Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1A-1. CoC Name and Number: FL-605 - West Palm Beach/Palm Beach County CoC

1A-2. Collaborative Applicant Name: Palm Beach County Board of County Commissioners

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Palm Beach County Board of County Commissioners

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Not Applicable	Not Applicable	No

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

The COC strategy is to invite and solicit participation from members of the community including other systems of care, the COC advertises all meetings and sub-committee meetings via social media networks. All information regarding the COC is published on the COC's website and includes minutes of meetings, pressing homeless issues, upcoming events, and best practice trends. In 2017-18, the COC initiated Collective Impact to End Homelessness (CI), to replace the expiring Ten-Year Plan.Stakeholders from all mainstream systems, the VA, Faith-based entities, law enforcement, private citizens, homeless and formerly homeless persons, housing developers and local/state government were engaged and challenged to create a viable and sustainable plan to address the multiple issues affecting the homeless and at-risk in our community. This effort has resulted in robust discussion and planning as well as multiple collaborations including the Homeless Youth 100 Day Challenge. The new plan, Leading the Way Home, will be unveiled to the community during Homeless and Hunger week in November 2018.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

Membership is open to any organization, non-profit, for profit, or governmental entity. CoC accepts monthly recommendations for new members from current members. Recruiting is discussed in the New Business portion of the meetings. Efforts to recruit new members is driven by the need to represent an identified sub-population or needed resource. Members are encouraged to recruit on behalf of the CoC. All meetings are posted on the CoC website and through social media. The New Member Subcommittee also recruits & orients new members of the CoC to ensure all members are aware of the business & goals of the CoC. Applications for membership are submitted to the CoC New Member Subcommittee for review and approval. This past year, the CoC held three (3) Collective Impact events targeting the faith based community where connection cards were provided to encourage and recruit attendees to get involved in the CoC and become members. CoC works closely with the PBC's Homeless Coalition to ensure that formerly homeless individuals are on our

Executive Committee (EC) and subcommittee groups. The Homeless Coalition conducts monthly Project Connects throughout PBC to engage homeless families/individuals to services and to encourage them to be a part of the monthly CoC meetings. The emphasis is on ensuring formerly homeless and/or homeless individuals are included in the CoC & Policies and Procedure subcommittee. PBC's CoC also has a Youth Action Board, the Board has formerly homeless and/or homeless youth that are class officers. The Youth Action Board actively seeks to increase its members to be a part of the Board and serve on their Board by engaging with youth at Palm Beach County's drop in center and/or youth focused activities coordinated by the Board. The CoC currently has formerly homeless and/or homeless members that serve on subcommittees, EC, and on the Youth Action Board to ensure that persons input are encouraged when discussing policies and procedures.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

CoC holds eleven meetings a year & includes a standing agenda item for Collaborative Applicant (CA) to discuss grant apps at each meeting. CA encourages new providers interested in applying for funding to speak w/CA. All Orgs are provided info on available funding sources, match requirements, program standards & performance outcome criteria to prepare agencies prior to the RFP's release. If the agency has limited grant & financial experience, CA attempts to match them w/ smaller foundation or gov't apps where little to no experience is required. CoC also coordinates free training on best practice or evidence based programming to ensure all agencies understand CoC program standards. Prior to local CoC RFP announcement, CA contacts new providers who expressed interest & encourages them to apply or partner w/ existing programs to develop new projects or expand existing projects. Ongoing TA is offered to new agencies to work on program development, funding requirements & CoC member participation guidelines. Prior to the 2018 App release, CA invited all CoC Members to assist in preparing the 2018 Scoring Tool. Meetings were held to allow input from renewing agencies or new providers applying to establish the scoring criteria. Participation by CoC members provided a fair & transparent process to new & existing providers. CA announced the CoC Local App on 6/13/16 via email listserve, Facebook & Twitter. CA provided TA for all agencies as they completed the app. Instructions for submitting proposals were provided along w/ submittal date & date, time & location of public review & scoring of apps. Since eSnaps was not available prior to release of the app, CA provided the app & forms in Word format for easy completion. A Non-Conflict Review Committee met publicly to review & score each app. Recommendations for Ranking & Tiering was conducted publically & the final results were emailed to each applicant on 8/6/18 & all documents were posted on CoC Website on 8/21/18.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
 (limit 2,000 characters)

CoC works monthly w/ largest jurisdiction, PBC, who is the recipient of ESG funding and holds a seat on CoC Executive Committee. CoC actively participated in three public meetings during the Consolidated Plan call for public input as a step in Action Plan preparation. CoC members attend PBC

Commission meetings to advocate for funding utilization. CoC has engaged all of the seven jurisdictions, one of which receives ESG funding and participates in HMIS. All 7 jurisdictions are now active participants of the CoC. ESG funding prioritization is discussed with CoC Executive Committee, which is made up of CoC members who represent homeless sub-populations and formerly homeless person(s). CoC Executive Committee evaluates and finalizes ESG funding and prioritizes funding recommendations based on the identified needs of the community. ESG program recipients attend annual Technical Assistance training. Program Evaluation & Monitoring occur annually. This process allows for quality assurance and ensures that service delivery correlates with priorities set by the CoC Executive Committee. ESG data is also monitored through HMIS.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?   Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?   Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

The CoC works very closely with the two certified DV programs as well as Victim Services should a victim of domestic violence, dating violence, sexual assault or stalking present with an emergency transfer request. If the individual enters through one of the DV Certified shelter programs, case management and care coordination is provided directly from the shelter utilizing a victim-centered approach. If the individual enters through a non-DV program such as the Coordinated Entry point, the shelters have protocols in place to ensure the individuals safety. Victim-centered care services are coordinated at the shelter unless a more secure setting is required. The DV programs and Victim Services are available at any time to provide consultation on all available services including emergency housing if needed. Once a new location is identified, several CoC members can provide funding to support costs related to changing locations if there is a need. Housing is secured in a location identified by the victim. Every effort is made to find housing in the location of their choice. The CoC coordinates DV training several times a year, which includes emergency

transfer requirements as well as victim-centered services. The training is very detailed on prioritizing the victim's safety and ensuring confidentiality regarding the request and the new location. The training also includes development of safety plans for the individual as well as safety precautions for staff. The CoC coordinates Trauma Informed Care training at least on an annual basis. Several CoC member agencies adopted Trauma Informed Care for their entire agency and they provide staff training multiple trainings throughout the year.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

CoC coordinates w/ two certified DV centers for shelter & non-shelter services for victims of DV. As CoC members, they provide CoC & community training on victim centered approaches & ensure these practices are included in CoC program standards. Yearly, DV agencies provide data from comparable systems to analyze the needs of victims of DV. CoC coordinates DV housing services w/ shelters through referral & collaboration at the Homeless Resource Center to ensure victims of DV are given safe housing options. Safety & security is maintained thru safety planning & compliance w/ all applicable Federal, State & local laws guiding confidentiality. CoC ensures domestic violence training is provided to CoC members so non-victim service providers are knowledgeable about safety precautions & resources available to assist victims of DV. CoC DV Members also provide training on appropriate data entry and case note documentation for non-DV Providers to ensure confidentiality and safety of DV victims in non-DV certified centers. Priority is given to victims of DV on the Acuity Placement List & housing options are based on safety & choice. CoC also coordinates training through law enforcement and Victim Services agencies on Sex Trafficking, Stalking, Sexual Assault and dating violence. Catholic Charities, a CoC Member has also provided training on their services for victims of sex trafficking that they coordinate with the PBC Sheriff's Department. CoC coordinates annual trauma-informed care training for all CoC Members.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

When preparing for the Youth Demonstration Grant, the CoC collected data related to domestic violence, dating violence, sexual assault, and stalking through multiple sources. The first system the CoC utilized was HMIS. The data was for calendar year 2017 & was gathered from the response to the question of "Have you ever experienced DV in the past? Of those navigated, 21.5% said yes. For those who respond yes, the Navigators & ES's ask additional questions off the script & ensure these individuals/ families are provided appropriate housing. The CoC also obtained data comparable data system entered by the two certified DV centers that provide ES. These centers provide data as needed in support of the CoC's efforts to meet the needs of this sub-population. The

CoC conducted research on a State & National level to compare with PBC. The National Human Trafficking Hotline indicated that the State of Florida rank number three in the nation for reported trafficking activity. The Human Trafficking Coalition of Palm Beach County reported an increase of 54% in occurrences related to sex trafficking & prostitution especially as it relates to LGBTQ youth & youth of color. The CoC also has available data from joint Human Trafficking program operated by Catholic Charities & Palm Beach County Sheriff's Office. All of these resources are available to assist the CoC in determining the needs for this sub-population.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?   No

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Palm Beach County	15.00%	Yes-Both	No
Delray Beach	51.00%	No	No
Boca Raton	0.00%	Yes-Both	No
Pahokee	1.00%	Yes-Both	No
West Palm Beach	0.00%	No	No

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

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

Since the approval of the PBC Ten Year Plan to End Homelessness in 2008, the CoC has met with the five Housing Authorities in an effort to have homeless persons as a preference in their policies. The CoC has been successful with four of five housing authorities. The exception is the West Palm Beach Housing Authority. Several meetings have been held with the Executive Director of the PHA and the Board President, former and current County Commissioners, HUD

Regional Office in Miami, county staff and CoC partners. The West Palm Beach Housing Authority CEO and Board will not provide a preference status for homeless individuals or families until HUD issues specific vouchers for the stated population, much like the VASH vouchers for Veterans. The CoC and Collaborative Applicant will continue to meet with the PHA in an effort to persuade preference for homeless persons and will continue to seek HUD guidance on this issue moving forward.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?   Yes

**Move On strategy description.
(limit 2,000 characters)**

The CoC has a Move On Strategy agreement with Palm Beach County Housing and Economic Sustainability, the primary funders of tax credit matches and low income housing projects in Palm Beach County. The agreement provides bonus application points to low income tax credit developers and low income housing developers who partner with the CoC to place PSH residents, no longer requiring intensive services, into homeless set aside units. The Collaborative Applicant advocated at the state level to adopt the same Move On Strategy. Florida Housing Finance Corporation, the funding entity for tax credits in the State, agreed and in 2018, the Move On strategy was used in the very low, low and homeless tax credit applications.
The CoC, through Collective Impact, has also introduced the Move On Strategy to several stakeholders including faith based initiatives, private developers and business community. Faith based initiatives, who own property for development, have shown great interest in this concept.

The CoC does not have a Move On Strategy agreements with the five PHA providers in PBC. The CoC, through several meetings with the PHA's , have attempted to secure not only Move On strategies but also secure homeless preference agreements. The CoC has established goals for the five PHA's. They are as follows: 1) Common Homeless Definition 2) Dedicated homeless set asides and homeless preferences 3) Mutual agreement on Move On Strategies. Because of the difficulty establishing agreements with the PHAs, the CoC has requested PBC Government administrators assist the CoC in its efforts to move the established goals forward with the PHAs.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)**

Palm Beach County's CoC trained members on HUD's guidance Equal Access

to Housing to ensure its services do not isolate or segregate clients based on actual or perceived gender identity. The CoC's housing programs are made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, and or marital status. The CoC established policies & procedures in 2016 which approved adding specific language in regards to equal access for lesbian, gay, bisexual, transgender (LGBT) for all types of housing programs for individuals and families. In 2017 the CoC began collaborating with Compass, an agency focused on the LGBTQ+ community. Compass was added to the CoC's coordinated entry process to ensure that the needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) are being addressed and served through the County's coordinated entry process. To ensure that the needs of the LGBTQ+ community are met, the CoC also conducts annually Equal Access and LGBTQ+ trainings for homeless service providers apart of the CoC. The CoC policy and procedures sub-committee meet monthly to implement a wide-discrimination policy specific to LGBTQ+.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

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

1C-8. Centralized or Coordinated Assessment System. Applicants must:
 (1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

The CoC coordinated entry system (CES) is focused on prioritizing the most vulnerable individuals who are experiencing homelessness. CES ensures homeless individuals have quick and easy access to services and that their episodes of homelessness are as brief as possible. PBC's CES covers 100% of the targeted geographic area consisting of thirty-nine incorporated municipalities and unincorporated areas. The CoC works with 211 and other referral organizations to ensure the community is informed on CES to provide quick access to services for those most in need. Continuing efforts are made to include faith based organizations, business communities, and other referring organizations in the planning and evaluating of CES. This is done to ensure persons experiencing homelessness are able to quickly access low or no barrier services. Triage and prioritization is conducted utilizing evaluation tools which include; Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), length of homelessness, number of homeless episodes, and any presenting medical condition/disability. In addition, the CoC has initiated a FUSE pilot targeting frequent users of multiple mainstream systems. Individuals identified in the FUSE pilot are prioritized. Continuing efforts are made to ensure CES philosophy is Housing First oriented, person-centered, fair and inclusive.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
 (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

CoC utilized the HUD Scoring & Ranking Tool to evaluate projects. The tool was modified slightly to ensure all projects were fairly & equally scored as many of the renewal projects have operated since 1999. Also, the CoC only turns over an average of 11 PSH beds a year. Criteria the CoC utilized to evaluate severity of need included percentage of those who entered w/ no income & more than one identified disability. Other criteria utilized to evaluate severity of need related to verifying thru HMIS that each entry after 10/01/16 (date BY Name List Began) was documented as CH w/ the highest acuity scores at the time they were housed. CoC Acuity List is assigns a score based on the following vulnerability criteria: SPDAT score, length of time homeless, tri-morbidity issues, clear documentation of CH, persons of color, DV, FUSE(Touched homeless, criminal justice & behavioral health systems multiple times) & LGBT (youth). CoC utilized system performance outcome measures, too but weighted the severity of needs & vulnerabilities higher to account to ensure projects were not penalized for serving those with the most barriers and difficult to serve. CoC also addressed the issue related to legacy projects & those projects w/ no entries or exits during the review period to ensure a fair evaluation of each

project. Prior to the review, all renewals were evaluated & considered for reallocation. One project that didn't meet the full threshold criteria was approved to continue through the review process due to the highly vulnerable population & the large number of beds in this project. Also, after administering this new tool, the Non-Conflict Review Committee felt the criteria to evaluate the only DV RRH project did not seem to fairly evaluate the project. As a result, the Committee recommended that the only dedicated project for victims of DV be ranked higher than the lowest scoring PSH project to ensure this vulnerable sub-population did not lose this resource for housing.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.

(limit 2,000 characters)

In 2008, reallocation began for low performing TH projects & as of 2013, 100% of TH beds were reallocated to PSH. By 2014,all projects dedicated beds to CH & CA began utilizing performance outcomes to consider projects for reallocation. CoC considered the following as it relates to reallocating 20% of the funds: 1. CoC HMIS Oversight Committee evaluated monthly system performance data for CoC, Program Components & Projects. Data was sent to agencies & TA was provided by CA to address data errors or program issues. CA & HMIS Admin held a TA event for agencies to review program data & By Name lists entries. This allowed each agency to correct data & assisted them w/ understanding their role as it relates to data integrity & accuracy of CoC outcomes & higher project outcomes. 2. Prior to annual CoC app, CA conducts audits of CoC funded agencies. Monitoring is completed on-site & reports are written & provided to each agency & HUD field office. Monitoring consists of reviewing: prior year grant expenditures; current year expenditure rates; independent audit results; completing housing first assessment for program fidelity; compliance w/HUD & CoC program requirements. Corrective Action is required &tracked for concerns or findings. This ensures agency/project & performance compliance. 3.Prior to release of RFP, CA provides system performance & monitoring data to CoC Exec Committee, for reallocation consideration. CoC identified the following criteria for consideration: Low performing application(s) as per Scoring & Ranking Tool; Administrative factors vs. programmatic issues (high barrier participants) resulting in low performance; Documentation of TA; Low performance for multiple years; Program meets funding priorities;&Unresolved monitoring findings. For 2018, CA provided one project w/ TA. Due to project criticality & demonstrated performance improvement, CoC Executive Committee chose not to reallocate for 2018 & advised agency to complete a renewal application.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

Pages 8- 10

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.

Yes

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

Eccovia Solutions - ClientTrack

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Single CoC

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and**

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	418	136	282	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	137	32	105	100.00%
Rapid Re-Housing (RRH) beds	592	33	559	100.00%
Permanent Supportive Housing (PSH) beds	1,029	0	1,029	100.00%
Other Permanent Housing (OPH) beds	142	0	142	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

All Bed Coverage exceeds 84.99%.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/20/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

There were no changes to how the Sheltered PIT count was implemented. However, youth outreach was specifically conducted by youth serving organizations in an effort to identify as many youth on the street during the PIT. The CoC used a combination of HMIS reports/data collection and agency surveys for a full count of persons in shelter on the night of the PIT.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	31
Beds Removed:	118
Total:	-87

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0

Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

The CoC held youth population focused PIT meetings with the Youth Action Board, comprised of youth currently and/or formerly experiencing homelessness, and various stakeholders serving the youth population to identify methods and locations. The CoC worked with the Youth Action Board to identify specific afterschool hangouts and other locations where youth experiencing homelessness tend to congregate. The information was used to compile a list of locations to target for unsheltered PIT teams to conduct surveys. Since LGBTQ youth and youth of color were identified as the most vulnerable youth sub-populations, it is important to note that all LGBTQ providers as well as the education and foster care systems were engaged in this efforts.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

(1) The CoC actively engages individuals and families experiencing homelessness through PBC's Homeless Resource Center (HRC), the HRC offers a single point of access for homeless individuals and families who are seeking assistance to restore a self-sufficient and productive lifestyle. Through coordinated entry and the CoC providers at the HRC, Adopt-A-Family (AAF) and Gulfstream Goodwill, identified specific locations prior to the unsheltered

Point in Time Count (PIT). Additional information regarding location of homeless persons were identified through Palm Beach Sherriff's Office and the seven entitlement districts in PBC.

(2) The CoC, through CES, coordinated with AAF a month prior to the PIT to capture and identify locations of where families were sleeping through the night. The CES at the HRC receives thousands of calls monthly from persons experiencing homelessness. AAF staff participated in the unsheltered PIT while navigators at the HRC completed PIT surveys over the phone to ensure families were counted.

(3) For the first time, the CoC was able to coordinate with the VA Medical Center to engage homeless veterans through CES and unsheltered PIT. VA Medical staff identified locations where veterans could be encountered during the unsheltered PIT count and Veteran's Resource Center (VRC) staff assisted by inputting surveys for in-reach services.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	481

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

Through CES, dedicated navigators use diversion practices to help the caller solve presenting issue(s). If it is determined, through use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) that the caller is in need of homeless prevention services or is experiencing homelessness for the first time (VI-SPDAT score of 1 to 4) the navigators immediately make an appointment for the caller with the Housing Stability offices located throughout PBC. Case management, assistance obtaining housing, employment and developing skills needed to ensure homelessness does not occur or reoccur is the sole focus of Housing Stability offices.
All data collected is entered in real time into the HMIS. The Unmet Needs and HMIS subcommittees, as well as the Collaborative Applicant, analyze the HMIS data gathered through CES to uncover trends and barriers as well as causes of first time homelessness. Underemployment, mental health, addiction and unaffordable housing costs are the identified drivers to first time homelessness in PBC. This data has driven changes in services at Housing Stability offices, garnered committees that are contributing to Collective Impact's Leading the Way Home plan (including behavioral health, workforce development, affordable housing and re-entry) and identified needed CoC trainings around diversion, youth homelessness, coordinated entry and criminal justice re-entry. Other strategies identified, and being implemented, include faith based prevention assistance through CES, advocacy for affordable housing, creation of non-traditional housing options and the use of new local sales tax dollars to purchase housing infrastructure. Oversight is the responsibility of the CoC Executive Committee and Collaborative Applicant.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The number of persons that were served was reduced by 173 persons and the length of time homeless decreased by 15 nights, the current average length of time homeless is 89 days. The reduction in numbers can be accredited to the reallocation of CoC funding from TH to PH projects and reallocation of low performing projects. The decrease in number of nights can be related to the CoC's commitment to Coordinated Entry and low/no barrier programming. In addition, bridge funding (HOME, SHIP, Private Funds) is being utilized to provide RRH to persons awaiting a PSH bed as indicated by the addition of 72 RRH beds, a 14% increase over last year. Homeless Youth funding has been identified and has diverted the 18 to 24 year olds away from shelter and into Shared Housing. The HMIS system is used to capture a by-name list based on VI-SPDAT scores and chronicity/acuity. The list drives housing placement. Oversight of the strategy is the responsibility of the CoC Executive Committee, the System Committee and the Collaborative Applicant.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	67%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

The CoC experience an increase in the number of permanent housing

placement (PH) of 4%, bringing out total to 67% overall for PH placements in the CoC.
To increase PH placements, the CoC revised the utilization of the acuity list and reallocated Emergency Shelter funds to Rapid ReHousing (RRH) to serve as a placeholder until PSH beds became available or see if RRH met their needs. The CoC identified the need to increase diversion efforts to address the challenge of limited beds, funding and PSH openings. Diversion efforts aid the CoC in targeting the most acute and connect the less acute with Housing Stability offices for assistance with permanent housing move-in costs, employment and case management. Attempts are made to divert homeless youth from shelter entry. If youth are unable to be diverted, they are placed into shelter or placed into Shared Housing using the Rapid ReHousing model. This strategy utilizes HOME funding and focuses on education, basic living skills and employment. The CoC has begun conversations with the largest PHAs to create a Move On Strategy that would move persons from PSH to PHA vouchers or public housing units. In addition, the CoC has an agreement with PBC HES to offer bonus points to tax credit and low income housing developers when homeless set aside units are strictly filled through the CoC thus providing permanent housing to PSH participants that no longer need intensive services. The Collaborative Applicant and the CoC created a Placement Team to oversee the strategies around Permanent Housing and Placement. The Policy and Procedure and the CoC Executive Committee provide oversight of development and implementation of PH retention strategy. Ongoing efforts and data evaluation ensure optimal use of housing units and ensure the CoC is serving the most vulnerable population.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:
 (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

The CoC had an average of 4% returns with 5% from Emergency Shelter and 2% from PH. PBC operates a comprehensive HMIS and Coordinated Entry system that allows all points of entry immediate access to individuals and or families history of homelessness. Individual and family shelters and housing programs utilize housing first, and low barrier models, which has increased housing opportunities and decreased exits. Individuals/families placed in PSH, RRH and/or other financial assistance programs receive intensive case management, job training, life skills modeling, and monthly follow up support to prevent readmission into the system for one year after program exit.

HMIS Oversight Subcommittee (HOS) monitors and provides data to identify returns to homelessness. This subcommittee meets monthly and presents results to CoC providers. The HOS also identifies trends in the recurrence of homelessness specific to project and or system.   The CoC continually strategizes modifications needed to system and service delivery to minimize future recurrences of homelessness. The CoC is focused on increasing access to housing for all who enter shelter and the Collaborative Applicant is charged with oversight as well as meeting with providers and systems that are exhibiting poor outcomes or increasing trends ie. Addiction. The CoC's Executive Committee is also responsible for oversight.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

The implementation of Coordinated Entry and placement of those with the highest acuity and chronicity have led to a reduction in the number of persons able to increase income by 3% and alternatively non-employment cash income increased by 8%. To increase income, the CoC members have developed employment programs that include job development, job coaching, job placement, internships and micro-enterprise businesses. Universal referrals are made to these agencies to promote growth and stability. The CoC partners with CareerSouce and Vocational Rehabilitation for appropriate employment services for clients. Dedicated SOAR staff have been placed at the HRC, CoC provider agencies and on street outreach teams. ACCESS Florida (Mainstream benefit application) is used for street outreach and with the CoC member agencies as well as other systems of care that homeless clients touch. Local Health Care District medical benefits are secured at the time of entry into the HRC. PBC Veterans Services and VAMC target homeless veterans for VA benefits through street outreach and services requests. The CoC, Collaborative Applicant, Unmet Needs Committee and HMIS Oversight Committee oversee the strategy.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/30/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	413
Total	413

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

Families experiencing homelessness contact the Homeless Resource Center, PBC's coordinated entry point for navigation & assessment. The SPDAT tool is utilized to gauge acuity & most suitable housing option. To meet the 30 day timeline, CoC began utilizing progressive engagement strategies to work toward this goal. Using Diversion as a first strategy reduces the number of families entering shelter & requiring housing placement. CoC changed the navigation narrative to assist families in identifying possible solutions & resources. To prepare to meet this strategy, CoC coordinated Solution Focused & Diversion trainings to become proficient at implementation. If diversion is not possible & the family needs minimal assistance such as first, last and security, the next strategy was to connect them w/ agencies providing housing stability resources. By utilizing these strategies, it has reduced the number of families entering the shelter system needing housing placement. To meet the need of these families in ES & quickly house them, the CoC identified & increased funding allocations for Rapid Re-Housing. CoC actively pursued securing HOME funds to provide a longer period of RRH for those w/ multiple evictions, bad credit & bad rental history along with the head of household having a mental health or physical disability. The CoC also dedicated 40% of the ESG funds for RRH for families &obtained private & Ad Valorem funding for those with less barriers. Each of these strategies includes immediate pairing w/ a Housing Specialist who constantly recruits private landlords so housing options can be provided as quickly as possible. Upon move-in, the Family Advocate starts working on an exit plan with the family. The exit plan identifies areas the family needs to strengthen such as financial stability, identifying barriers & strengths, and exploring resources to ensure housing sustainability. Adopt-A-Family Director of Family Services ensures these strategies are implemented.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC, through the 2017 PIT count, became acuity aware of the increase in the number of homeless youth in PBC. As a result, the CoC applied for the 100 Day Homeless Youth Challenge(100 DC) grant through the Rapid Results Institute and A Way Home America. The CoC was fortunate to be chosen as one of five cities for the 100 DC in August 2017. The purpose of the challenge was to invigorate collaboration, promote innovation and challenge the CoC to house 100 youth in 100 days. Multiple systems came together, under the leadership of the CoC, to meet the challenge. The 100-Day team includes homeless and LBGTQ2 youth, child welfare, education, behavioral health, youth services and homeless providers. Community leaders, advocates, front-line workers, philanthropist, and government committed to changing systems, working together differently and creating innovate ways to reach the goal. Youth input was invaluable as was the commitment of providers and systems to

redesign a CES system where youth would feel safe and welcomed as the current CES was separated by individuals and families, which resulted in a youth's acuity being measured the same as an individual's. The CoC expanded CES to include the youth population and implemented the TAYSPDAT to identify youth who were most at risk. In doing so, the acuity list, which typically prioritized youth significantly lower, allowed the population to be properly prioritized. The prioritization of youth has led to the creation of the first emergency shelter for youth as well as the first drop in center for youth. A dedicated funding stream for Rapid Rehousing was secured through HOME and Ad Valorem funding, and the Youth Board was created to drive the strategy. To date, 193 homeless youth have been rapidly rehoused through the CoC and the youth homeless 2018 PIT count revealed a 73% decrease in youth counted on the streets. In addition to the previously mentioned funding, the CoC has added CES navigators to provide youth with age specific resources, secured HHS funding to open a LGBTQ PSH project, applied to HUD for the Youth Demonstration Grant in 2017 and 2018, applied for the 2018 Children and Families Youth Street Outreach Grant and pursued additional funding for RRH and PSH beds and services through applications to the United Way of Palm Beach County and PBC Financially Assisted agencies.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

CoC has followed guidance provided by HUD to develop strategies around youth homeless. The first step the CoC undertook was the engagement of key community partners & systems & the development of a system vision, Ending Youth Homeless in PBC. The next step established a Youth Board who operates as a sub-committee of the CoC & includes at-risk youth, homeless youth, formerly homeless youth & youth in the child welfare system. The third step developed a data system thru HMIS that benchmarks the processes for youth in an effort to improve the youth system design. The utilization of a data system has led to the design of youth housing & an array of youth specific services. The CoC measures the strategies to end youth homelessness through housing & support services a number of ways. The information is collected thru HMIS system & includes: Total number of youth experiencing homelessness; Average length of stay in shelter/street for youth; incidence of youth exiting public systems (corrections, child protection, health, etc.) who become homeless; turnover rate and occupancy levels in current homeless youth system capacity allow access to appropriate housing and supports to youth experiencing homelessness; Recidivism rates and Healthy transitions to adulthood through increasing level of education, employment, life skill development and connections to natural supports. The HMIS Coordinator & sub-committees monitor the HMIS data. Trends, programmatic results & system data concerns are presented to the Youth Committee for further action. Quality assurance reviews & file monitoring occur annually through the CA & are discussed with each provider agency & CoC. Changes to systems &programs

are based upon data & results revealed. Additionally, the youth providers issue a standard satisfaction survey that includes:Housing quality, security of tenure affordability and safety, Case management services received
•Access to appropriate supports to address diverse needs within homeless system & mainstream public systems (addiction, trauma, mental and physical health issues, employment, education, etc.); Process of referral and intake into programs & housing; dscharge planning and transition supports perception of quality of life, including sense of belonging, participation in community activities and connection with friends and family. CoC evaluates the housing system & CES thu programmatic evaluation, PIT count numbers, HMIS data & the number of targeted persons entering the homeless system through CES. By conducting ongoing evaluations, CoC has proven to be affective in identifying low performing organizations, identifying programmatic measures that are ineffective or under/over performing, the monthly increase or decrease in the targeted population requesting services, services that are effective and those that aren't and the performance of specific system goals such as increase in income, education, life skills and community connections.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

The CoC has a formal agreement with the Early Learning Coalition (ELC) that prioritizes homeless families with immediate child care vouchers. CoC members are required to verify homelessness and provide ELC this documentation to ensure access to these services. The CoC can also assist families with registering for Voluntary Pre-Kindergarten vouchers through the ELC. To ensure CoC members fully understand this process, ELC provides an annual training at one of the monthly CoC meetings. Training materials are also provided which are sent to CoC Members via email listserve. The CoC has a formal agreement with the PBC Mc Kinney Vento Education Program (MVP) which outlines the collaboration with the CoC. The MVP utilizes HMIS to follow joint cases to track housing placement progress. The CoC Emergency Shelter and Coordinated Entry programs have a designated MVP to ensure homeless students are quickly connected with all available school services and transportation. The MVP also sits on the CoC Governance Board to provide ongoing input and influence on policies and procedures related to homeless families and their needs. The CoC works directly with the PBC School Board as one of the Board members participates on the Homeless Advisory Board which serves to advocate for policy changes and funding allocations for homeless children. The CoC also has a formal agreement with the Palm Beach County State College. A representative of the College sits on the CoC Governance Committee to ensure strategies related to homeless college students and how to address their housing needs.

3B-2.7a. Applicants must describe the policies and procedures the CoC

adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

Department of Safe Schools (DSS) McKinney-Vento Program (MVP) works collaboratively with CoC Members and agencies to remove barriers & ensure successful outcomes for homeless students. MVP is a part of the School District's coordinated entry process that ensures homeless students are provided school supplies, school uniforms & toiletries. MVP ensures homeless students are provided with coordinated district transportation services to maintain home school stability. MVP works with the CoC to ensure students are provided free breakfast & lunch. CoC works together with the MVP to provide supports & ensure an efficient & seamless process is maintained so they are provided full & equal opportunity for success in school. MVP utilizes HMIS to follow services provided by CoC to shared clients, check on bed availability & check if new school referrals are being served. This is more efficient & saves time for CoC & MVP. MVP sits on the CoC Governance Board to provide guidance on CoC policies and procedures related to homeless students and education services. MVP also attends the monthly CoC meetings to network and address any immediate issues related to school stability. MVP also provides ongoing training to ensure CoC members have the most up to date information on education services to the families they are serving.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

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

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

(limit 2,000 characters)

CoC Coordinated Outreach protocol ensures engagement with any homeless person including Veterans. If during outreach Homeless Outreach Staff (HOT) encounter a Veteran with a DD-214/honorable discharge, County Outreach staff connects the Veteran with a County Veteran's Officer. The County Veteran Staff utilizes the DD -214 to determine the Veteran's eligibility for obtaining benefits. Based on this information, the HOT will assist the Veteran in connecting with the VA Medical Center (VAMC) services & the VA Outreach Team to ensure quickest access. If the Veteran can't be immediately connected with the VAMC, the HOT Staff will contact the SSVF to determine eligibility and availability of their services. The HOT can also place the Veteran in the County's Homeless Resource Center while eligibility & appropriate services are established. At initial contact, Veterans are placed on the By Name List (BNL) & prioritized for housing services. Eligibility is quickly determined & the Veteran is referred to all appropriate services such as VASH, SSVF, GPD, HCHV. Staff from the Coordinated Entry, HOT, VAMC & SSVF conference cases as often as needed for Veterans who have been entered on the By Name List. For each housing type, Veterans are given a preference when beds are available and they meet the other entry criteria. GPD, HCHV, SSVF, VASH beds are all entered into HMIS and this programs can access the By Name List and Housing Acuity List from HMIS. Also, the CoC is a Built for Zero Community and has a team working on ending Veteran homelessness that includes staff from Coordinated Entry, SSVF, VAMC, GPD, HCHV, VASH and HOT. Staff from all Veteran programs are represented at the monthly CoC meetings to network, and provide ongoing updates of Veteran resources as well as how to access services. Veterans requiring PSH are prioritized when beds are available and can be placed into them from CoC Bridge RRH or SSVF RRH, if needed.

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

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

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

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, Yes

attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	☐
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	☐
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	☐
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	☐
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	☐
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	☐
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	☐
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	☐
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	☐
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	☐
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	☐
Other:	☐

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

The CoC agencies have partner agreements with the Department of Children and Families (DCF). These agreements provide ongoing updates on changes so CoC members can quickly notify staff. DCF partner agencies also have access to the DCF ACCESS system to assist clients in applying for and renewing DCF benefits. DCF as a CoC member also provides training and updates during monthly CoC meetings regaining mainstream resources including food stamps, Medicare/Medicaid and TANF (temporary assistance to needy families). DCF provides a monthly community training which is shared via social media with CoC providers and their partners. The Collaborative Applicant coordinates CoC monthly meetings and facilitates member presentations such as DCF requirements, Veterans Services, Behavioral Health

services and qualification and are based on CoC member input or issues identified by the Collaborative Applicant during on-site monitoring. Ongoing SOAR training is provided and utilized when appropriate to ensure quick access to SSA benefits. CoC has a strong partnership with the Homeless Coalition who can solicit and provide private funding for resources the CoC is unable to secure through local, State or Federal funding. The Collaborative Applicant and the CoC Executive Committee is responsible for oversight of this strategy.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	15
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	15
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

(1)The CoC's outreach teams work towards identifying individuals experiencing homelessness throughout the CoC's covered area. All teams conduct triage in a consistent manner utilizing the VI-SPDAT, and all individuals assessed are placed on the CoC's acuity list. A score matrix is used to determine the chronicity, severity, and other factors that assist in appropriate placement of individuals assessed.
(2)CoC's outreach teams cover 100% of the county consisting of thirty-nine incorporated municipalities and all unincorporated areas in the CoC's geographic area.
(3)Street outreach occurs five days a week with varying shifts which include evening hours to accommodate the needs in the community and maintain flexibility when handling emergencies.
(4)CoC has tailored its street outreach to target multiple at-risk, and vulnerable populations. Street outreach targets LGBTQ, mentally ill, youth, individuals and families. Outreach teams have been assigned geographic zones throughout the county to provide full coverage, avoid duplication of services within the

CoC's coverage area, and to provide a rapid response to client needs. CoC will be adding additional outreach teams consisting of peer specialists targeting individuals that are least likely to seek assistance and more difficult to engage. These populations include severely mentally ill, substance users, and the chronically homeless that refuse to engage with institutions. CoC has added a PATH team to engage individuals with severe mental health issues. CoC is equipped to serve individuals that have limited English proficiency. The outreach teams are proficient in several languages and assist individuals served in navigating the social service systems within the CoC's geographic area.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

(1)CoC provides outreach teams to serve individuals and families who are least likely to seek services on their own. The outreach material distributed is provided in several languages to serve the diversity of the CoC's geographic area. The Unmet Needs Committee works to identify needed services for eligible persons and families while providing direction to the CoC on implementation. The CoC has four housing specialists that work to secure adequate housing and also ensure that all housing needs are met for all eligible clients regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability. Client choice is in all aspects of housing implementation is considered and prioritized. Services include multi-lingual staff, scattered site housing within the community and the ability to accommodate multiple needs of the individuals served. When securing housing the housing specialists adhere to all requirements of Fair Housing & Equal opportunity.
(2)Special attention is given to housing for specific sub-populations, housing for persons with shared spaces and facilities, disabilities, individuals and family needs, and tenant rights. The CoC has contracts with providers for individuals or families that requires additional communication methods such as limited English proficiency, sign language, deaf, hard of hearing, and blind.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	520	592	72

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new   No

construction?

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