (particularly through employment) as a means of increasing stability.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

CoC Program funded programs work to increase household income through employment and obtaining cash and non-cash benefit sources though success has been limited. Among CoC Program funded providers, just 8 percent of adult stayers and 14 percent of adult leavers increased total income in FY14 (though the CoC believes that this is primarily and HMIS documentation issue related to completing interim reviews as performance has been much better in the past). In 2016 the CoC held performance clinics to share best practices; one focused on increasing income (particularly through employment) where providers learned about employment training programs open to CoC participants. Information was also shared on the various non-employment /mainstream benefits available and the way providers can help consumers access these and advocate for those having difficulty accessing them on their own. To address documentation issues, ongoing HMIS has been provided to program staff.

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 CoC's primary mainstream employment organization is the DC Dept. of Employment Services (DOES). DOES has been an integral part of CoC planning around connecting persons experiencing homeless with employment and income resources. DOES offers programming for single individuals at the CoC's daytime service center, offers job training and placement for rapid rehousing participants, and works with homeless services providers who have clients that face difficulty connecting with employment because of barriers around child care or lack of a high school diploma or GED. There are 51 renewing CoC Program fund recipients operating in the CoC and roughly 60 percent are actively working with DOES for the services described above or are working with other CoC partners on employment related issues for the consumers in their programs.

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

Specific geographic areas were not excluded from the CoC's unsheltered Point in Time count. Street outreach providers coordinated with housing and homeless assistance providers by conducting the common assessment used in the CoC's coordinated assessment and housing placement system to better facilitate the matching of persons experiencing homelessness to the most appropriate housing intervention. This involves an identified "entry" into HMIS which includes a person's preferred name and other identifying elements (e.g. date of birth) and information on where a person is living, including whether or

not the person is unsheltered (e.g. place not meant for human habitation). Those who are unsheltered are prioritized for housing placement along with persons who are vulnerable to victimization, have repeated or lengthy episodes of homelessness, and/or who are disabled.

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

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

Specific geographic areas were not excluded from the CoC’s unsheltered Point in Time count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/04/2016

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

Not applicable; System Performance Measures data was submitted to HUD via the HDX ahead of the deadline.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|---|-------|------------|
| Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons | 1,790 | 1,597 | -193 |
| Sheltered Count of chronically homeless persons | 1,470 | 1,357 | -113 |
| Unsheltered Count of chronically homeless persons | 320 | 240 | -80 |

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

The CoC had decreased for both its sheltered count of chronically homeless persons and its unsheltered count of chronically homeless persons when comparing Point in Time 2016 to Point in Time 2015. The count of chronically homeless persons decreased by 193 from year to year. There were no changes in PIT methodology that resulted in the decrease. Rather, The CoC's Coordinated Assessment and Housing Placement system helped connect 990 persons experiencing chronic homelessness to housing in the months between the two counts. The CoC expects this to continue to decrease as new PSH resources are scheduled to come online before the 2017 PIT count is conducted.

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

| | 2015 | 2016 | Difference |
|--|-------|-------|------------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC. | 5,112 | 6,813 | 1,701 |

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

The increase in the total number of PSH beds dedicated for use by the chronically homelessness is due primarily to the CoC adopting the policy that all PSH beds should be dedicated for this population (though most PSH programs were already in compliance as were any funded by HUD CoC dollars). Between the time that the 2016 and 2015 Housing Inventory Charts were completed, the CoC added five new PSH programs dedicated to the chronically homeless providing 205 additional beds and 16 existing PSH programs increased the number of beds offered as a part of their programs, accounting for the remainder of the increase.

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

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 9-11

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

This question will not be scored.

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

The CoC is a Zero: 2016 community and is continuing to work toward ending chronic homelessness in the jurisdiction. In an average month, 83 persons experiencing chronic homelessness are permanently housed in the CoC and, as stated in 3B-1.2a, the CoC has adopted a policy of prioritizing the chronically homeless for PSH resources and is continuing to add and expand PSH programming dedicated to housing persons experiencing chronic homelessness at entry.

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

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

Instructions:

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

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

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

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

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

(limit 1000 characters)

The primary means employed by CoC to exit households with children from shelter is rapid rehousing (RRH), and as demonstrated in 3B-2.3, this intervention has expanded over the last several years. The CoC’s primary RRH program is Family Rehousing and Stabilization Program (FRSP) which is funded through local dollars as well as ESG. The CoC has also worked to expand RRH resources through the HUD CoC Program by reallocating existing family Transitional Housing to RRH. In addition to expanding RRH resources to help meet the goal of rehousing families within 30 days, the CoC is continuing its use of the F-SPDAT to ensure that families are connected to the most appropriate housing type (the expansion of Family RRH was due to consistent F-SPDAT showing most families were scoring in the RRH range). The CoC also monitors locally- and HUD CoC funded family programs on a weekly basis for vacancies that may match the needs of a family in shelter.

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

| | 2015 | 2016 | Difference |
|---|------|-------|------------|
| RRH units available to serve families in the HIC: | 888 | 1,118 | 230 |

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

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

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

PIT Count of Homelessness Among Households With Children

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|--|-------|------------|
| Universe: Total PIT Count of sheltered and unsheltered homeless households with children: | 1,131 | 1,491 | 360 |
| Sheltered Count of homeless households with children: | 1,131 | 1,491 | 360 |
| Unsheltered Count of homeless households with children: | 0 | 0 | 0 |

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

The CoC had an increase in the number of households with children in the 2016 PIT count as compared to the 2015 Count. The number of sheltered families increased by 360 but the number of unsheltered families was unchanged at 0 for each year. There were no changes in methodology from year to year, but the increase is due a change in policy. In fall 2015 the CoC shifted to year-round access to shelter for families (family shelter placements in past years had been limited to the CoC's Hypothermia season, November through March). From April to October 2015, 464 families received access to shelter as a result of the new policy, as compared to 12 from April to October 2014. As a result, the CoC had higher family shelter census beginning in November than it had the previous year and this trend continued throughout the Hypothermia season, including the night of Point in Time 2016.

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

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

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

| | |
|---|--------------------------|
| Diversion from institutions and decriminalization of youth actions that stem from being trafficked: | <input type="checkbox"/> |
|---|--------------------------|

| | |
|--|-------------------------------------|
| Increase housing and service options for youth fleeing or attempting to flee trafficking: | <input checked="" type="checkbox"/> |
| Specific sampling methodology for enumerating and characterizing local youth trafficking: | <input type="checkbox"/> |
| Cross systems strategies to quickly identify and prevent occurrences of youth trafficking: | <input checked="" type="checkbox"/> |
| Community awareness training concerning youth trafficking: | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| N/A: | <input type="checkbox"/> |

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

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

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

| | FY 2014 (October 1, 2013 - September 30, 2014) | FY 2015 (October 1, 2014 - September 30, 2015) | Difference |
|---|--|--|------------|
| Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry: | 97 | 138 | 41 |

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

Not applicable. The number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is higher than FY 2014. Please note that since 2014 the CoC has included a Runaway and Homeless Youth hotline and continues to fund Emergency Shelter beds that are exclusively for minors and transition age youth who present for shelter services. The CoC's youth portfolio also includes youth Rapid Rehousing, Transitional Housing and beds for special populations such as LGBTQ youth.

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

| | Calendar Year 2016 | Calendar Year 2017 | Difference |
|---|--------------------|--------------------|--------------|
| Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded): | \$9,112,155.33 | \$9,775,364.00 | \$663,208.67 |
| CoC Program funding for youth homelessness dedicated projects: | \$1,102,051.00 | \$1,154,400.00 | \$52,349.00 |
| Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding): | \$8,010,104.33 | \$8,620,964.00 | \$610,859.67 |

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

| Cross-Participation in Meetings | # Times |
|--|---------|
| CoC meetings or planning events attended by LEA or SEA representatives: | 18 |
| LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives: | 15 |
| CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers): | 18 |

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

The Community Partnership (TCP), the CoC's Collaborative Applicant and HMIS Lead, established an MOU with the District of Columbia Office of the State Superintendent of Education (OSSE) that allows for data sharing between OSSE and TCP. TCP uploads HMIS data into OSSE's State Longitudinal Education Database (SLED), and OSSE provides TCP and all HMIS

participating service providers working with families and youth access to SLED. This created a system wherein OSSE has reliable data on students served by the CoC, and the CoC has access to data on youth enrolled in public schools, thereby improving service delivery. OSSE's Youth Re-Engagement Center is also an assessment site for the CoC's coordinated entry system, and has required that McKinney Vento Homeless Liaisons at public Middle and High Schools in the District participate in coordinated entry. Finally, OSSE is a voting member of the CoC Board and an active member of the Board's Youth Subcommittee.

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

(limit 2000 characters)

The CoC, including all HUD CoC, ESG and locally funded programs, identifies homeless youth eligible for education related services through a partnership between the HMIS Lead and the Office of the State Superintendent (OSSE). These two entities have an established data sharing agreement which helps to identify youth in both the homeless services and educational systems. The CoC further ensures that its providers include in their intake sessions information on eligibility for educational services as well as to access them. All program participants are provided with the name of the McKinney-Vento liaison at their children's schools, and ensure that funding for transportation, school supplies, and uniforms are provided. The CoC further monitors programs to ensure that provider staff include persons responsible for ensuring that school aged children are enrolled in and attending school and/or receiving educational services.

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

(limit 1000 characters)

Yes, the CoC's Collaborative Applicant, which also serves in a management and oversight role for homeless services funding provided by local dollars, issues contracts with two entities that provide child care services: House of Ruth and Bright Beginnings.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|--|------|------------|
| Universe: Total PIT count of sheltered and unsheltered homeless veterans: | 408 | 350 | -58 |
| Sheltered count of homeless veterans: | 366 | 322 | -44 |
| Unsheltered count of homeless veterans: | 42 | 28 | -14 |

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

The CoC had a decrease in the number of homeless veterans reported in the 2016 PIT count compared to 2015. There were decreases among both unsheltered and sheltered veterans counted as noted in 3B-3.1 There were no changes to the methodology from year to year; the decrease is due to the CoC's continued focus on housing veterans, particularly chronically homeless veterans, through the coordinated entry process. The CoC has taken steps to ensure that it has a by-name list of veterans in the CoC and tracks housing placements and other system exits at regular intervals. In the months between the 2015 and 2016 PIT counts, 758 veterans (including 502 chronically homeless veterans) were permanently housed. However, the CoC sees on average 148 veterans either newly enter the CoC or return after a presumed

exit each month (separate from the 758 permanent placements previously noted). This has kept our PIT counts higher than expected given the rate exit from the CoC.

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

The CoC identifies, assesses, and refers homeless veterans eligible for VA services to appropriate housing resources through the CoC’s coordinated entry process. Veterans who are engaged either by street outreach teams or at coordinated entry provider sites are given the CoC’s uniform assessment (the SPDAT series) to determine the appropriate housing type and then possible funding source (VA sources if the person reports being a veteran as a part of the assessment). The VA is an integral to this process, serving as both the funder for the housing and a coordinated entry provider sites. The VA has also helps the CoC ensure that it has accurate information on both veteran- and discharge status for veterans seeking services. At the CoC’s weekly case conferencing meetings, service history is verified using the VMAC’s CPRS database and the Vendor Inquiry System; any non-VA eligible veterans are connected to housing resources funded by HUD CoC or ESG or a District agency.

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

| | 2010 (or 2009 if an unsheltered count was not conducted in 2010) | 2016 | % Difference |
|---|--|------|--------------|
| Total PIT Count of sheltered and unsheltered homeless veterans: | 512 | 350 | -31.64% |
| Unsheltered Count of homeless veterans: | 16 | 28 | 75.00% |

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

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical

**assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)**

The CoC reviews data on the number of veterans experiencing homelessness on a daily basis, and focuses on connecting those who have been assessed by the CoC's coordinated entry system to the appropriate housing resource within one week of their assessment. In addition, all veterans residing in the CoC's VA Grant Per Diem programs are also cross-enrolled in either SSVF or VASH to facilitate housing placements. Further, the CoC is working to add to its stock of housing for veterans and prioritize housing for veterans in programming newly funded by the District and the HUD CoC program (the last two Permanent Housing Bonus projects funded for the CoC are for veterans). The CoC averages 60 housing placements for veterans each month, with about two-thirds being veterans experiencing chronic homelessness at the time of their housing placement.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

| | |
|---|------|
| Total number of project applications in the FY 2016 competition (new and renewal): | 54 |
| Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A). | 54 |
| Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits: | 100% |

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

The CoC (DC-500) covers the entire District of Columbia, and the District of Columbia operates a state-based marketplace (called DC HealthLink) and is a Medicaid Expansion jurisdiction. The CoC includes providers that offer healthcare services to persons experiencing homelessness and other low income individuals (specifically, Christ House, Community Connections, Inc., Community of Hope, Green Door, Unity Health Care and others). CoC providers also work with hospitals located in the District to provide services through

Medicaid, and several emergency room staff have been trained to conduct assessments to inform the CoC's coordinated entry registry, thereby connecting persons experiencing homelessness who frequent ERs to housing resources.

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

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

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

| | |
|--|------|
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal): | 54 |
| Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition: | 54 |
| Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier": | 100% |

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

FY 2016 Projects Housing First Designation

| | |
|---|------|
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal): | 54 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition: | 54 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First: | 100% |

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

| | |
|--------------------------------|--|
| Direct outreach and marketing: | <input style="width: 30px; height: 20px; border: 1px solid black;" 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"/> |
| Coordinated Entry and Housing Placement System referrals | <input checked="" type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| Not applicable: | <input type="checkbox"/> |

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

| | 2015 | 2016 | Difference |
|--|-------|-------|------------|
| RRH units available to serve all populations in the HIC: | 2,859 | 3,832 | 973 |

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", to question 4B-7, describe how the use of grant funds to

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

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

No

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

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

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

| | |
|---|-------------------------------------|
| HMIS: | <input type="checkbox"/> |
| Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth: | <input checked="" type="checkbox"/> |
| Maximizing the use of mainstream resources: | <input checked="" 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"/> |
| | <input type="checkbox"/> |
| Not applicable: | <input type="checkbox"/> |

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

| Type of Technical Assistance Received | Date Received | Rate the Value of the Technical Assistance |
|---|---------------|--|
| Reallocated programs ramp down/ramp up assistance | 05/01/2016 | 5 |
| Medicaid leveraging | 06/01/2016 | 5 |
| Youth Strategic Plan data modeling | 03/01/2016 | 5 |
| | | |
| | | |