

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: NH-500 - New Hampshire Balance of State CoC

1A-2. Collaborative Applicant Name: State of New Hampshire

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Harbor Homes

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	No	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Homeless service provider-emergency shelter (individuals/families)	Yes	Yes	Yes
Homeless service provider-prevention/shelter (individuals/families)	Yes	Yes	Yes
Veterans Services, VA Med Ctr, SSVF		Yes	No

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

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

The NH BoS CoC has a broad and inclusive structure that engages all organizations working to end homelessness in the State. The CoC is governed by a 10-person Board, elected by the membership, which includes State agencies and representatives from 11 Local Service Delivery Areas (LSDA). Each LSDA is a regional coalition of homeless service providers, law enforcement, DV agencies, health care organizations, and others working to end homelessness. The LSDAs send representatives to the Statewide CoC membership meetings, held six times/year. Center for Life Management, a provider of mental health/substance abuse services, offers a clinical perspective to the NH BOS Board and to the Chronic, Coordinated Entry, and Data Committees. Concord Coalition to End Homelessness organizes residents, particularly faith-based volunteers, and participates in the Concord LSDA, Statewide CoC meetings and Coordinated Entry Committee.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Child and Family Services	Yes	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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
New Hampshire Coalition Against Domestic and Sexual Violence	Yes	No
Response to Sexual and Domestic Violence	Yes	No
The Support Center at Burch House	Yes	No
Starting Point	Yes	No
Voices Against Violence	Yes	No
New Beginnings Without Violence and Abuse	Yes	No
Turning Points Network	Yes	No
Crisis Center of Central New Hampshire	Yes	No
WISE	Yes	No
Haven	Yes	No

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

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

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

The NH BOS CoC Board has created committees for each of the Opening Doors goals. These are: Veterans, Chronic Homeless, Housing (addresses family/all homelessness), and Education (youth homelessness). Each Committee includes BHHS staff, State policymakers, local homeless service providers and subpopulation experts, with membership from across the BOS geography. CoC members volunteer for Committees, and the NH BOS CoC Board invites State and local stakeholders to ensure that each Committee has the authority, expertise and resources needed to implement plans. For example, the Veterans Committee has weekly calls with the Governor's Office and includes representatives from two VA offices, Easter Seals, Harbor Homes, multiple community action agencies, and four SSVF providers. The Chronic Homeless Committee includes street outreach staff, PATH personnel, New Hampshire Housing Finance Agency, mental health organizations, substance abuse nonprofits, and PSH providers.

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

The New Hampshire BoS CoC Board encourages participation in the CoC meetings and application process from all interested parties. The Collaborative Applicant announces availability of funds via email lists, 11 Local Service Delivery Area meetings, and other public meetings. The BoS CoC Project Review Committee regularly receives applications from organizations that are not already receiving McKinney funds. This year, the project selected for funding will be administered by a provider that has not previously received NH BOS CoC McKinney funds. The BOS CoC Board encourages agencies that are not awarded funding to continue participating in the CoC and to submit applications in response to future RFPs. The Project Review Committee used a ranking tool that assessed new proposals based on HUD threshold requirements, populations served, program model, CoC participation, leverage, and commitment to Housing First implementation.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

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

The BoSCoC overlaps 4 Consolidated Planning Jurisdictions. These include the State of New Hampshire, which oversees CDBG, HOME and ESG, and the cities of Dover, Portsmouth, and Rochester, which administer CDBG. The BOS Collaborative Applicant--New Hampshire Bureau of Homeless and Housing Services--serves as New Hampshire's ESG Administrator and sits on the Steering Committee of the NH Housing and Community Development Planning Council. HCDPC is the Statewide body that approves New Hampshire's State Consolidated Plan. BHHS Director (and NH BoS CoC Co-Chair) Maureen Ryan participates in each of the HCDPC meetings, which occur six times/year for an average 2 hours each. She presents CoC data to the Steering Committee, and BHHS submit PIT, HIC and AHAR data for inclusion in the State and local ConPlans. At least once each year, BHHS meets individually with Con Plan staff in the three entitlement communities. Nonprofit CoC members participate in State and local ConPlan hearings.

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

The State of New Hampshire is the only ESG recipient in the CoC, and the NH Bureau of Homeless and Housing Services Director serves as both ESG administrator and CoC co-chair. This connection ensures seamless coordination of ESG and CoC programs. Over the past year, the BHHS Director held six listening sessions in locations throughout NH and met with each CoC to receive comment and invite written input into ESG funding decisions. Representatives of all NH CoCs provided recommendations for allocation of ESG funds and suggestions for performance standards to be used in evaluation of ESG projects.

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

New Hampshire's Bureau of Homeless and Housing Services administers \$550,000 in annual State funding for the New Hampshire Coalition Against Sexual and Domestic Violence, which subgrants these funds to 12 domestic violence shelters. NH Coalition Director attends CoC meetings. Each Local Service Delivery Area in NH includes both DV and homeless providers who make/receive referrals, coordinate case consultations, and collaborate on planning and coordinated entry. New Hampshire 211 refers to both DV and homeless services. At intake, all people requesting assistance are asked if they are in immediate danger or currently fleeing a DV situation. If they answer affirmatively, intake worker asks if they want to be connected to the DV 24-hour hotline or the sexual assault 24-hour hotline. At DV agencies, advocates have information on local ESG, RRH and CoC resources and are able to refer to the DV or mainstream shelter systems.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
New Hampshire Housing Finance Agency	25.00%	Yes-HCV
Concord Housing Authority	0.00%	No
Keene Housing Authority	0.00%	No
Berlin Housing Authority	0.00%	No
Dover Housing Authority	0.00%	No

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

1C-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)

New Hampshire has two programs for homeless people with mental illness. Both target homeless mentally ill people who need housing because they are unsheltered or are temporarily sheltered and ready for discharge (from TH or inpatient treatment). The first program, Housing Bridge, was established in 2008 by the New Hampshire Department of Health and Human Services. Housing Bridge provides mental health services and transitional subsidies for individuals on waitlists for HCVP vouchers. The second program is a new HUD 811 program. With funds from a recently awarded \$8.4 million grant, the New Hampshire Housing Finance Agency and the New Hampshire Department of Health and Human Services are developing 150 units of project based subsidized housing for homeless mentally ill individuals.

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

New Hampshire has discharge policies for foster care, mental health, and corrections. The BoS coordinates to ensure that people from these systems are not discharged to homelessness. For example, the NH State Hospital (NHH) sends the Bureau of Homeless and Housing Services Director a monthly report on persons homeless on intake, and if applicable, discharge. NHH discharge planners work closely with managed care organization care managers and PATH outreach to prevent discharges to homelessness. New Hampshire does not have a written discharge policy that covers privately funded hospitals. However, CoC-funded street outreach workers collaborate with social workers at each hospital in the CoC to assist with placement after hospital stays and avoid discharges to homelessness.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

NH is adopting a statewide CE approach that integrates each region’s unique process that meets the needs of each community. Some are single point of entry models and some are no-wrong door models. Each CE system receives referrals through sources including NH 211, homeless providers, schools, law enforcement, hospitals, CE workers, and others. The CE workers do the preliminary work to identify and engage homeless clients by meeting them where they are at, developing rapport, and facilitating referrals. All providers in the CoC are using the same assessment tool to help identify the most appropriate service for each individual or family. CE systems are working with all categories of organizations listed in 1E-2. The CE lead continues to facilitate workshops for providers to improve the referral process and to develop a consistent process for prioritizing clients based on vulnerability. Detailed description is attached, along with the assessment tool and CE HMIS data requirements.

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

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

Coordinated Assessment Outreach Lead Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
State 211	<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"/>				

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	26
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	26
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
HMIS data quality, HMIS bed coverage, leverage, CoC participation, Housing First, reallocation TH to PSH	<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"/>
Mental Illness, Substance Abuse, Vulnerability	<input checked="" type="checkbox"/>

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

The NH BoS Ranking Committee provides extra points in its ranking process for projects that have dedicated CH beds and prioritized CH beds. The greatest number of points are available for projects that dedicate the largest percentage of beds for chronically homeless people. The Committee also provides extra points for projects that serve high barrier clients (Over 50% of population served is seriously mentally ill, chronically substance abusing, fleeing domestic violence, and/or coming directly from streets or shelter). Projects committed to Housing First also receive extra points. In this way, projects that serve high need populations are likely to be ranked above those that serve people with fewer barriers.

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

On September 29, Martha Young of the New Hampshire Bureau of Homeless and Housing Services sent an email announcing new funding opportunity and providing ranking tools for selection of new, reallocated, and renewal funds. The email was sent to 133 members of BHHS listserv, including respondents to a previously issued letter of intent, inviting expressions of interest in new or reallocated McKinney funding. BHHS also invited all entities interested in applying for funds to a September 30, 2015 meeting at which ranking tools were distributed and selection criteria discussed. Ranking was publicly posted on BHHS website on Nov 4, 2015.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/13/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/15/2015

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

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

Instructions

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

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

A NH BHHS Program Administrator monitors performance via desk reviews and annual site visits, which include a complete review of program files and fiscal documentation. She reviews client files to ensure that each has required documentation of participant eligibility. She analyzes 3 months of fiscal records each year, comparing receipts and invoices to CoC billing and General Ledger entries. She contacts agencies that do not request funds at least quarterly. She uses HMIS and program reports to assess progress on outcomes and utilization, developing Corrective Action Plans and a time line for compliance if any findings are found. After issuing a Corrective Action Plan, she conducts a final review to ensure agency progress on corrective actions. On a quarterly basis, the BOS CoC's Executive Committee reviews each project's performance outcomes for housing stability, access to mainstream benefits, increased income, and bed utilization.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. New Hampshire HMIS Governance Model attached pp 4-10

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

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

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

Servicepoint

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

Bowman Internet Services, LLC

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$77,996
ESG	\$10,000
CDBG	\$0
HOME	\$0
HOPWA	\$11,172
Federal - HUD - Total Amount	\$99,168

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$109,802
State and Local - Total Amount	\$109,802

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	\$208,970
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/12/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	467	117	330	94.29%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	204	0	157	76.96%
Rapid Re-Housing (RRH) beds	46	0	46	100.00%
Permanent Supportive Housing (PSH) beds	432	0	342	79.17%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

New Hampshire Bureau of Homeless and Housing Services will send letters to each of the 3 TH agencies that do not currently enter data into HMIS, inviting their participation, explaining the benefits of HMIS and offering training and technical assistance to facilitate engagement in the system. Each of the agencies operates a relatively small family TH, with between 4-5 units and 14-19 beds, which should make implementation manageable. The PSH units that do not participate are VA VASH units. While VA has made a decision not to participate in HMIS, new McKinney CoC PSH beds, if funded, will increase bed coverage to 85%.

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

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

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

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

Instructions:

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

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

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

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

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

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

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

2D-4. How frequently does the CoC review data quality in the HMIS? 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 type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

The PATH program will start entering data in HMIS by March 31, 2016.

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

Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/12/2015

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

Instructions:

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

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

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

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

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

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

New Hampshire Bureau of Homeless and Housing Services staff coordinated the sheltered PITC. After reviewing HUD/USICH PITC guidance, BHHS prepared a survey form and trained PITC leads at each shelter by providing written instructions, a webinar, and 8 in-person trainings. One hundred percent of shelter and transitional housing programs completed survey. To gather subpopulation data, shelter staff interviewed 100% of sheltered persons with BHHS form. BHHS provided technical assistance, support and reminder contacts to ensure the most accurate information was collected and reported. BHHS aggregated data, comparing information to HMIS data as needed to investigate discrepancies. The PITC methodology was chosen because it is comprehensive, meets HUD/USICH guidance, and provides mechanisms to address any inaccuracies.

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

There were no changes in sheltered PITC methodology.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

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

There were no changes in provider coverage.

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

Instructions:

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

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

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

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

There were no changes from 2014 to 2015 in the PITC other than an increase in in-person trainings. Before the PITC, BHHS staff went to eight Local Service Delivery Association meetings to provide in-person trainings to shelter providers involved in the NH BOS sheltered PITC. BHHS staff described the sheltered PITC methodology, reviewed the survey tool, and answered questions.

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

Instructions:

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

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

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/12/2015

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

Instructions:

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

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

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

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

New Hampshire's Bureau of Homeless and Housing Services and the Homeless Outreach Intervention Program (HOIP, and PATH coordinate the unsheltered count on behalf of all 3 CoCs in New Hampshire. Staff and trained volunteers go to public places where homeless people are known to stay. Unsheltered people are counted but not interviewed if volunteers do not feel safe making an approach. BHHS contacts hospitals, soup kitchens, drop-in centers and police stations to identify unsheltered people served on the night of the count. Avoiding duplication: 1. Volunteers complete a form identifying where each person was found, time observed, and identifying characteristics. 2. Volunteers ask people if they have spoken to any other team counting that evening. 3. BHHS creates a unique client identifier. People with common client identifiers are assumed to be duplicates. NH BoS chose both street and service count to ensure that the unsheltered homelessness is comprehensive.

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

There was no change in the methodology from 2014 PITC to 2015 PITC.

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

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

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

Instructions:

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

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

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

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

There was no change in unsheltered PITC methodology from 2014 to 2015.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	689	718	29
Emergency Shelter Total	459	489	30
Safe Haven Total	0	0	0
Transitional Housing Total	168	153	-15
Total Sheltered Count	627	642	15
Total Unsheltered Count	62	76	14

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	2,274
Emergency Shelter Total	2,009
Safe Haven Total	0
Transitional Housing Total	265

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

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

Working with each of the State's CoCs, NH allocates \$1 million of State funds for prevention and directs \$508,858 of ESG funds to prevention and RRH, with a goal of 4,500 households prevented from homelessness and 70 in ESG-funded RRH. NH BOS CoC has developed coordinated entry within each of the Local Service Delivery Areas and is in the process of working with 2 other NH CoCs to create a statewide system. NH's CE includes an assessment tool that screens for risk of homelessness and links households to diversion and prevention whenever possible. In the Seacoast LSDA, this approach has been so successful that Southwest Community Services was able to close one of its 3 shelters. Each year, the New Hampshire Coalition to End Homelessness publishes The State of Homelessness in New Hampshire, an analysis of homelessness trends and risk factors for homelessness. The NH BOS CoC uses this analysis, CE and HMIS data to identify risk factors that lead to homelessness.

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 BoSCoC, ESG, and state funded homeless assistance programs have coordinated efforts to both reduce the amount of time persons experience homelessness and increase exits from shelter to PH. The average length of stay in emergency shelters in SFY’15 was 52 nights, a 15% reduction since 2012 when the average LOS was 61 days. In SFY’13 BHHS began requiring state funded programs to identify goals related to both reducing the average LOS and increasing exits to PH. This effort, combined with an increase in ESG and CoC funding dedicated to rapid rehousing has been key in achieving this. BoSCoC intends to continue efforts in this area and believes the continued development of coordinated entry in NH will help move the longest stayers to PH and PSH. Currently, LOS is evaluated during regular case reviews at the provider level. As the CE system is further developed, NH will develop capacity to assess LOS within and across Local Service Delivery Areas.

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

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

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	78
Of the persons in the Universe above, how many of those exited to permanent destinations?	68
% Successful Exits	87.18%

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	365
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?	347
% Successful Retentions/Exits	95.07%

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

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

New Hampshire BHHS randomly monitors returns to homelessness by doing a query for return to shelter/homelessness after six months exit from CoC and/or ESG programs. BHHS reviews PSH data on a bi-monthly basis to intervene quickly if a program seems to be experiencing higher vacancy rates and exits to non-permanent settings. BHHS has developed a RRH assessment tool, used throughout the CoC, to rigorously assess whether RRH interventions are adequate to stabilize households. Case managers use this tool to determine initial intervention and to identify/access additional resources needed to maintain households in housing. All agencies that place people in permanent housing provide stabilization services for at least 6 months. Most NH BoSCoC providers, such as community action agencies and mental health organizations, both serve homeless households and offer ongoing community-based services, thereby establishing an ongoing connection with households.

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

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

The NH BOS CoC Housing Committee has developed an Employment Strategy to increase clients income from employment. The Housing Committee is a. Engaging employment agencies to train CoC case managers on training options and employment best practices and b. Creating more formalized collaborations between housing providers and employment programs. In the year ahead, the Housing Committee will continue to implement the strategy by pursuing partnerships and coordinating training workshops with New Hampshire Employment Programs, Veterans Work Program (TH program with 67% employed at exit), New Hampshire Employment Security, NH Behavioral Health WORKS Program (supported work for homeless mentally ill individuals) and Vocational Rehab. All CoC providers continue to screen for mainstream benefits and help people apply and maintain benefits. NH has a single application for multiple mainstream benefits, NH Easy, and case managers are SOAR trained.

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)

New Hampshire Works, Office of Workforce Development, operates 12 One Stop Career Centers. Five of these centers are at New Hampshire community action agencies. NH CAAs also act as key access points for the NH BOS CoC Coordinated Entry system. This means that workforce development resources are co-located at the same nonprofits that provide coordinated entry and outreach for NH BOS. New Hampshire Works provides job listings, online job matching, self -assessment and planning tools, financial aid information, linkage to employment and training programs, and help securing child care and transportation. CoC providers also work with the New Hampshire Employment Program and NH Vocational Rehab. NHEP provides job counseling, work clothing, childcare and transportation assistance for TANF recipients. NHVR offers employment services for disabled individuals. 100% of SSO, PH-RRH and PSH agencies regularly connect to these agencies and CoC is working to formalize collaboration.

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

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

New Hampshire's five community action agencies provide outreach as do SAMHSA funded PATH outreach workers and VA Homeless Outreach staff. With this year's CoC application, the Homeless Outreach Intervention Program is transitioning from a program focused exclusively on street outreach to one that conducts outreach and coordinated entry. Staff will continue to take on core outreach functions: visiting soup kitchens, drop in-centers, emergency shelters and welfare offices; conducting street outreach to known campsites to engage unsheltered individuals and build trust; maintaining contact with law enforcement and health care. They will, in addition, serve as the lead for coordinated entry, completing basic screening and using CE referrals to connect people to shelter, services, and permanent supported housing. This structure ensures that unsheltered individuals will be both engaged and effectively connected to needed resources.

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

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

The outreach workers and volunteers who conducted the unsheltered PITC did not enter deeply forested areas, although they did reach out to homeless individuals on the edges of forests and in wooded areas along railroad tracks. The CoC Board excluded deeply forested areas because of the difficulty of maintaining the safety of outreach workers and volunteers engaged in the count and the low likelihood of encountering a significant number of unsheltered people in remote wilderness areas.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	187	212	25
Sheltered Count of chronically homeless persons	161	175	14
Unsheltered Count of chronically homeless persons	26	37	11

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

The increase in sheltered CH represents increased efforts to encourage unsheltered CH to enter shelter in the winter. The increase in unsheltered CH is a result of NH's strong outreach and engagement programs to find and engage the neediest homeless people. Community action agencies, PATH teams, and veterans groups conduct outreach, including street outreach, throughout NH BOS, but the need for PSH is still greater than the supply, even with conversion of regular beds to PSH and reallocation, because there are not enough units and there is limited turnover in existing programs.

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

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

All strategies and actions were completed. On January 1, 2014, 4 PSH units were converted to dedicated PSH units for chronically homeless people only. In November 2014, an additional 5 units were converted to dedicated units for chronically homeless people. Twenty four new PSH units were developed and complete by November 2014.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	86	76	-10

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

In 2014, NH BHHS mistakenly counted VASH beds as "dedicated" to CH when these beds were actually only prioritized upon turnover for CH. In fact, NH only had 47 CH beds in 2014 and New Hampshire has gained 29 CH beds through new development and conversion of PSH beds to "dedicated" CH.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? No

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

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	213
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	49
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	49
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

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

This question will not be scored.

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

The BOS CoC piloted a project in 2014 to coordinate and expedite CH referrals to open PSH beds through a dedicated staff person at BHHS. As the State begins to integrate local CE processes into a State-wide system, BHHS will refine this process, adding a vulnerability assessment tool linked to PSH prioritization. The Co-Chair of NH BOS CoC leads a subcommittee of the Governor’s Interagency Council on Homelessness on “Ending Homelessness for Persons Living in Encampments.” NH Housing Finance Agency and the Department of Health and Human Services recently secured \$8.4 million in HUD 811 funds to develop PSH for homeless mentally individuals. The BHHS will train NH homeless service on best practices related to: engaging hard to house populations; implementing harm reduction; and learning from successful Housing First projects. HUD support for the NH BOS CoC’s 2015 Bonus Project would be enormously helpful in enabling NH to meet the goal of ending CH by 2017.

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

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

Instructions:

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

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

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input 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"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

The New Hampshire Bureau of Homeless and Housing Services administers ESG COC and State funds for family and domestic violence shelter. In grant contracts, BHHS requires grantees to identify goals for both housing placement and length of stay. CoC and ESG providers strive to place households within 30 days. The LOS in NH ES has dropped and is now an average 52 days; however, with vacancy rates below 2.5% and households facing complex barriers, placement within 30 days is not always achievable. NH BOS prioritizes the placement of families in safe housing that they can truly maintain with limited income and the establishment of ongoing supports for family stability. While providers try to work quickly, they also take the time to do the work necessary to make sure that permanent housing placements are, in fact, permanent and stable.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	55	42	-13

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	117	107	-10
Sheltered Count of homeless households with children:	110	103	-7
Unsheltered Count of homeless households with children:	7	4	-3

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

The number of homeless family households has dropped slightly from 2014 to 2015 PITC. From 2012 to 2014, family homelessness State-wide dropped 10% as reported by all three New Hampshire CoCs. The decline in family homelessness represents a decrease from all time high numbers of homeless families during and after the recession. Family homelessness continues to decline but the rate has slowed between 2014 and 2015, as rental costs rise, and incomes among renters remain stagnant. 23,521 ELI NH renters pay more than 50% or more of income towards rent, putting them at risk for homelessness.

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

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input 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 (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	23	52	29

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

The number of unaccompanied youth served by CoC has not decreased.

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$152,000.00	\$152,000.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$152,000.00	\$152,000.00	\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	8
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	1

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

The State Homeless Coordinator disseminates information on McKinney-Vento Educational Rights to LEAs who distribute this information to CoC providers. BHHS convenes an annual conference for homeless service providers and LEAs that includes training on McKinney-Vento educational requirements. The training includes best practice examples, including models of successful collaborations between Homeless School Liaisons and homeless service providers. LEAs attend the 11 Local Service Delivery Area meetings. BHHS staff and many CoC representatives attend the Teen Task Force, a Statewide coalition of LEAs, DOE, and service providers. Task Force meets monthly.

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

The NH DOE Homeless Coordinator has developed a McKinney-Vento educational rights brochure, which LEAs distribute to homeless service providers and others. The NH BoS CoC requires case managers at CoC and ESG-funded agencies to explain McKinney-Vento educational rights, including the right to choose education in home community or the city/town of temporary residence. Case managers are also required to work with LEAs to request needed transportation and/or transfer to new school. Case managers remain engaged with school and LEA personnel to identify and obtain other needed supports for homeless students. The CoC, LEAs and other youth advocates meet at least 12 times/year as part of the NH Teen Task Force, and these meetings provide a venue for cross-training on CoC and ESG eligibility criteria. At the local level, LEAs and youth advocates are part of the LSDA meetings and have participated in Coordinated Entry discussions and roll out of new CE system. They are familiar with CoC and ESG eligibility requirements and use the CE system in each LSDA to connect families or unaccompanied youth to resources. Finally, CoC agencies meet with organizations in their community including juvenile justice nonprofits and youth advocates to ensure that information about resources, eligibility criteria and CE system is widely available. Quarterly Statewide shelter director meetings, homeless outreach meetings and other public meetings, emails and public notices are also used to ensure that all youth serving agencies can get help for homeless youth and families.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	40	36	-4
Sheltered count of homeless veterans:	37	26	-11
Unsheltered count of homeless veterans:	3	10	7

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

There has been a decrease in the number of homeless veterans but an increase in the number of homeless unsheltered veterans. The BOS CoC believes that the increase of unsheltered homeless veterans represents NH's increased ability to locate and connect with unsheltered homeless people, through its street outreach efforts and that the decrease in sheltered veterans represents the availability of resources such as SSVF and VASH to place veterans in housing.

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

The BoS CoC Veterans Committee collaborates with the VA homeless outreach staff and 4 SSVF programs to eliminate homelessness among veterans. NH BHHS initiated a formal Ask the Question campaign to encourage homeless service providers to Ask the Question "Have you or a family member ever served in the military?" and to identify and engage this population in order to provide optimal care planning and referrals. When people call 211 or make contact with a homeless service agency or Referral Agency, intake workers have been trained to ask "Have you or your spouse ever served in the military?" If the answer is yes, the veteran or spouse is referred to SSVF outreach workers, who immediately make contact, traveling to wherever the person in need is located. New Hampshire has 18 SSVF staff in 4 locations, who help secure SSVF, VA benefits, and determine eligibility for VASH vouchers and other services.

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

The BOS CoC prioritizes veterans ineligible for VA assistance for CoC and ESG-funded services. If a veteran cannot be served through a veteran-specific resource, SSVF outreach workers assume responsibility for re-connecting the veteran to the LSDA that made the initial referral so that the veteran can be prioritized for assistance, using other CoC resources.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	41	36	-12.20%
Unsheltered count of homeless veterans:	6	10	66.67%

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

This question will not be scored.

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

In 2011, New Hampshire issued a Four Year Strategic Plan to End Veteran Homelessness. BOS CoC representatives participated in the development and implementation of this plan which called for increased employment access, a Veterans Court for justice involved veterans, and improved coordination and increased housing resources for veterans. Representatives from the BOS CoC Veterans Committee participate in the Statewide Homeless Veterans Committee and on the weekly Governor’s Office status call on Veteran Homelessness. In October 2015, NH BOS CoC secured HUD Vets @ Home technical assistance and a committee is meeting with the TA provider to continue to address veteran homelessness by working to fully implement the "no wrong door" approach through increased prevention resources, the creation of new housing and employment opportunities, and continued advocacy for veteran and homeless preferences at local housing authorities.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	29
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	29
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

New Hampshire is a Medicaid expansion state. All NH BOS CoC providers enroll participants in health insurance, working with the 12 regional offices of the Division of Client Services, NH Department of Health and Human Services. Health care partners include Concord Hospital, Cheshire Medical Center, Portsmouth Regional Hospital, Frisbee Memorial Hospital, and Wentworth Douglas Hospital. In 2015, the Greater Seacoast Coalition to End Homelessness worked with 3 of these hospitals to establish two Community Care Teams (CCTs). With representation from hospitals, community health centers, behavioral health organizations, substance abuse agencies, homeless shelters, meal programs, and coordinated entry, the teams create collaborative treatment plans to address behavioral and/or health problems and related issues. The CCTs have identified highest need users of crisis services and are meeting weekly to monitor progress and coordinate action. This model will be expanded across NH.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Community Care Teams (in place in Seacoast, to be expanded State-wide)	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	28
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	25
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	89%

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

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	28
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	24
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	86%

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

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	46	46

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)**

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

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

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

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

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input 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 type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Veterans	11/01/2015	4

4C. Attachments

Instructions:

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

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	NH-500 Evidence o...	11/10/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	NH-500 Ranking an...	11/11/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NH 500 Public Pos...	11/12/2015
05. CoCs Process for Reallocating	Yes	NH-500 Process fo...	11/11/2015
06. CoC's Governance Charter	Yes	NH-500 Signed Gov...	11/10/2015
07. HMIS Policy and Procedures Manual	Yes	New Hampshire Bal...	10/06/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	NH HCVP Admin Pla...	11/12/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	New Hampshire Bal...	10/06/2015
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	NHBoS Coordinated...	10/31/2015
14. Other	No		
15. Other	No		

Attachment Details

Document Description: NH-500 Evidence of CoC's Communication to Rejected Projects

Attachment Details

Document Description:

Attachment Details

Document Description: NH-500 Ranking and Review Procedure

Attachment Details

Document Description: NH 500 Public Posting Notification Evidence

Attachment Details

Document Description: NH-500 Process for Reallocating

Attachment Details

Document Description: NH-500 Signed Governance Charter

Attachment Details

Document Description: New Hampshire Balance of State HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: NH HCVP Admin Plan Excerpt Homeless Preference

Attachment Details

Document Description: New Hampshire Balance of State HMIS Governance

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Document Description: NHBoS Coordinated Entry Tool and Description

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Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	Please Complete
1C. Coordination	11/13/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/13/2015
1G. Addressing Project Capacity	11/13/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/13/2015
3B. Objective 1	11/13/2015
3B. Objective 2	11/13/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/13/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required

Notes:

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

**State of New Hampshire
Balance of State Continuum of Care (BoSCoC)
Governance Charter**

Article 1. BoSCoC Membership

The BoSCoC Membership is representative of relevant organizations within the State of New Hampshire to carry out all roles and responsibilities of the BoSCoC in the effort to prevent and end homelessness throughout New Hampshire. The BoSCoC Membership is open to all interested stakeholders in preventing and ending homelessness; including all recipients and sub recipients of CoC Program projects, the State of New Hampshire Bureau of Homeless and Housing Services, homeless and formerly homeless individuals, nonprofit homeless assistance providers, local property managers, victim services providers, faith-based organizations, other state and local government officials, businesses, policy advocates, public housing agencies, school district personnel, social service providers, mental health providers, hospitals, universities, affordable housing developers, and local law enforcement.

Article 2. Meeting Frequency

Meetings of the full BoSCoC Membership will take place at a minimum of six (6) times per year. Meetings will include a published agenda that will be posted publicly and distributed to all members prior to the meeting.

Article 3. Solicitation of New Members

At a *minimum* of once a year, a written invitation will be publicized seeking new members who are interested in reducing and ending homelessness within the geographic area to join the BoSCoC. The invitation will include the advance agenda, time, and location of the next BoSCoC meeting. The invitation will be made publicly available and distributed electronically within the geographic area. There will be minutes and a record of the meeting made public.

Article 4. BoSCoC Geographic Area

The BoSCoC Membership's geographic area will at minimum represent the following communities: Dover; Portsmouth; Rochester; Belknap County; Carroll County; Cheshire County; Coos County; Grafton County; Hillsborough County*; Merrimack County; Rockingham County; Strafford County; Sullivan County *Only Antrim, Bedford, Bennington, Deering, Frankestown, Goffstown, Greenfield, Greenville, Hancock, Hillsboro, Lyndeboro, New Boston, New Ipswich, Pelham, Peterborough, Sharon, Temple, Weare, Wilton, and Windsor.

Article 5. Executive Committee/BoSCoC Board

The Executive Committee, who acts as the Board for the BoSCoC, develops overall goals and strategies for the BoSCoC and acts on behalf of the BoSCoC. Representation consists of seven (7) members selected by the BoSCoC membership, and must include a representative from the Bureau of Homeless and Housing Services (BHHS) and a homeless or formerly homeless individual.

Section 1. Officers and Duties. The officers shall be 2 Co-Chairs. These officers shall perform the duties prescribed by the Governance Charter. The Co-Chairs shall be responsible for chairing and convening all Executive Committee meetings. One Co-Chair shall be a BoSCoC member and represent homeless service providers or private entity and one Co-Chair shall be a member and represent the State of New Hampshire, Bureau of Homeless and Housing Services (BHHS). The Co-Chairs or an appointment designee, shall assure that minutes are taken and distributed for all meetings and be responsible for keeping the attendance records of the Executive Committee.

Section 2. Elections and Terms of Office. The Executive Committee members shall elect all officers through a majority vote. The non-State of NH, BHHS Co-Chair shall serve for a two-year term and may serve up to two consecutive terms. The remainder of the Board membership will be BoSCoC members that were voted in by a majority of the full BoSCoC membership and are seconded by a majority of the Executive Committee members. The Board Selection process will be reviewed, updated, and approved by the BoSCoC at least once every 5 years.

Section 3. Executive Committee/Board Composition. The Executive Committee is made up of 7 members – the 2 Board Officers (Co-Chairs) and 5 additional members. It represents the following groups:

- State of New Hampshire– BHHS
- Homeless Services Provider Representatives (Individual, Family, Veteran)
- Homeless Advocacy
- Homeless or Formerly Homeless Individual

Section 4. Removal/Vacancies. The Administrator of BHHS or a majority vote from the Executive Committee may remove a member of the Executive Committee. An Executive Committee member may

also resign their membership on the Board by providing written notice to BHHS staff and the Executive Committee. BHHS staff will work to coordinate the filling of a vacancy in collaboration with the Executive Committee.

Section 5. Executive Committee/Board Responsibilities. The Board will conduct the following activities:

- Leadership to leverage and prioritize the effective use of public/private resources
- Coordinate the BoSCoC's activities to further implementation efforts of the NH Plan to End Homelessness
- Prioritization of new and renewal projects funded through the US Department of Housing and Urban Development's Continuum of Care Program
- Oversight of the operation of the Continuum of Care in accordance with HUD's Continuum of Care Regulations
- Oversight of the BoSCoC's Homeless Management Information System (HMIS)
- Oversight of Continuum of Care Planning in accordance with HUD's Continuum of Care regulations

Section 6. Executive Committee/Board Meetings.

The Executive Committee will meet quarterly to conduct business. BHHS staff will provide meeting information and an agenda one week in advance of the meeting. The Co-Chairs also have the authority to call a special meeting in person or via other means (telephone, web cast) with 3 days' notice of the meeting. The Co-Chairs can also authorize a vote to be taken via electronic mail if necessary.

Article 6. Other Subcommittees

Subcommittees will be appointed as demand for specific subcommittee is needed. For example when the CoC Program Interim Rule was published in July 2012, the BoSCoC created several new subcommittees to address emerging mandates for the BoSCoC under the new CoC Program. There are no membership terms for subcommittees. The BoSCoC will add and delete subcommittees as they become necessary or irrelevant through a majority vote of the BoSCoC. The chairs and members are voluntary for an unlimited amount of time. The following Subcommittees are currently active within the BoSCoC:

- ***Legislative Action Subcommittee:*** This group works cooperatively with other advocacy and education groups such as the NH Coalition to End Homelessness, the NH Coalition Against

Domestic and Sexual Violence, and other homeless service providers to track proposed legislative and policy initiatives relating to issues that may impact New Hampshire's homeless citizens. Representation may include any interested BoSCoC member.

- **HMIS Data Subcommittee:** This group provides statistical support to the BoSCoC. The support will include review of the Annual Homeless Assessment Report (AHAR), review of BoSCoC data from the statewide Point-in-Time survey, analysis of gaps in needs, census information, and review of data quality reports from the New Hampshire Homeless Management Information System (NH-HMIS). The Subcommittee will include representation from NH-HMIS, BHHS, and NH-HMIS users.
- **Housing Subcommittee:** This group meets 6 times a year to address current challenges, barriers and problems in homeless and housing opportunities. The group is staffed and supported by the BHHS and may include representation from any interested BoSCoC member.
- **Education Subcommittee:** This group addresses the issue of children's homelessness. They examine what already exists for services, what direction the BoSCoC should go in, and what steps the BoSCoC needs to go through to promote better services for homeless children in New Hampshire.
- **Chronic Homelessness Subcommittee:** This group addresses the issue of Chronic Homelessness and looks to identify chronically homeless people and identify effective solutions to serving this population and creating Permanent Supportive Housing.
- **Evaluation and Project Ranking Subcommittee:** This group creates processes for reviewing, scoring and ranking projects based on HUD's policy priorities and directions for the annual HUD CoC NOFA.

Article 7. LOCAL SERVICE DELIVERY AREAS

Local Service Delivery Areas (LSDA) consists of a group of service agencies and stakeholders, in a specific geographic area within the state. The LSDA includes organizations, individuals and service provider agencies that regularly strategize and coordinate the delivery of services to people experiencing homelessness or at risk of becoming homeless. Other common terms synonymous with LSDA include; local COC, local service consortiums, and coalitions. The LSDA use a peer-to-peer support system and well as resource sharing with other LSDAs and the BoSCoC to develop strategies to increase local involvement. The following is a current list of the LSDAs in New Hampshire, but does not preclude other LSDAs from forming in the future to meet local need. The existing LSDAs are as follows; Belknap County, Carroll County- Conway, Cheshire County, Coos County- Berlin/Colebrook/Whitefield, Grafton County- Littleton, Hillsborough County- West, Merrimack County- Concord Coalition to End Homelessness, Rockingham County East- Seacoast, Rockingham County West- Derry, Strafford County, Sullivan County- Claremont, Upper Valley- Lebanon, and Western Rockingham County.

Article 8. BoSCoC Responsibilities

The BoSCoC is responsible for the planning, performance and implementation of federal and local goals of preventing and ending homelessness. The following overarching responsibilities are encompassed within the BoSCoCs operations through various subcommittees, Executive Committee and are ultimately approved by the BoSCoC ;

- Development of annual goals and strategies to prevent and end homelessness
- Continually monitor the implementation of the activities surrounding these goals and provide support and action as necessary
- Approve the goals for the current year, which are identified in annual CoC Program Consolidated Application through the HUD Notice of Funding Availability.
- Coordination and collaboration with Emergency Solutions Grant recipient (BHHS) and sub recipients to evaluate project outcomes and performance
- Development of annual CoC Program Consolidated Application
- Implementation of a state-wide coordinated assessment and intake system
- Establish written standards for providing assistance (both with local funds and CoC Program assistance) that include:
 - Policies and procedures for evaluating eligibility for assistance

- Policies and procedures for determining and prioritizing eligible participants in transitional housing programs
- Policies and procedures for determining and prioritizing eligible participants in rapid re-housing programs, including standards for rapid re-housing programs
- Policies and procedures for determining and prioritizing eligible participants in permanent supportive housing programs

Article 9. Code of Conduct/Recusal Process

Executive Committee Members and State employees that support the operation of the BoSCoC shall abide by all section of the code of conduct below. Failure to act in accordance with the code of conduct may result in removal from the membership of the Executive Committee.

Section 1. Conflict of Interest. The necessity for the fair and impartial administration of state and federal funds and the enforcement of the funder program requirements makes the avoidance of any conflict of interest of primary importance. A conflict of interest is a situation in which an employee or Executive Committee’s member’s private interest, usually financial, conflicts or raises a reasonable question of conflict with his or her official duties and responsibilities.

When an Executive Committees member’s interests compete with the state of New Hampshire’s or the Public’s interests, the State or the Public’s interests take precedence, even if that means the member might be disadvantaged or inconvenienced. Executive Committee members must not use their office for personal gain in any manner. The following outline recusal process for Executive Committee members:

(a) No Executive Committee member may request or receive, in any manner whatsoever, compensation or anything else of value: (i) for performance of his or her duties; or (ii) for influencing or appearing to influence such performance.

(b) Executive Committee members must not accept money or anything of value from anyone, or the promise of money or anything of value, for the performance of their duties within the BoSCoC or the failure to perform their duties. This is basic public policy, and every Executive Committee member

should be on his or her guard to recognize an attempt to influence the performance of his or her duties by the giving of money or gifts.

(c) No Advisory Board member may participate in any matter relating to any entity in which, to his or her knowledge, the employee, or a member of his or her immediate family, or his or her business partner or any business organization in which he serves as an officer, director, trustee, or employee, or any person or organization with whom he or she is negotiating or has any arrangement concerning prospective employment, has a financial interest.

(d) Executive Committee members have an obligation scrupulously to avoid the potential conflicts of interest which exist in their role as a voting member of the BoSCoC or as a member of its Executive Committee. If their duties require them to participate in a particular matter in which they have a financial interest, they have a duty to disclose and report promptly the existence or possible existence of a conflict of interest to their appointing authority. The appointing authority has the responsibility to determine whether there should be a transfer to another member of a vote which involves them, their immediate family, or any person with whom or entity in which they have some personal or financial involvement, or whether the appointing authority should assume responsibility for the particular matter, or whether to issue a written determination that the interest is not so substantial as to affect the integrity of the member.

(e) Executive Committee member shall recuse themselves from all discussions or voting that is or could be perceived to be an organizational conflict of interest. Per the US Department of Housing and Urban Development Continuum of Care Regulations (24 CFR 578.95), an organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or sub-recipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under HUD's Continuum of Care Program, objectively in performing work with respect to any activity assisted under this part.

Article 10. BoSCoC Homeless Management Information System (HMIS)

The Balance of State Continuum of Care through its lead agency BHHS agrees to serve, as the HMIS Lead Agency for the BoSCoC. The parties further agree the HMIS Lead Agency BHHS will ensure that the HMIS Lead Agency requirements to establish, support, and manage the HMIS in a manner that will meet

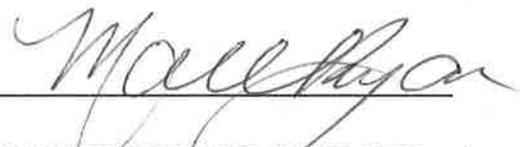
HUD's standards for minimum data quality; privacy, security and other HUD requirements for organizations participating in an HMIS are met.

BHHS as the lead agency will: coordinate the CoC's implementation of the HMIS software; provide assistance and guidance to all CoC project applicants; lead the CoC's efforts to assess and improve HMIS implementation, compliance and data quality; inform CoC members of training opportunities; and develop a Data Quality Plan, a Privacy Policy and a Security Plan.

In addition to above listed HMIS responsibilities, the BoSCoC will follow the requirements outlined in the separate HMIS governance charter (Appendix A).

Article 11. Amendments

This Charter is a working document and can be amended by the BoSCoC regularly with a majority vote of the BoSCoC. At a minimum, this Charter will be reviewed and updated at least annually.

Authorized Signature 

Title: NH BHHS BUREAU ADMINISTRATOR and
BoSCoC Co- Chair

Date 11/10/15



STATE OF NEW HAMPSHIRE

NH-HMIS

(New Hampshire Homeless Management Information System)

Policies and Procedures Manual

July 2015

Table of Contents

NEW HAMPSHIRE HMIS CONTACT INFORMATION.....	V
1. HMIS PARTICIPATION POLICY	6
1 (a) Responsibilities	6
2. PARTICIPATION REQUIREMENTS.....	6
2 (a) Mandated Participation	6
2 (b) Voluntary Participation	6
3. MINIMUM PARTICIPATION STANDARDS.....	7
4. HMIS AGENCY PARTICIPATION REQUIREMENTS	7
5. HARDWARE, CONNECTIVITY AND COMPUTER SECURITY REQUIREMENTS	7
5 (a) Workstation Specification	7
5 (b) Internet Connectivity	10
5 (c) Security Hardware/Software	10
5 (d) Agency Workstation Access Control	11
6. HMIS USER IMPLEMENTATION	11
6 (a) Eligible Users	11
6 (b) User Requirements.....	11
6 (c) Setting up a New HMIS User	12
6 (d) Enforcement Mechanisms.....	12
7. HMIS AGENCY IMPLEMENTATION	13
7 (a) New Project Implementation	13
7 (b) Agency Information Security Protocol Requirements	14
7 (c) User Access Levels	14

8. HMIS CLIENT DATA POLICIES AND PROCEDURES	14
8 (a) Client Notification Policies and Procedures	14
8 (b) Open Systems Designated Groups of Common Programs that Share HMIS Data	14
8 (b) (1) Homelessness Prevention and Rapid Re-Housing Programs	14
8 (b) (2) New Hampshire Emergency Shelters	15
8 (c) Definitions and Descriptions of Client Notification and Consent Procedures	15
8 (c) (1) Client Notice.....	15
8 (c) (2) Applicability of Consents.....	15
8 (d) Accountability for NH HMIS Policy	15
9. HMIS DATA QUALITY POLICIES AND PROCEDURES	15
9 (a) Data Quality Standard	15
9 (a) (1) Responsibility	16
9 (a) (2) Open Systems Data Quality	16
9 (b) Data Entry Standards by Type of Program	16
9 (b) (1) Emergency Shelters (including Seasonal Shelters)	16
9 (b) (2) Non-Emergency Shelters, Shelter Plus Care, Transitional Housing Programs, Permanent Supportive Housing and other Rental Assistance Programs.....	16
9 (b) (3) All HUD-Funded Outreach Programs	16
9 (b) (4) Homelessness Prevention and Rapid Re-Housing Programs	16
9 (c) Data Quality Monitoring	17
9 (d) Accountability for Data Quality	17
10. DATA COLLECTION REQUIREMENTS	17
10 (a) HUD Universal Data Elements	17
10 (b) Program-Specific Data Elements.....	18
10 (c) State Required Data Elements for State-Funded Programs	18
11. DATA QUALITY TRAINING.....	18
11 (a) Requirements.....	18
11 (a) (1) End-User Training	18
11 (a) (2) Agency Administrator Training	18
11 (a) (3) Reports Training.....	18
12. HMIS DATA ACCESS CONTROL POLICIES.....	19
12 (a) User Accounts.....	19
12 (a) (1) User Passwords.....	19
12 (a) (2) Password Reset.....	19
12 (a) (3) System Inactivity.....	19
12 (a) (4) Unsuccessful Login.....	20

12 (b) HMIS Data Ownership Policies	20
12 (c) HMIS Data Use and Disclosure Policies and Procedures	20
12 (d) HMIS Data Release Policies and Procedures	20
12 (d) (1) Data Release Criteria	20
12 (d) (2) Aggregate Data Release Criteria	20
13. HMIS TECHNICAL SUPPORT POLICIES AND PROCEDURES	20
13 (a) HMIS Application Support	20
13 (b) HMIS System Availability Policies	21
APPENDIX A — LIST OF DATA ELEMENTS	22
APPENDIX B — NH STATE REQUIRED DATA FOR PROGRAM-SPECIFIC DATA ELEMENTS FOR STATE-FUNDED PROGRAMS	23
APPENDIX C — NEW HAMPSHIRE ZIP CODES PER COC.....	24
Greater Nashua COC - GNCOC	24
Manchester COC - MCOC.....	25
Balance of State - BOS	25
DOCUMENT REVISION HISTORY	29
Revision D July 2015	29
November 2014 (changes since 7-2014 document)	29
July 2014 (changes since 8-2013 document)	29
August 2013 (changes since 3-2013 document)	30
March 2013 (changes since 5-2012 document).....	30

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1. HMIS Participation Policy

1 (a) Responsibilities

Beginning with the 2003 Continuum of Care (CoC) and Emergency Shelter Grants (ESG), and continuing with the Emergency Solutions Grant Homeless Prevention and Rapid Re-Housing Programs, the United States Department of Housing and Urban Development (HUD) requires all grantees and sub-grantees to participate in their local Homeless Management Information System (HMIS). This policy is consistent with the Congressional Direction for communities to provide data to HUD on the extent and nature of homelessness and the effectiveness of its service delivery system in preventing and ending homelessness.

The HMIS and its operating policies and procedures are structured to comply with the most current HUD *HMIS Data Standards Manual*. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate agencies, the NH-HMIS may negotiate its procedures and/or execute appropriate business agreements with Partner Agencies so they are in compliance with applicable laws.

2. Participation Requirements

2 (a) Mandated Participation

All designated agencies that are funded to provide homeless services by the State of New Hampshire (NH), Bureau of Homeless and Housing Services (BHHS), City of Manchester, Housing Opportunities for Persons with AIDS (HOPWA), Runaway and Homeless Youth (RHY), Projects for Assistance in Transition from Homelessness (PATH)*, Supportive Services for Veteran Families (SSVF), and/or HUD in the State of NH must meet the minimum HMIS participation standards as defined by this Policy and Procedures manual. These designated programs include: outreach, seasonal, emergency and transitional shelter, and permanent housing programs for people experiencing homelessness, Homelessness Prevention, and Rapid Re-Housing programs. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS Agency Participation Agreement.

2 (b) Voluntary Participation

Although non-funded agencies who agree to participate will meet minimum participation standards, NH-HMIS and each CoC strongly encourages non-funded agencies to fully participate with all of their homeless programs.

While each CoC cannot require non-funded providers to participate in the HMIS, the CoC works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in the State of New Hampshire.

*** NOTE: The PATH Program begins January 1, 2015.**

3. Minimum Participation Standards

- Collect all of the universal data elements, as defined by HUD, for all programs operated by the Agency that primarily serve persons who are homeless, formerly homeless, or at risk of becoming homeless.
- For all programs, enter federally required client-level data into the HMIS.
- For all programs funded by NH Dept. of Health and Human Services, City of Manchester, Supportive Services for Veteran Families (SSVF), and the Bureau of Homeless and Housing Services, enter federally-required AND state-required client level data.
- Complete data entry within specific timeframes, depending on the type of program (see *Section 9. HMIS Data Quality Policies and Procedures*).
- Comply with all HUD regulations for HMIS participation.

The NH-HMIS uses all submitted data for analytic and administrative purposes, including the preparation of NH-HMIS reports to funders, the Continuum's participation in the Federal Annual Homeless Assessment Report (AHAR), and CoC applications.

4. HMIS Agency Participation Requirements

HMIS Agencies are required to do the following:

- Authorized Agency users must directly enter client-level data into the HMIS database. Users have rights to access data for clients served by their Agency and use HMIS functionality based on their user level privileges. The Agency's data is stored in the HMIS central database server, which is protected by several levels of security to prevent access from unauthorized users.
- Each Agency must designate at least one Agency Administrator who is the Agency's point person/specialist regarding HMIS. The Agency Administrator is responsible for:
 1. Providing and maintaining Agency specific information for the Executive Director and Agency Administrator (i.e.: name, address, email address and contact phone number).
 2. Organizing its Agency's users.
 3. Making sure proper training has taken place for the users and that all HMIS policy is being followed by all users from that Agency.
 4. Notifying the NH-HMIS Lead Agency of any staff turnover within 5 working days
 5. Notifying the NH-HMIS Lead Agency of any Project changes within 5 working days.

5. Hardware, Connectivity and Computer Security Requirements

5 (a) Workstation Specification

The minimum desktop specifications for ServicePoint 5 are:

- **Computer** – PC only (Bowman does NOT officially support Macintosh).
- **Mobile Devices** – The only mobile device that is officially supported by Bowman Systems is the Apple iPad running the latest version of iOS. At the time of this writing, testing has been completed with version 8.1.2. However, many mobile devices may be able to run ServicePoint, but if the device does not support Java, or does not run Java version 7 release 76, then it will not run ART.

ServicePoint will not display correctly on a screen smaller 1024 pixels wide, and may be too small to on screens less than 7 inches.

- **OS/Memory**
 - **Windows XP**
 - As of April 24, 2014 Microsoft has ended all support for Windows XP. As a result of the discontinued support, Microsoft is no longer providing updates to this operating system. This can result in security vulnerabilities that could render the installation unstable or even insecure. Because Microsoft is no longer supporting Windows XP, Bowman Systems cannot recommend using Windows XP with ServicePoint.
 - **Windows Vista** – 4 GB recommended (2 GB minimum)
 - Currently, there is a known issue using Internet Explorer 9 with Windows Vista. If using this configuration, it is impossible to download reports from ReportWriter. However, other versions of Internet Explorer allow the report to download fine, and Internet Explorer 9 will allow report download in other Operating Systems.
 - **Windows 7** – 4 GB recommended (2 GB minimum)
 - Currently, Windows 7 is the most stable operating system for both ServicePoint and ART. Both architectures, 32bit and 64bit, run ServicePoint very well. However, if running the 64bit version of Windows 7 with Chrome, be sure to use the 32bit version of Java (see Java in Browsers Section). Chrome will not run 64bit Java.
 - **Windows 8** – 1 GB (32 bit), 2 GB (64 bit)
 - There should be no issue with running Windows 8 as long as the most current version of Java that is installed is version Java 7 release 76. Be aware that within windows 8, there are 2 different versions of Internet Explorer. There is the "Modern" version of the browser as well as the classic "Desktop" version. The "Modern" version, that runs from the Live Tile interface, is not compatible with ART, however the classic desktop version is, as long as the proper version of Java is installed. Internet Explorer "Modern" version can cause the pop-ups to appear in difficult to read locations while in split screen mode as well as causing the browser to close unexpectedly. This is not a complete incompatibility issue, but it is a bug that can cause frustration. If the window unexpectedly closes before data can be saved, the data will have to be re-entered into the system upon re-load.
 - **Windows 8 RT**
 - Windows 8 RT, which is a version of Windows 8 for tablet devices, is not compatible with ART. This is because there is no other browser on the operating system except for the incompatible "Modern" version of Internet Explorer. Windows 8 RT only allows apps to be installed that are available in the Windows App store. Currently, no other browser is allowed in the Microsoft App store, making the incompatible version of Internet Explorer the only browser allowed to run on Windows 8 RT. Microsoft has begun to phase out Windows RT and it is being replaced with Windows 8.1.
 - **Windows 10**
 - With the soon to be released version of the Windows operating system, Windows 10, we urge all users to not upgrade to this operating system

until thorough testing has been completed and all compatibility issues, if any, have been addressed. All users will be notified via a newswire when ServicePoint is compatible with Windows 10.

- **Java**
 - Java is a required component for the Advanced Reporting Tool (ART). However, not all versions of Java are compatible with ART. Currently, Java version 7 release 76 (32 bit) is the only version of Java that is recommended by Bowman Systems in order to run ART. We do not recommend the 64 bit version of Java because Chrome is a 32 bit only browser and the 64 bit version of Java does not function in Chrome. This version of Java is no longer available from Oracle. If you need to download the correct version of Java, please contact your Bowman Systems CSS. Earlier versions of Java are not recommended due to other issues with Java itself that make it unstable, but versions back to version 6 release 45 can be used, although they are not recommended. If newer versions of Java are installed on your system, we recommend that they be uninstalled, and Java version 7 release 76 (32 bit) be installed. We also recommend disabling the "automatic update" feature to prevent unwanted updates to an incompatible version.
- **Monitor**
 - Screen Display - 1024 x 768 (XGA)
- **Processor**
 - A Dual-Core processor is recommended. Avoid machines with single core processors, which are usually much older computers.
- **Internet Connection**
 - Broadband
- **Browser**
 - ServicePoint is designed to be compatible with the newest versions of Microsoft Internet Explorer, Google Chrome, Mozilla Firefox, and Apple Safari
 - **Browser Performance:** In the context of ServicePoint 5, there are three factors that outweigh all others: data transfer efficiency, memory management, and machine speed.
 - **Data Transfer** - We have observed that transfer efficiency may quickly become an issue if the user's machine's internet connection or their browser has abnormalities. A very bad internet connection will have different effects in different browsers.
 - **How to find out if you have data transfer problems:**
 - If things are fast, you don't have data transfer problems. If pages seem to load slowly or not at all, you may have data transfer problems; or you may have browser problems. At this point, a transfer problem is not certain, but may be possible.
 - **Memory Management** - Some browsers handle memory differently than others. The best practice for determining the best browser is to see if you experience any of the following issues.
 - **Effects of poor memory management:**
 - Your overall system performance may degrade.

- Your browser may suddenly seem to completely stop working. Blank pages may appear or certain page components won't work.
- Your browser may run more and more slowly.
- **What to do:**
 - If you suspect that you may have poor browser memory management, try updating your browser to a more recent version before switching to a different brand of browser. More than likely, any major issue will have been fixed with a more current release. If you still have issues, try switching to one of the other 3 major browsers. If you need help updating your browser, contact your IT Department.
- **Machine Speed** - Avoid machines with single core processors, which are usually much older computers. If your computer is a single-core machine operating at less than 2 GHZ, and you are not content with its performance:
 - Switch to one of the fastest browsers. Chrome is recommended, Firefox is a good alternate; Internet Explorer versions 8, 9 and 10 are acceptable (see below for information regarding Internet Explorer version 11).
 - Run no unnecessary programs while using ServicePoint.
 - Monitor your CPU usage in Task Manager. If it is frequently at 100%, you need a more capable machine.
 - Think about getting more RAM. But before you buy enough RAM to max out your computer, consider replacing your old computer with a new or used dual-core machine. Even an old dualcore tends to outperform a fully-upgraded, single-core in ServicePoint 5. Buying a used computer may actually cost less than buying a gigabyte or two of obsolete RAM for an older machine.
- **ART Users**
 - The Advanced Reporting Tool (ART) only supports Java 7 release 7 (32 bit). Any higher versions of Java are not currently supported. We do not recommend the 64 bit version of Java because Chrome is a 32 bit only browser and the 64 bit version of Java does not function in Chrome.

5 (b) Internet Connectivity

Participating Program must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, FiOS, or T1 line.

5 (c) Security Hardware/Software

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an Agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates.

Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

5 (d) Agency Workstation Access Control

Access to the HMIS will be allowed only from computers specifically identified by the Participating Agency's Executive Director or authorized designee and HMIS Agency Administrator. Laptop computers will require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations will be controlled through both physical security measures and a password. Each Agency's HMIS Agency Administrator will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. Each workstation, including laptops used off-site, should have appropriate and current firewall, and virus protection as specified above, see *Section 5 (c) Security Hardware/Software*. Devices must only access secured, password-protected wi-fi with non-public access.

6. HMIS User Implementation

6 (a) Eligible Users

Each Participating Agency shall authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating Agency responsibilities.

All Agency Administrations and End Users will be trained – either in person or using the online training materials. After training, users will be required to pass the HMIS certification test. When HMIS verifies the user has passed the test (with a grade of 80% or above), they will be given a password so they can access ServicePoint.

The HMIS Lead shall authorize use of the HMIS only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out central server responsibilities.

6 (b) User Requirements

Prior to being granted a username and password, users must sign an HMIS User Policy Agreement that acknowledges receipt of a copy of the Agency's privacy notice and that pledges to comply with the privacy notice.

Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations.

Users must comply with all policies and standards described in the following documents:

- this *Policies and Procedures Manual*
- the *User Confidentiality and Privacy Policy*
- the *Security Plan*

Users are accountable for their actions and for any actions undertaken with their username and password.

Agency Administrators must ensure that users have received adequate training prior to being given access to the HMIS database.

6 (c) Setting up a New HMIS User

User licenses are provided to the Agency as determined by NH-HMIS. If the Participating Program wishes to have additional licenses, they will be available for an additional cost to that program via an invoice processed by NH-HMIS.

If the Participating Agency wants to authorize system use for a new user, the Agency's Executive Director or authorized designee must:

- Determine the access level of the proposed HMIS user
- Execute an HMIS User Policy Agreement

The Agency Administrator must:

- Verify that an HMIS user confidentiality agreement has been correctly executed
- Verify that appropriate and sufficient training has been successfully completed
- Secure the new user ID and password in Service Point

Once the user ID is established, the Agency Administrator is responsible for maintaining the user account. If any user leaves the Agency or no longer needs access to the HMIS, the Agency Administrator is responsible for *immediately* terminating user access by deleting or inactivating the user account by using the NH-HMIS Ticket system. To open a Ticket, click the Ticket System tab at <http://nh-hmis.org/> or log on to <http://support.nh-hmis.org>.

Volunteers have the same user requirements as paid staff. They must have an individual user account, go through the same training, and have the same confidentiality and privacy documents signed and on file with the Agency they are serving.

The Executive Director or authorized designee is responsible for ensuring that the user understands and complies with all applicable HMIS policies and procedures.

6 (d) Enforcement Mechanisms

The HMIS Lead will investigate all potential violations of any security protocols. Any user found to be in violation of security protocols will be sanctioned.

Sanctions may include, but are not limited to:

- A formal letter of reprimand to the State of NH, CoC Chair, Data Chair, City of Manchester, SSVF, and the Executive Director
- Suspension of system privileges
- Revocation of system privileges

A Participating Agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS policies and procedures occur by Agency users.

7. HMIS Agency Implementation

(Also see *Section 11. Data Quality Training*)

Prior to setting up a new Participating Agency within the HMIS database, the HMIS System Administrator and CoC shall:

- Verify that the required documentation has been correctly executed and submitted or viewed on site, including:
 - Agency Participation Agreement
 - Certification of Initial Implementation Requirements
 - Admin Agency/Program Configuration Worksheet
 - *NH-HMIS Policies and Procedures Manual*
 - *NH-HMIS Governance Model document*
 - Designation of Agency Administrator
 - Verify funding source
 - License fee, if applicable
- Request and receive approval from the HMIS Lead Agency (see *Section: New Hampshire HMIS Contact Information*) to set up a new Agency.
- Work with the Agency Administrator to input applicable Agency and program information.
- Work with the HMIS Lead to migrate legacy data, if applicable, and within the scope of normal HMIS functions. Data needing additional HMIS or third party vendor intervention will be addressed on a case-by-case basis.
- Follow the HMIS naming conventions (Agency name: **Project**).

7 (a) New Project Implementation

Prior to setting up a new Participating Project within the HMIS database, the Agency shall verify that the required documentation has been correctly executed and submitted or viewed on site, including:

- Admin Agency/Project Configuration Worksheet
- Designation of Agency Administrator
- Verifying funding source

When completing your COC Application budget for a new project, keep in mind that funds will be needed to cover increased HMIS costs to cover HMIS-related tasks and staffing for stability of HMIS operations.

These cost may include, but are not limited to:

- One-time fee for HMIS set-up;
- Fees for adding customized fields or screens for agency-specific purposes;
- Fees for developing and/or generating custom reports for agency-specific use;
- One-time per agency or per user fees for training;
- Contract service fees for specific reports (e.g., fee for comprehensive homelessness report);
- Hourly fees charged to agencies for data entry or data cleanup; and
- Fees for data conversion from a legacy system, or integration with another system.

7 (b) Agency Information Security Protocol Requirements

At a minimum, Participating Agencies must develop rules, protocols or procedures to address the following:

- Policies in the event of a HIPPA breach*
- Internal Agency procedures for complying with the HMIS confidentiality requirements and provisions of other HMIS client and Agency agreements
- Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information
- Appropriate assignment of user accounts
- Preventing user account sharing
- Protection of unattended workstations
- Protection of physical access to workstations where employees are accessing HMIS
- Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information
- Proper cleansing of equipment prior to transfer or disposal (i.e. disk shredding)
- Procedures for regularly auditing compliance with the Agency's information security protocol

* **NOTE: If an Agency is not in compliance with this policy, they risk losing funding.**

7 (c) User Access Levels

All HMIS users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Each user will only have access to client-level data that is collected by their own Agency unless they participate in Open System or other Data Sharing group.

8. HMIS Client Data Policies and Procedures

8 (a) Client Notification Policies and Procedures

The NH-HMIS has prepared standard documents for the HMIS User Policy Agreement and Client Acknowledgement Form. All written consent forms must be stored in a client's case management file for record keeping and auditing purposes. Forms are located on the HMIS website <http://www.nh-hmis.org>.

8 (b) Open Systems Designated Groups of Common Programs that Share HMIS Data

8 (b) (1) Homelessness Prevention and Rapid Re-Housing Programs

The NH DHHS Bureau of Homeless and Housing Services (BHHS) is currently contracting with a number of community-based programs to provide Homelessness Prevention and Rapid Re-Housing (RRH) services. These funds provide assistance to individuals and families who are homeless or at risk of becoming homeless.

NH Prevention and Rapid Re-Housing programs are required to share client level information with other NH Prevention and Rapid Re-Housing programs. Shared information will improve accurate financial and service assessments, eliminate fraud, and result in better services for individuals and families. Each participating Prevention and Rapid Re-Housing program must sign a data sharing agreement that regulates how and when HMIS information is made available to all of these programs. Confidentiality and privacy are covered in the Client Acknowledgement Form that can be found on the HMIS website <http://www.nh-hmis.org>.

8 (b) (2) New Hampshire Emergency Shelters

On March 11, 2013, a network of New Hampshire emergency homeless shelters began sharing basic person-specific data. This action improves safety assessment and accuracy of HMIS records for these emergency shelter programs, and the individuals and families who use them. Each participating emergency shelter program must sign a data sharing agreement that regulates how and when HMIS information is made available to all of these programs. Confidentiality and privacy are covered in the Client Acknowledgement Form that can be found on the HMIS website <http://www.nh-hmis.org>. A list of participating Agencies can also be found on that website.

8 (c) Definitions and Descriptions of Client Notification and Consent Procedures

8 (c) (1) Client Notice

A written notice of the assumed functions of the HMIS must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. See the Client Acknowledgement Form at <http://nh-hmis.org/sites/default/files/forms/client-acknowledgement-consent.pdf>. The client has a right to view a copy of his/her record upon request.

8 (c) (2) Applicability of Consents

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an Agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

8 (d) Accountability for NH HMIS Policy

Participating Agencies must establish a regular process of training users on the NH-HMIS policies and procedures outlined in this manual, regularly auditing that the policy is being followed by Agency staff (including employees, volunteers, affiliates, contractors and associates), and receiving and reviewing complaints about potential violations of the policy.

9. HMIS Data Quality Policies and Procedures

The NH-HMIS has prepared the following data quality documents that outline the data quality policies and procedures (see the NH-HMIS website at [http://nh-hmis.org/training/NH-HMIS Data Quality/](http://nh-hmis.org/training/NH-HMIS>DataQuality/)):

- *Data Quality - Common Errors and Useful Reports*
- *Data Quality Plan and Best Practices Guide*

Data Quality reports are available on request. Quarterly report cards will be sent to the CoC Chairs by the BHHS Analyst.

9 (a) Data Quality Standard

- All names provided will be accurate
- Blank entries in required data fields will not exceed 5% per month
- Data inconsistencies or missing data will not exceed 10% as per AHAR participation rules
- All services provided will be compatible with providing program
- Data entry must be complete within the timelines specified in *Section 9. HMIS Data Quality Policies and Procedures*

9 (a) (1) Responsibility

Each of the three New Hampshire Continua of Care are responsible for implementing these data standards in such a way that:

- Specifies the data quality standard to be used by all participating agencies
- Provides a mechanism for monitoring adherence to the standard
- Provides the necessary tools and training to ensure compliance with the standard
- Includes strategies for working with agencies that are not in compliance with the standard

9 (a) (2) Open Systems Data Quality

- For programs that share basic client-specific data, corrections and updates to client information will be made by the most current program. When duplicate information is found, the Agency will notify NH-HMIS via a Ticket so the client data can be merged. To open a Ticket, click the Ticket System tab at <http://nh-hmis.org/> or log on to <http://support.nh-hmis.org>.

9 (b) Data Entry Standards by Type of Program

9 (b) (1) Emergency Shelters (including Seasonal Shelters)

All State funded Emergency shelters are required to be licensed to provide client level data into the NH-HMIS. Programs shall utilize the entry/exit process for every client entered into NH-HMIS. All ShelterPoint data in a calendar week (Sunday 12:01 a.m. through Saturday 12:00 a.m.) must be entered by 9:00 a.m. of the following Tuesday. Minimum data elements required by HUD, including entry/exit data, must be entered within fourteen (14) days of an individual's entry into the program. Centralized intake requires up-to-date data.

9 (b) (2) Non-Emergency Shelters, Shelter Plus Care, Transitional Housing Programs, Permanent Supportive Housing and other Rental Assistance Programs

All programs in this program type are required to be licensed to provide client level data into the NH-HMIS. Minimum data elements required by HUD, including entry/exit data, must be entered with fourteen (14) days of an individual's entry into the program.

9 (b) (3) All HUD-Funded Outreach Programs

Outreach programs must maintain client level data as required by the State of NH, BHHS. All programs licensed to provide client level data into NH-HMIS. Programs shall utilize the entry/exit process for every client entered into NH-HMIS. Entry/exit dates and service transactions (if applicable) must be completed within forty-five (45) days of initial contact. Outreach providers who are not currently entering client level data into NH-HMIS must provide Homeless Outreach Contact Forms for clients seen the first fifteen days of the month and the last fifteen-sixteen days of the month within five (5) business days to the State of NH, BHHS.

9 (b) (4) Homelessness Prevention and Rapid Re-Housing Programs

All required data will be entered into HMIS within seven (7) business days of a person's entry into services.

9 (c) Data Quality Monitoring

It is strongly encouraged that Programs run an APR or equivalent annual report (for example, an ESG CAPER) monthly. The NH-HMIS System Administrator will perform regular data integrity checks on the HMIS data, which will include the following steps:

- Run HUD Universal Data Elements, Data Incongruities Reports, and other data quality reports as determined by NH-HMIS, CoC's and the State of NH, BHHS.
- Notify Agency Administrator of findings and timelines for correction.
- Re-run reports for errant agencies/programs, as requested. Follow up with Agency Administrators, if necessary.
- Notify Agency Executive Director if Agency administrators are not responsive to required corrective actions.
- Notify the CoC chair, the Data chair, HMIS Lead, for City of Manchester the CoC Data chair, and the HMIS Grantee (BHHS) regarding any uncorrected data quality issues.

9 (d) Accountability for Data Quality

- Any patterns of error at a Participating Agency will be reported to the Agency Administrator through electronic mail.
- Participating Agencies are expected to correct data errors as soon as possible, but no later than thirty (30) days of notification (unless AHAR or funding reports are due at the same time).
- When patterns of error have been discovered, users will be required to correct their data entry techniques and will be monitored for compliance.
- Programs under contract with NH DHHS BHHS will be considered to be out of compliance with their contract agreements if they do not demonstrate a good faith effort to make necessary data corrections as soon as possible, but no later than (30) thirty days of notification (unless AHAR or funding reports are due at the same time). This can affect payments, and may place the program in default of the contract.
- If data is not up to date, Harbor Homes (HHI) will take the following steps:
 - A formal letter of notification to the State of NH, CoC Chair, Data Chair, and Executive Director
 - Inclusion of the status of non-compliance of the organization in public reports

10. Data Collection Requirements

10 (a) HUD Universal Data Elements

A Participating Agency is responsible for ensuring that a minimum set of data elements, referred to as the HUD Universal Data Elements (UDEs) as defined by the most current HUD *HMIS Data Standards Manual*, will be collected and/or verified from all clients at their initial program enrollment or as soon as possible thereafter. Participating Agencies are required to enter data into the HMIS as specified in *Section 9. HMIS Data Quality Policies and Procedures*.

The UDEs are all included collectively on the Client Profile, Assessment, and HUD Entry and Exit assessments, which are on the ServicePoint Entry and Exit screens, respectively.

Participating Agencies must report client-level UDEs using the required response categories detailed in the "Required Response Categories for Universal Data Elements"

section of the most current HUD *HMIS Data Standards Manual*. The most current version of this document can be from the NH-HMIS website at <http://www.nh-hmis.org>.

10 (b) Program-Specific Data Elements

All Participating Agencies are also responsible for ensuring that the Program-specific Data Elements, as defined by the most current HUD *HMIS Data Standards Manual*, are collected from all clients that are served by applicable HUD-funded programs. These Program-specific Data Elements must be entered into the HMIS as specified in *Section 9. HMIS Data Quality Policies and Procedures*.

Participating Agencies must provide client-level data for the Program-specific Data Elements using the required response categories detailed in sections “Required Response Categories” and “Program-Specific Data Elements” shown in the most current HUD *HMIS Data Standards Manual*. These standards are already incorporated into the HMIS.

The Program-specific Data Elements are located in the assessments, which are on the ServicePoint Entry and Exit screens, respectively.

10 (c) State Required Data Elements for State-Funded Programs

In addition to the HUD required data elements, the State of New Hampshire BHHS requires the following data elements:

- Is Client Chronically Homeless?
- Employed?
- Employment Tenure

See [APPENDIX B — NH State Required Data for Program-Specific Data Elements for State-Funded Programs](#) later in this document for a description of these data elements.

11. Data Quality Training

11 (a) Requirements

11 (a) (1) End-User Training

It is the responsibility of the Agency Administrator to train the end users in their Agency, as they have the best understanding of their program(s).

Each end user of the HMIS system must complete at least one session of training and pass the certification test with a grade of 80% or above before being given HMIS login credentials.

11 (a) (2) Agency Administrator Training

After completing End-User training, each new Agency Administrator must complete an additional Admin training session. This session will include how to configure and manage an Agency’s programs and users in the HMIS. Agency Administrators will participate in subsequent training sessions as designated by the NH-HMIS Lead Agency, such as running the CoC APR in ART and/or other ART reports.

11 (a) (3) Reports Training

Reports training for Agency Administrators and other interested users will be made available as needed. This training will include how to use existing canned reports in

ServicePoint's ReportWriter and may include opportunities for training on the Advanced Reporting Tool (ART) (this training may require Viewer licenses or ad-hoc licenses).

NH-HMIS staff strongly encourages Participating Agencies to run their own data quality reports and APR report monthly so that Participating Agencies can monitor their own data quality and become more effective in serving clients across the Continuum.

12. HMIS Data Access Control Policies

12 (a) User Accounts

Agency Administrators are responsible for managing user accounts for their Agency. They must follow the procedures documented in *Section 6. HMIS User Implementation* for user account set-up including verification of eligibility, the appropriate training, and the establishment of appropriate user type. The assigned user type will determine each user's individual access level to data, and Agency Administrators must regularly review user access privileges.

The Agency Administrator is responsible for removing users from the system. They should discontinue the rights of a user immediately upon that user's termination from any position with access to HMIS by opening a Ticket from the <http://nh-hmis.org/> website or by logging on to <http://support.nh-hmis.org>.

12 (a) (1) User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.

A temporary password will be automatically generated by the system when a new user is created. The NH-HMIS Lead Agency will communicate the system-generated password to the user. The user will be required to establish a new password upon their initial login. This password will need to be changed every 45 days. A password cannot be used again until another password has expired. Passwords should be between 8 and 16 characters long, contain at least two numbers, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive. Users are prohibited from sharing passwords, even with supervisors.

12 (a) (2) Password Reset

Except when prompted by ServicePoint to change an expired password, users cannot reset their own password. The Agency Administrator and the NH-HMIS Lead Agency have the ability to temporarily reset a password. If an Agency Administrator needs to have his/her password set, they will need to create an HMIS Ticket so that the NH-HMIS Lead Agency can reset their password. To open a Ticket, click the Ticket System tab on the NH-HMIS website at <http://nh-hmis.org/> or log on to <http://support.nh-hmis.org>.

12 (a) (3) System Inactivity

Users must log off from the HMIS application and their workstation if they leave their workstation. Also, HUD requires password-protected screen-savers on each workstation. If the user is logged onto a workstation and the period of inactivity on that workstation exceeds 30 minutes, the user will be logged off the system automatically.

12 (a) (4) Unsuccessful Login

If a user unsuccessfully attempts to log in four times, the User ID will be “locked out”, their access permission will be revoked, and they will be unable to regain access until their User ID is reactivated by the Agency Administrator or NH-HMIS Lead Agency.

12 (b) HMIS Data Ownership Policies

The client has the right to view and have corrections made on their own data. In the event that the relationship between the NH-HMIS and a Participating Agency is terminated, Participating Agency access is terminated. If another program is assuming the program administration then the data migrates to the new program (fees may apply).

12 (c) HMIS Data Use and Disclosure Policies and Procedures

Each of the HMIS Participating Programs must comply with uses and disclosure standards, as outlined in the HUD *HMIS Data Standards Manual*. The most current HUD data standards document can be found on the NH-HMIS website www.nh-hmis.org.

12 (d) HMIS Data Release Policies and Procedures

12 (d) (1) Data Release Criteria

HMIS client data will be released only in aggregate, for any purpose beyond those specified in *Section 12 (c) HMIS Data Use and Disclosure Policies and Procedures*, according to the criteria specified below.

12 (d) (2) Aggregate Data Release Criteria

All released data must be anonymous, either by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

13. HMIS Technical Support Policies and Procedures

13 (a) HMIS Application Support

As unanticipated technical support questions on the use of the HMIS application arise, users will follow these procedures to resolve those questions:

During the normal NH-HMIS business hours:

- Review the on-line help in ServicePoint and/or training materials on the HMIS website at <http://nh-hmis.org/content/hmis-training>.
- Direct the technical support question to the Agency Administrator.
- If the question is still unresolved, the Agency Administrator/user can direct the question to the NH-HMIS team by opening a Ticket. To open a Ticket, click the Ticket System tab at <http://nh-hmis.org/> or log on to <http://support.nh-hmis.org>.

After the normal NH-HMIS business hours:

- Review the on-line help in ServicePoint and/or training materials on the HMIS website at <http://nh-hmis.org/content/hmis-training>.
- If the question can wait to be addressed during the following business day, wait and follow the normal business hours procedure outlined above.

- If the question cannot wait, direct the technical support question to the Agency Administrator, if available.

13 (b) HMIS System Availability Policies

Every Wednesday from 10:00PM-11:00PM Eastern (EST) time, ServicePoint is unavailable because Bowman Systems is performing necessary backup and maintenance of the HMIS database when as few people as possible need access to the system. However, when the NH-HMIS receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, the HMIS Lead Agency will notify Agency Administrators and End-Users via email. If there is an unplanned interruption to service, the NH-HMIS System Administrator will communicate with Bowman Systems, and Agency Administrators will be notified of any information regarding the interruption as it is made available.

If you have any questions about policies and procedures, contact the [HMIS Lead](#), your CoC Data group, or the HMIS Advisory Council.

APPENDIX A — List of Data Elements

Participating Agencies must report client-level detail in the “Required Response Categories” for the HUD Universal Data Elements that are shown in the most current HUD *HMIS Data Standards Manual*.

These standards are already incorporated into the HMIS, and can be accessed from the HMIS website <http://nh-hmis.org/> under the heading “HMIS Reference Materials” in the right column.

APPENDIX B — NH State Required Data for Program-Specific Data Elements for State-Funded Programs

In addition to the HUD required data elements, the State of New Hampshire BHHS requires the following data elements:

- **Is Chronically Homeless?** Response choices=Yes/No. “Chronically Homeless” is defined as:
 1. Chronically Homeless Individual –
 - (1) An individual who:
 - (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
 - (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or
 - (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility
 2. Chronically Homeless Family –A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- **Employed?** Response choices=Yes/No/Client Doesn’t Know/Client Refused
- **Employment Tenure:** Response choices=Full- or Part-time

APPENDIX C — New Hampshire Zip Codes per CoC

For some intake forms, it will be important to know the HUD-assigned CoC Code that is assigned to the geographic area where the client or head of household (HOH) is staying at the time of Project entry. The data element “Client Location” is used to link client data to the relevant CoC and is necessary for Projects that operate across multiple CoCs to ensure accurate counts of clients who are served within a CoC. Be aware that if the client moves, the CoC Code will need to be updated.

In New Hampshire, there are the following three CoCs:

1. Greater Nashua CoC - GNCOC
2. Manchester CoC - MCOC
3. Balance of State - BOS

The CoC Code is determined by the Client’s zip code as shown below. For reference, the map shows the counties in New Hampshire.



Greater Nashua COC - GNCOC

03031 Amherst	03055 Milford
03033 Brookline	03057 Mont Vernon
03048 Mason*	03060 Nashua
03049 Hollis	03061 Nashua
03051 Hudson	03062 Nashua
03052 Litchfield	03063 Nashua
03054 Merrimack	03064 Nashua

Manchester COC - MCOC

03101 Manchester
03102 Manchester
03103 Manchester
03104 Manchester
03105 Manchester

03107 Manchester
03108 Manchester
03109 Manchester
03111 Manchester

Balance of State - BOS

03601 Acworth
03818 Albany
03222 Alexandria
03275 Allenstown
03602 Alstead
03809 Alton
03810 Alton Bay
03216 Andover
03440 Antrim
03217 Ashland
03441 Ashuelot
03811 Atkinson
03032 Auburn
03218 Barnstead
03825 Barrington
03812 Bartlett
03740 Bath
03110 Bedford
03220 Belmont
03442 Bennington
03780 Benton (Pike)
03785 Benton (Woodsville)
03570 Berlin
03574 Bethlehem
03303 Boscawen (Concord)
03304 Bow
03221 Bradford
03833 Brentwood
03575 Bretton Woods
03264 Bridgewater
03222 Bristol
03298 BRM J Jill (Tilton)
03872 Brookfield
03223 Campton
03285 Campton (Thornton)
03741 Canaan
03034 Candia
03224 Canterbury
03598 Carroll (Whitefield)
03225 Center Barnstead
03813 Center Conway
03226 Center Harbor
03814 Center Ossipee
03227 Center Sandwich
03815 Center Strafford

03816 Center Tuftonboro
03603 Charlestown
03813 Chatham
03036 Chester
03443 Chesterfield
03258 Chichester
03817 Chocorua
03743 Claremont
03592 Clarksville (Pittsburg)
03576 Colebrook
03576 Columbia
03590 Columbia
03301 Concord
03302 Concord
03303 Concord
03304 Concord (Bow)
03305 Concord
03307 Concord (Loudon)
03229 Contoocook
03818 Conway
03745 Cornish
03746 Cornish Flat
03773 Croydon (Newport)
03225 Center Barnstead
03226 Center Harbor
03814 Center Ossipee
03227 Center Sandwich
03815 Center Strafford
03816 Center Tuftonboro
03598 Dalton (Whitefield)
03230 Danbury
03819 Danville
03756 Dartmouth Hitchcock Medical Center
03037 Deerfield
03244 Deering
03038 Derry
03576 Dixville
03576 Dixville Notch
03266 Dorchester
03820 Dover
03821 Dover
03822 Dover
03604 Drewsville
03444 Dublin
03588 Dummer

03046 Dunbarton	03266 Groton (Rumney)
03824 Durham	03582 Groveton
03861 Durham (Lee)	03754 Guild
03602 East Alstead	03249 Guilford
03231 East Andover	03860 Hales Location (North Conway)
03040 East Candia	03841 Hampstead
03041 East Derry	03842 Hampton
03826 East Hampstead	03843 Hampton
03241 East Hebron	03842 Hampton Beach
03827 East Kingston	03843 Hampton Beach
03605 East Lempster	03844 Hampton Falls
03868 East Rochester	03449 Hancock
03445 East Sullivan	03755 Hanover
03446 East Swanzey	03450 Harrisville
03830 East Wakefield	03812 Harts Location
03580 Easton (Woodsville)	03765 Haverhill
03832 Easton	03241 Hebron
03832 Eaton Center	03242 Henniker
03882 Effingham	03243 Hill
03233 Elkins	03244 Hillsborough
03223 Ellsworth (Campton)	03451 Hinsdale
03266 Ellsworth (Rumney)	03245 Holderness
03748 Enfield	03106 Hooksett
03749 Enfield Center	03229 Hopkinton (Contoocook)
03042 Epping	03845 Intervale
03234 Epsom	03298 J Jill
03579 Errol	03299 J Jill
03750 Etna	03846 Jackson
03833 Exeter	03452 Jaffrey
03835 Farmington	03583 Jefferson
03447 Fitzwilliam	03847 Kearsarge
03043 Francestown	03431 Keene
03580 Franconia	03435 Keene
03235 Franklin	03435 Keene State College
03836 Freedom	03833 Kensington (Exeter)
03044 Fremont	03848 Kingston
03751 Georges Mills	03246 Laconia
03247 Gilford (Laconia)	03247 Laconia
03249 Gilford	03246 Lakeport
03237 Gilmanton	03247 Lakeport (Laconia)
03837 Gilmanton Iron Works	03584 Lancaster
03448 Gilsum	03585 Landaff
03838 Glen	03602 Langdon
03279 Glencliff	03756 Lebanon
03045 Goffstown	03766 Lebanon
03839 Gonic (Rochester)	03824 Lee (Durham)
03581 Gorham	03861 Lee
03752 Goshen	03605 Lempster
03240 Grafton	03251 Lincoln
03753 Grantham	03585 Lisbon
03047 Greenfield	03561 Littleton
03840 Greenland	03252 Lochmere
03048 Greenville (Mason) *	03053 Londonderry
03241 Groton (Hebron)	03307 Loudon

03585 Lyman	03276 Northfield
03768 Lyme	03582 Northumberland
03769 Lyme Center	03583 Northumberland
03082 Lyndeborough	03584 Northumberland
03823 Madbury	03261 Northwood
03849 Madison	03290 Nottingham
03875 Madison (Silver Lake)	03741 Orange
03456 Marlow	03777 Orford
03850 Melvin Village	03864 Ossipee
03253 Meredith	03076 Pelham
03770 Meriden	03275 Pembroke
03887 Middleton	03303 Penacook
03588 Milan	03458 Peterborough
03851 Milton	03779 Piermont
03852 Milton	03780 Pike
03852 Milton Mills	03102 Pinarville
03853 Mirror Lake	03592 Pittsburg
03771 Monroe	03263 Pittsfield
03254 Moultonboro	03781 Plainfield
03255 Mount Sunapee (Newbury)	03865 Plaistow
03589 Mount Washington	03264 Plymouth
03457 Munsonville (Nelson)	03801 Portsmouth
03445 Nelson (Sullivan)	03802 Portsmouth
03457 Nelson	03803 Portsmouth
03070 New Boston	03804 Portsmouth
03854 New Castle	03805 Portsmouth
03855 New Durham	03593 Randolph
03256 New Hampton	03077 Raymond
03071 New Ipswich	03470 Richmond
03257 New London	03461 Rindge
03255 Newbury	03839 Rochester
03272 Newbury	03866 Rochester
03854 Newcastle	03867 Rochester
03856 Newfields	03868 Rochester
03801 Newington	03869 Rollinsford
03805 Newington	03431 Roxbury (Keene)
03857 Newmarket	03266 Rumney
03773 Newport	03870 Rye
03858 Newton	03871 Rye Beach
03859 Newton Junction	03079 Salem
03305 NH Dept of Safety	03268 Salisbury
03107 NH Insurance	03269 Sanbornton
03813 North Chatham	03872 Sanbornville
03258 North Chichester	03873 Sandown
03860 North Conway	03227 Sandwich / Center Sandwich
03862 North Hampton	03874 Seabrook
03774 North Haverhill	03458 Sharon (Peterborough)
03073 North Salem	03581 Shelburne (Gorham)
03590 North Stratford	03875 Silver Lake
03259 North Sandwich	03878 Somersworth
03260 North Sutton	03607 South Acworth
03431 North Swanzey	03813 South Chatham
03609 North Walpole	03819 South Danville
03262 North Woodstock	03882 South Effingham

03827 South Hampton	03608 Walpole
03272 South Newbury	03278 Warner
03273 South Sutton	03279 Warren
03883 South Tamworth	03280 Washington
03462 Spofford	03215 Waterville Valley
03284 Springfield	03281 Weare
03582 Stark (Groverton)	03303 Webster (Concord)
03576 Stewartstown (Colebrook)	03246 Weirs Beach (Laconia)
03274 Stinson Lake	03247 Weirs Beach (Laconia)
03457 Stoddard (Nelson)	03282 Wentworth
03464 Stoddard	03579 Wentworths Location (Errol)
03884 Strafford	03810 West Alton / Alton Bay
03590 Stratford / North Stratford	03466 West Chesterfield
03885 Stratham	03235 West Franklin
03586 Sugar Hill	03784 West Lebanon
03445 Sullivan	03291 West Nottingham
03782 Sunapee	03890 West Ossipee
03275 Suncook	03468 West Peterborough
03431 Surry (Keene)	03284 West Springfield
03221 Sutton (Bradford)	03597 West Stewartstown
03257 Sutton (New London)	03469 West Swanzey
03278 Sutton (Warner)	03467 Westmoreland
03287 Sutton (Wilmont)	03598 Whitefield
03446 Swanzey	03287 Wilmot
03446 Swanzey Center	03287 Wilmot Flat
03886 Tamworth	03086 Wilton
03084 Temple	03470 Winchester
03223 Thornton (Campton)	03087 Windham
03285 Thornton	03244 Windsor (Hillsboro)
03276 Tilton	03289 Winnisquam
03298 Tilton	03579 Wentworths Location (Errol)
03299 Tilton	03894 Wolfeboro
03465 Troy	03896 Wolfeboro Falls
03816 Tuftonboro / Center Tuftonboro	03897 Wonalancet
03850 Tuftonboro	03293 Woodstock
03853 Tuftonboro (Mirror Lake)	03785 Woodsville
03894 Tuftonboro (Wolfeboro)	
03595 Twin Mountain	
03887 Union	
03603 Unity (Charleston)	
03743 Unity (Claremont)	
03773 Unity (Newport)	
03830 Wakefield / East Wakefield	
03872 Wakefield (Sanbornville)	
03887 Wakefield (Union)	

****NOTE: Greenville (BoS) and Mason (GNCoC) share the zip code 03048, but are in different CoCs.***

Document Revision History

A high-level summary of the changes made each time this document is released are listed in this section. Each year the Advisory Council reviews this document; those changes have also been included.

Revision D July 2015

Description	Section
Changed document date	Cover page, footer
Moved from front matter to “NH Zip Codes per CoC” to Appendix C.	Front matter, Appendix C
Changed references to “2014 HUD Data Standard” to “most current HUD Data Standard”.	Throughout document
Added reference to PATH program	Page 6, Section 2 (a). Mandated Participation
Updated this section with current Bowman system specifications.	Page 7, Section 5 (a) Workstation Specification
Deleted “First time homeless? (all programs, except Homeless Outreach)” question	Page 18, Section 10 (c)
Deleted “Do you have a disability of long duration?” question	Page 18, Section 10 (c)
Deleted “(all programs, except Homeless Outreach)” from “Employed?” Question.	Page 18, Section 10 (c)
Deleted direct link to pdf for HMIS data standard	Page 20, Section 12 (c), Appendix A
Added reference to RHY program	Page 6, Section 2 (a)
Added new section “New Project Implementation”. Moved existing items 7 (a) and 7 (b) to 7 (b) and 7 (c).	Page 13, Section 7 (a)

November 2014 (changes since 7-2014 document)

Description	Section
Deleted question “Is Chronically Homeless?”	Appendix B
Changed question from “Do you have a disability of long duration?” to “Does client have a disabling condition?” and updated the definition per the HUD 2014 Data Standard, see page 23.	Appendix B

July 2014 (changes since 8-2013 document)

Description	Section and (Page #)
Removed note about 2013 Data Standards not being finalized.	Appendix A
Changed response choices to the Employed question to “Client Doesn’t Know/ Client Refused”.	Appendix B
Changed HMIS Sponsor to HMIS Lead.	Throughout
Changed Advisory Committee to Advisory Council.	Throughout
Changed SSVF to Supportive Services for Veteran Families (SSVF).	Throughout
Changed title of <i>HUD Data and Technical Standards 2010</i> to <i>2014 HMIS Data Standards Manual</i> and corrected links to new version of the manual.	Throughout
Changed wording from “Employed? Homeless Outreach only” to “Except for Homeless Outreach”	State Required Data Elements for State-Funded Programs (10c)
Changed wording from “within 30 days” to “no later than 30 days”.	HMIS Data Quality Policies and Procedures (9)
Added Seasonal Shelter.	HMIS Data Quality Policies and Procedures (9)
Added that reports are available quarterly by BHHS analyst..	HMIS Data Quality Policies and

	Procedures (9)
Added requirement for HIPAA breach and Agency compliance	HMIS Agency Implementation (7a)
Changed naming conventions from “Agency name: Program” to “Agency name: Project”.	HMIS Agency Implementation (7)
Added FIOS to the list.	Internet Connectivity (5)
Added Java 6.45 and ART requirements.	Internet Connectivity (5)
Deleted XP from the list.	Hardware Connectivity (4)
Added note about HOPWAS starting March 1, 2015..	Participation Requirements (2)
Added CoC Codes and zip code chart.	Page vi
Changed the state picture to the HMIS logo.	Front cover

August 2013 (changes since 3-2013 document)

Description	Section and (Page #)
Added City of Manchester and SSVF as designated Agencies.	Mandated Participation (1), Minimum Participation Standards (2), Enforcement Mechanisms (5), Data Quality Monitoring (9)
Bowman does support Ipad with IOS 6 and up on the Safari browser. Bowman does NOT officially support Macintosh.	Workstation Specification (2)
Browser Internet Explorer version changed from 8 to 10.	Workstation Specification (2)
Added caution of using secure, password-protected wi-fi and non-public access.	Agency Workstation Access Control (3)
Clarified “naming conventions” to include Agency name:Program.	HMIS Agency Implementation (5)
Added participation in Open Systems or Data Sharing group	User Access Levels (6)
Corrected website link to Client Acknowledgement Consent PDF file.	Client Notice (7)
Added bullet about data inconsistencies must not exceed 10% per AHAR rules.	Data Quality Standard (7)
Added central intake will require up-to-date data.	Data Entry Standards/Emergency Shelters (8)
Recommendation that Programs run monthly APR or equivalent annual report, such as the ESG CAPER.	Data Quality Monitoring (8)
Data chair added to list of formal notification if data is not up-to-date.	Accountability for Data Quality (9)
The Employed question is for Homeless Outreach only.	State Required Data Elements (9)
Users must pass the certification test with grade of 80% or higher.	Data Quality Training Requirements (10)
Encouraged to run APR reports monthly.	Data Quality Training on Reports (10)
Correct the link to the 2004 Data Standards document.	HMIS Data Use and Disclosure (12)
First step is to contact the Agency Admin.	HMIS Application Support (12)
Bowman Systems performs backups every Wednesday 10-11:00 Eastern time.	HMIS System Availability Policies (13)
Element list removed since this will change with the new Data Standards when they are released.	Appendix A List of Data Elements (14)
Changed the definition of Chronically Homeless per email from One CPD.	Appendix B NH State Required Data for Program-Specific Data for State-Funded Programs (15)
Question “If currently employed, select tenure” changed to “Employment Tenure.”	Appendix B NH State Required Data for Program-Specific Data for State-Funded Programs (16)
Added section “History of Changes.”	Pages 16-17

March 2013 (changes since 5-2012 document)

Description	Section
Added Open Systems text. For Emergency Shelter programs that share basic client-specific data, corrections and updates to client information will be made by the current program. When duplicate	Open Systems Data Quality

information is found, the Agency will notify NH-HMIS via a Ticket so the client data can be merged.	
Required Data Elements (RDEs) changed to Universal Data Elements (UDEs).	HUD Universal Data Elements
Added new data elements. In addition to the HUD required data elements, the State of New Hampshire BHHS requires the following data elements: <ul style="list-style-type: none"> • First Time Homeless (all programs except Homeless Outreach) • Is Client Chronically Homeless? • Do you have a disability of long duration? • Employed? • If currently employed, select tenure 	State Required Data Elements
Optimal configuration for computers upgrading from SP4 to SP5.	Hardware Requirements
Added text. All Agency Administrations and End Users will be trained – either in person or using the online training materials. After training, users will be required to pass the HMIS certification test. When HMIS verifies the user has passed the test (with a grade of 80% or above), they will be given a password so they can access ServicePoint.	Eligible Users

New Hampshire HMIS Governance Model



The NH-HMIS governance model:

- Defines the relationship between the HMIS implementation and the CoC;
- Establishes organizational requirements for the HMIS implementation;
- Formalizes leadership and oversight expectations; and
- Provides structure for decision-making.

July 2015

Table of Contents

Planning and Software Selection	4
HMIS Management and Operations – Governance and Management	5
HMIS Management and Operations – Compliance Monitoring	6
HMIS Management and Operations – Data Quality	7
HMIS Policy Development and Oversight	8
Other Federal Requirements	10
Appendix A: NH-HMIS Governance Model Definitions.....	11
Appendix B: HMIS Lead Agency Staff Organization Chart	15
Document Revision History.....	16

NH-HMIS Governance Model

Revision C

The New Hampshire Homeless Management Information System (NH-HMIS) Governance model is developed and formally documented between the HMIS Lead, Grantee, and Continuums of Care (CoC). It ensures that a formal agreement outlining management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding (MOU)). In order to be approved, the HMIS Advisory Council creates the Governance model; then looks to the CoC leadership for full agreement and sign off. This is the same process as used for changes to the *HMIS Policies and Procedures* document.

NH-HMIS policy is agreed upon and revised when necessary through CoC representation on the statewide NH-HMIS Advisory Council. The Council evaluates information regarding policy recommendations provided from each CoC. The Council reaches consensus on policy decisions and provides those to each CoC for review and approval. Once the recommendations are approved by all NH CoCs, they are incorporated into NH HMIS policy.

The tables in this document show the responsible entities that govern the following HMIS activities:

- [Planning and Software Selection](#)
- [HMIS Management and Operations – Governance and Management](#)
- [HMIS Management and Operations – Compliance Monitoring](#)
- [HMIS Management and Operations – Data Quality](#)
- [HMIS Policy Development and Oversight](#)
- [Other Federal Requirements](#)

[Appendix A](#) defines HMIS terms in more detail.

NOTE: Be sure to check the NH-HMIS website at <http://nh-hmis.org/> to ensure you have the most up-to-date version of this document. On the right side of the home page, see the link under the heading "NH HMIS Governance".

NH-HMIS Governance Model
Revision C

HMIS Grantee: The State of New Hampshire
 CoC Names: BOS (Balance of State), MCOG (Manchester), GNCOC (Greater Nashua)
 CoC Subcommittee / Working Group Name: New Hampshire HMIS Advisory Council
 HMIS Lead / Grantee Name: State of New Hampshire, Department of Health & Human Services (DHHS),
 Bureau of Homeless & Housing Services (BHHS)
 HMIS Lead Agency: Harbor Homes, Inc. (HHI)

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Council	Participating Agency	Other
Planning and Software Selection						
HMIS Planning and Strategic Activities – Ensures that activities related to HMIS growth and use are developed, reviewed regularly, and are in accordance with the CoC's goals.	X	X	X	X		
HMIS Program Milestones Development – Identifies general milestones for project management, including training, expanded system functionality, etc.	X	X	X	X		
Universal Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Data Elements as outlined in the Current HMIS Data Standard.			X			
Project-Specific Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Project-specific data elements as outlined in the Current HMIS Data Standard...			X			
Unduplicated Client Records -Ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.			X			
APR Reporting – Ensures the HMIS is consistently able to produce a reliable Annual Performance Report (APR).	X	X	X		X	

NH-HMIS Governance Model
Revision C

HMIS Reports – Ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.	X	X	X			
Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Council	Participating Agency	Other
HMIS Management and Operations – Governance and Management						
HMIS Governance Structure – Ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency/grantee and the community planning body (ies). Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project as been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). Regularly monitors the HMIS Lead/Grantee and the CoC HMIS Advisory Council and Data Committee on adherence to the agreement.	X	X	X	X		
HMIS Oversight Inclusive Participation – Ensures membership of the HMIS Advisory Council is inclusive of decision makers representing the CoC and community.	X	X		X		Community/ Clients
HMIS Technical Support – Provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS software changes in response to the changing requirements of participating Agencies; and, generally reviews and authorizes special issues brought to it by participating Agencies.		X	X			HUD, NERHMIS, HMIS Vendor
HMIS Software Technical Support – Provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.		X	X			HUD, NERHMIS
HMIS IT Issue Tracking – Maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.			X			

NH-HMIS Governance Model
Revision C

HMIS IT Issue Monitoring (Community Level) – Regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.		X	X			
HMIS Staff Organization Chart – Maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. Organization chart is available for review (see Appendix B: Organization Chart).			X			
HMIS Software Training – Provides regular training on software usage, software and data security, and data entry techniques to participating Agencies. Develops, updates, and disseminates data entry tools and training materials, includes train the trainer. Monitors and ensures system and data security.			X			HMIS Vendor
HMIS User Feedback – Manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups.			X	X	X	Community/ HMIS End Users
System Operation and Maintenance – Responsible for the day-to-day operation and maintains the HMIS System.			X			

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Council	Participating Agency	Other
HMIS Management and Operations – Compliance Monitoring						
HMIS Management Issues – Ensures that the HMIS is managed in accordance to CoC policies, procedures, and goals.	X	X	X	X		
HMIS Program Milestones Monitoring – Monitors milestones, notes variances, and reports variances to CoC membership.	X	X	X	X		
Agency and Program HMIS Participation – Regularly monitors program and agency-level participation in HMIS via comparison of point-in-time census of beds/slots versus clients served and reports findings to CoC on a regular basis. Evidence of monitoring reports are available for review.	X	X	X	X	X	

NH-HMIS Governance Model
Revision C

NOFA and AHAR Participation – Ensures participation in the NOFA (Notice of Funding Availability) and AHAR (Annual Homeless Assessment Report).	X	X	X	X	X	
Client Acknowledgement – Ensures the completion and documentation of client acknowledgement, as appropriate with the CoC's Client Acknowledgement Policies and Protocols.			X	X	X	Community/ Clients
Data and System Security – Ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the Current HMIS Data Standard.			X		X	

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Council	Participating Agency	Other
HMIS Management and Operations – Data Quality						
Data Quality Standards – Develops and enforces community level data quality plan and standards.	X	X	X	X		HUD
Universal Data Elements – Ensures the collection of each data variable and corresponding response categories on all clients served by HUD, The State of NH, the City of Manchester, and non-funded participating projects.	X	X	X	X	X	
Project-Specific Data Elements – Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by HUD, The State of NH, the City of Manchester, and non-funded participating programs.	X	X	X	X	X	
Data Quality Reports – Regularly runs and disseminates data quality reports to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.		X	X		X	
Data Quality Reports – Provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.		X	X			

NH-HMIS Governance Model
Revision C

Data Quality Reports – Regularly runs and disseminates data quality reports to the community planning entity that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.		X	X			
Data Quality Reports – Regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.	X	X	X	X		Community/ HMIS End Users

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Council	Participating Agency	Other
HMIS Policy Development and Oversight						
Client Confidentiality and Privacy Training – Provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating Agencies. Ensures all Agencies have sufficient privacy policies and protocols in place.			X		X	HMIS Vendor
Performance Measurement Training – Provides regular training and guidance on program performance measurement.			X			HUD
COE Community Planning Goals and Objectives Training – Provides training and regularly reviews the progress of the Community Planning Goals and Objectives.	X		X			
Business Practices Training – Provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethnics, strategies for communication, etc.).			X	X		
Program Funding Training and Orientation – All required HMIS participants (McKinney-Vento funded programs such as ESG, SHP, and S+C, projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento funding.	X	X	X			HUD
Participating Agency Documentation – Maintains documentation of the number of participating Agencies (utilizing the HMIS system) is up-to-date. A comparative analysis of planned versus actual deployments at the project level is highly desired but not compulsory.	X	X	X			

NH-HMIS Governance Model
Revision C

Participation Rates –Regularly reviews and monitors the HMIS coverage rates of the CoC. If coverage rates have not achieved a 75% level of participation, can provide an explanation for the barriers to implementation at specific Agencies. Ensures that ongoing engagement activities and barrier resolution are occurring with non-participating Agencies.	X	X	X	X		Housing Inventory Count (HIC)
Participation Rates – Provides regular reports on HMIS participation rates to CoC Data Subcommittee. An analysis of agency-specific barriers with potential solutions is highly desired but not compulsory.			X			
Policies and Procedures –Ensures the existence and use of HMIS Policies and Procedures.	X	X	X	X	X	HMIS End Users
Agency Participation Agreement – Ensures and maintains written agreements with participating Agencies that describes the protocols for participation in the HMIS.	X	X	X	X		
Data Sharing Agreements – Ensures and maintains written agreements with participating Agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS Agencies.			X		X	
HMIS End-User Agreement – Ensures and maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.			X	X	X	
Client Acknowledgement – Ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client Acknowledgement protocol for use as a baseline practice among all participating HMIS users.	X	X	X	X	X	
Data Release – Ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.	X	X	X	X	X	

NH-HMIS Governance Model
Revision C

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Council	Participating Agency	Other
Other Federal Requirements						
Drug-Free Workplace – The HMIS Grantee has adopted a drug-free workplace policy. The policy is posted and available for review.		X				
Homeless Client Participation – At least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to Advisory Council leadership, advisory committees, staff positions, and sub-committee positions.	X	X	X	X		Community/ Clients
Conflict of Interest – The HMIS Grantee has adopted a conflict of interest policy for board members, staff, and volunteers.		X				
Equal Opportunity and Non-Discrimination Policy – The HMIS Grantee has adopted an equal opportunity and non-discrimination policy.		X				

Appendix A: NH-HMIS Governance Model Definitions

Annual Homeless Assessment Report (AHAR) – A report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by the Department of Housing and Urban Development (HUD) and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period.

Annual Performance Report (APR) – A report that tracks program progress and accomplishments in HUD’s competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee’s performance.

Bed Utilization – An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Coordinated Entry – a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Chronic Homelessness – HUD defines a chronically homeless person as

(1) An individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year, or on at least four separate occasions in the last 3 years; and
- (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

NH-HMIS Governance Model Revision C

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Client Acknowledgement – This Acknowledgement embodies the element of informed Acknowledgement in a written form. A client completes and signs a document acknowledging that they have an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.

Continuum of Care (CoC) – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

Coverage – A term commonly used by CoCs or homeless providers that refers to the number of beds represented in an HMIS divided by the total number of beds available.

Data Quality – The accuracy and completeness of all information collected and reported to the HMIS.

Data Standards – See the current HUD HMIS Data Standard.

Disabling Condition – A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Emergency Shelter – Any facility whose primary purpose is to provide temporary shelter for the homeless in general, or for specific populations of the homeless.

Emergency Solutions Grant (ESG) – A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Homeless Management Information System (HMIS) – Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HMIS Data Standards – This document describes the Project Description Data Elements, Universal Data Elements, and Project-Specific Data Elements that are used in the HMIS electronic data collection system.

NH-HMIS Governance Model Revision C

HMIS Grantee – The State of New Hampshire.

HMIS Lead Organization – An organization designated to operate the CoC’s HMIS on its behalf. In New Hampshire, Harbor Homes, Inc. is the Lead Organization.

Current HMIS Data Standard Manual – This document provides information about the regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS and contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.

Inferred Acknowledgement – Once clients receive a verbal explanation of HMIS, acknowledgement is assumed for data entry into HMIS.

Informed Acknowledgement – A client is informed of participating in an HMIS system and then specifically asked to acknowledge and sign the Client Acknowledgement form.

McKinney-Vento Act – The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care Programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Solutions Grant Program.

NERHMIS –New England Regional Homeless Management Information System (NERHMIS).

NOFA – Notice of Funding Availability (NOFA) establishes the funding criteria for the Continuum of Care (CoC) Programs.

Participating Agency – An agency that uses HMIS to collect data.

Shelter Plus Care Program – A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

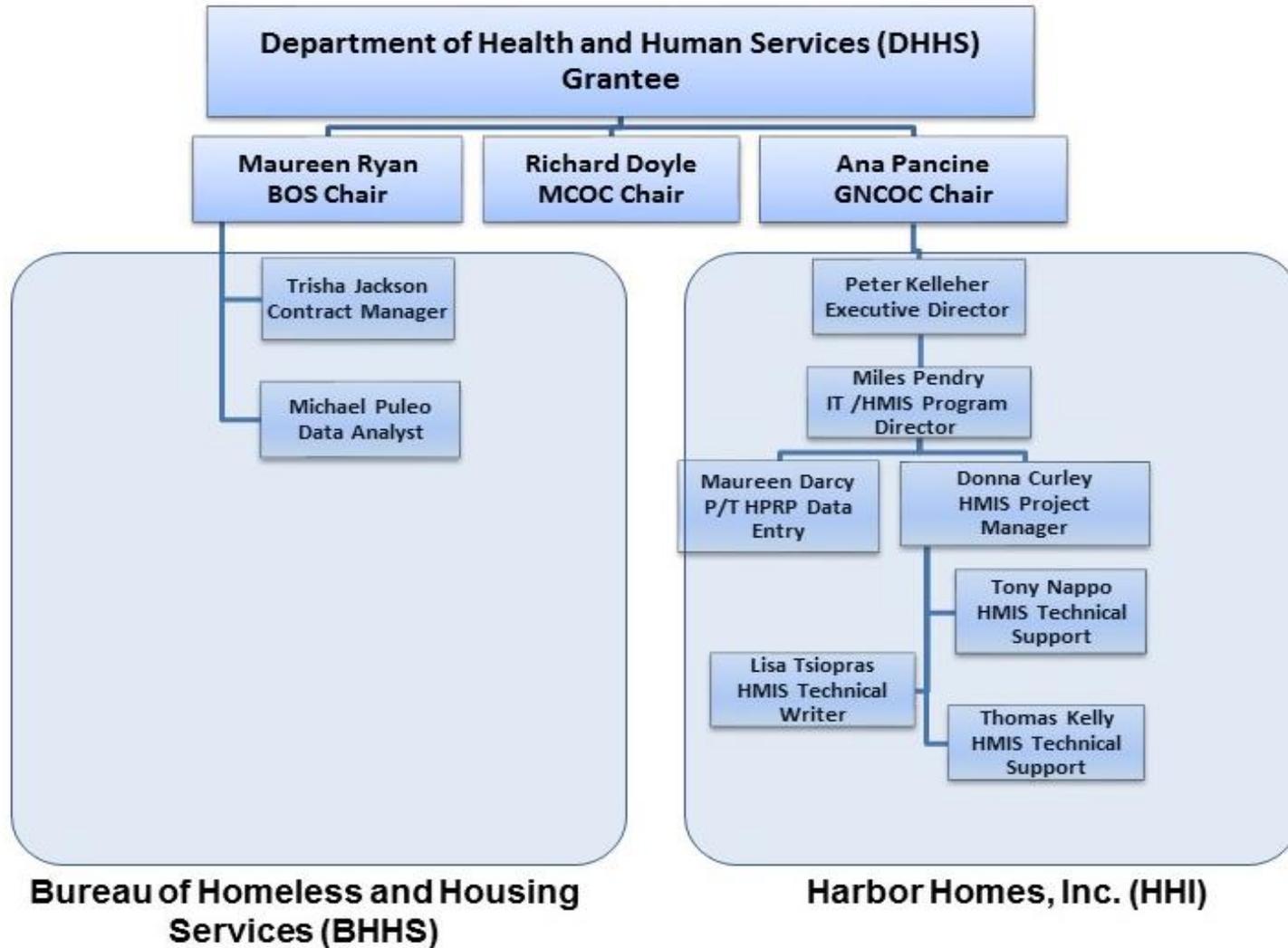
Single Room Occupancy (SRO) – A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

NH-HMIS Governance Model Revision C

Unduplicated Count – The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

Universal Data Elements (UDE) – Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran`s status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional mandate.

Appendix B: HMIS Lead Agency Staff Organization Chart



Document Revision History

The tables below contain high-level summaries of the changes made each time this document is released. Changes made before 2015 are indicated by date only. Revisions made after 2015 are indicated by letter revision and date.

June 2014 (changes since August 2013 document)

Revision	Description of Changes	Section
June 2014	Added Table of Contents	Page 2
	Changed Program-specific to Project-Specific	throughout
	Replaced Consumers with Clients	throughout
	Changed title 2010 Data and Technical Standards to 2014 Data Standard	throughout
	Changed Annual Progress Report to Annual Performance Report	Appendix A
	Added definition of NOFA	Appendix A
	Added Appendix B: HMIS Lead Agency Staff Organization Chart	Appendix B
	Updated History of Changes	Page 16

NH-HMIS Governance Model
Revision C

Revision	Description	Section
August 2013	Added cover page	Page 1
	Added City of Manchester and non-funded participating programs	In description of “Universal Data Elements” and “Program-Specific Data Elements”, Page 6
	Deleted SRO and HOPWA	In description of “Program Funding Training and Orientation”, Page 7
	Changed Client Consent to Client Acknowledgement	Pages 8 and 10
	Added definition of Central Intake Coordinated Assessment	Appendix A
	Updated the definition of Chronic Homelessness as per HUD’s definition	Appendix A
	Rewrote definition of HMIS Data Standards	Appendix A
	Rewrote definition of HUD HMIS Data Standards Final Notice	Appendix A
	In description of Inferred Acknowledgement , changed oral explanation to verbal explanation	Appendix A
	In definition of McKinney-Vento Act , changed Emergency Shelter Grant Program to Emergency Solutions Grant Program	Appendix A
	Added History of Changes section	Page 17

NH-HMIS Governance Model
Revision C

Revision	Date	Description of Changes	Section
C	07/2015	Changed document date to current.	Throughout
		Revised note text at the bottom of the page from “NOTE: Be sure to check the NH-HMIS website at http://nh-hmis.org/ to ensure you have the most up-to-date version of this document. On the right side of the home page, see the link under the heading “ HMIS Reference Materials ”. to NOTE: Be sure to check the NH-HMIS website at http://nh-hmis.org/ to ensure you have the most up-to-date version of this document. On the right side of the home page, see the link under the heading “ NH HMIS Governance ”.	Page 3
		Changed various specific references to the 2014 HMIS Data Standard throughout the document to a general “current HMIS Data Standard reference” to avoid recurring editing of these sections.	Throughout
		Added revisioning for change management.	Header, footer and Revision History table
		Retitled “History of Changes” to “Document Revision History”.	Pages 16-18
		Revised change history format and added Rev C changes.	Pages 16-18

New Hampshire Coordinated Entry Description

Under the requirements of the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act), the State of NH has implemented a preliminary coordinated entry system, with a goal of improving access to services for our homeless population, while improving communication between service providers in order to ensure the client's needs are being met in the most appropriate way.

For coordinated entry purposes, NH has 8 distinct service regions, which are covered by 3 Continuums of Care. Over the last 2 years each region has been tasked with developing a coordinated entry system that works for their local community. Given the geographic differences in NH, these systems look different depending on the community. The more urban parts of the state, which include the Seacoast, Manchester and Nashua, have adopted variations of a single point of entry model. More rural parts of the state have adopted a "No Wrong Door" model, where all agency staff are trained on the assessment tool, ensuring that all clients are being assessed in a consistent manner. Other regions of the state are incorporating NH-211 into their models, in an effort to maintain consistency for their clients.

On August 1, 2015, state funded homeless services providers began entering data on clients calling seeking shelter into the Coordinated Entry program in HMIS. As programs become more familiar with this process, the data entry will expand to include all calls for homeless services.

NH is now incorporating each regional system into a larger statewide system, with NH-211 being the initial entry point for the whole state. NH-211 Information & Referral Specialists (I&R Specialists) will complete the initial assessment with a caller, and determine what their level of need is, and what region they will be served by. They will then make the referral to the regional Coordinated Entry system for intake and eligibility screening. I&R Specialists will enter data into HMIS in real time, which will allow the receiving agency to access the client's information before they complete an intake.

Coordinated Entry in NH is a work in progress. Several communities are still fine tuning their systems, and others are re-assessing their processes. The State of NH is sponsoring a Coordinated Entry workshop in October 2015 for stakeholders. The focus of this workshop will be fine tuning the process including possible edits to the attached CE tool, HMIS form, as well as the involvement of NH-211 and HMIS.

Coordinated Entry Tool

Date: _____ Time: _____ Walk in Call
Client Name: _____ Phone: _____
Agency: _____ Staff Name: _____

Begin Script: To determine what services may be available for you, I will need to collect some basic information about your current situation. This information is confidential and will only be used to assist you in accessing appropriate resources. You may refuse to answer any question, but doing so may mean you will not be referred to available resources that might best help you in your current situation. Do I have your permission to collect this information?

Do I have your permission to make a referral on your behalf to agencies that may be able to assist you?

Yes No

Do I have your permission to enter the information you provide into HMIS and share it with agencies that may be providing you with assistance? Yes No

Introductory Questions

1. Are you homeless (living on the street, staying in a shelter, fleeing domestic violence) or at-risk of homelessness?

Yes No

If the household is not homeless or at-risk, refer to other mainstream resources.

List referrals: _____

2. Where did you stay last night?

With a friend/family member/doubled up situation (If yes, skip to Diversion Question).

A hospital

Jail/prison

Juvenile detention facility

In a hotel/motel

In foster care/group home

In a substance abuse treatment facility

In my own housing – rental

In my own housing – own

Skip to Prevention Questions

Refer household to foreclosure prevention resources if necessary.

In other housing _____

In a car, on the street, or in another place not meant for human habitation

Ask household to define "other housing".

3. What brought on your housing crisis?

Problems with landlord

If yes, ask what specific issues are. Use this to determine what kind of mediation or conflict resolution is necessary.

Have rental or utility arrears (circle which)

If, yes, list amount owed: \$ _____

Evicted or in the process of being evicted from a private dwelling or housing provided by family or friends

Victim of foreclosure or rental property

If yes, skip to Diversion Questions.

Living in housing that has been condemned

If yes, skip to Diversion Questions.

Unable to pay rent

Experiencing high overcrowding

If situation seems untenable, skip to Diversion Questions.

Violence or abuse occurring in the family's household

If in immediate danger, refer them to law enforcement and/or the appropriate local domestic violence provider.

Other _____

As household to describe "other."

4. Has household experienced homelessness in the last 12 months? Yes

No

Coordinated Entry Tool

5. Have you ever stayed at a shelter or received other homeless services before? Yes No
If yes, what is the name of the program, and when were you last there?
-

6. Have you been to your local town or city welfare office? Yes No If yes, what city or
Town: _____

What was the decision, and do you have it in writing? _____

Diversion Questions

7. Are you safe in your current living situation?

Yes No

If no, but household is otherwise eligible for diversion, divert them to a location other than where they are currently staying and make sure that it is somewhere where the household feels safe.

8. Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive limited services such as (list services available in community such as case management services/transportation assistance/food pantry/limited financial support/ other referrals)?

Yes No

Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might overcome.

If answer to this question is yes, household qualifies for diversion assistance. Skip to Concluding Questions.

If answer to this questions is no and shelter diversion has therefore been ruled out, go to Prevention Questions.

Prevention Questions

9. Are you safe in your current living situation?

Yes No

If no, and the household is in immediate danger, refer them to law enforcement and/or the appropriate local domestic violence provider.

10. Do you believe you will become homeless within the next seven (7) days?

Yes No

11. If you are currently housed, what type of assistance would you need to stay there?

Food Assistance Rental Assistance Utility Assistance Tenant/Landlord Mediation

12. Have you ever been to a shelter or another homeless assistance program before?

Yes No

13. If you answered yes to the previous question, what was the name of the program?
-

When were you last there? ____/____/____

14. I would like to refer you to _____ service. May I ask you a few questions to facilitate the referral? (If yes, continue onto HMIS Coordinated Entry Form)

State of New Hampshire Client Coordinated Entry Intake Form for HMIS

You are required to obtain the data in this form for each client entering the project.

This form can be found on the NH-HMIS website at www.nh-hmis.org.

Date Form Completed: ____ - ____ - ____

Client ID: _____

Client ID is generated by the HMIS system.

Intake Interviewer's Name: _____

Client Location: NH-500 (Balance of State/Concord)
 NH-501 (Manchester)
 NH-502 (Nashua)

Client Coordinated Entry Intake

In ServicePoint, click ClientPoint.

Client's First name, middle, last and suffix: _____

Alias: _____

Name Data Quality: Full Name Reported Partial, street name or code name reported
 Client Doesn't Know Client Refused Data Not Collected

Social Security number (SSN): ____ - ____ - ____ SSN Data Quality: Full SSN Reported Approximate or Partial SSN reported
 Client Refused Data Not Collected

US Military Veteran? Yes No Client Doesn't Know Client Refused Data Not Collected

Discharge Type? Honorable Uncharacterized Dishonorable General Under Honorable Conditions Bad Conduct
 Under Other Than Honorable Conditions (OTH) Client Doesn't Know Client Refused
 Data Not Collected

Date of Birth: ____ - ____ - ____ Date of Birth Type: Full D.O.B. Reported Approximate or Partial D.O.B. reported
 Client Doesn't Know Client Refused Data Not Collected

Race (Client may choose up to 5): American Indian or Alaska Native Native Hawaiian or Other Pacific Islander White
 Black or African American Asian
 Client Doesn't Know Client Refused Data Not Collected

Ethnicity (Choose One): Non-Hispanic/Non-Latino Hispanic/Latino Client Doesn't Know Client Refused
 Data Not Collected

Gender: Female Male Transgender Male-to-Female Transgender Female-to-Male Client Doesn't Know
 Client Refused Other _____ Data Not Collected

Click to display the Entry/Exit tab then click Add Entry

Relationship to Head of Household (choose one): Self Head of Household's Child Head of Household's Spouse or Partner
 Head of Household's Other Relation Member (other relation to HOH)
 Other: Non-relation Member

Client Location: NH-500 (Balance of State/Concord)
 NH-501 (Manchester)
 NH-502 (Nashua)

State of New Hampshire Client Coordinated Entry Intake Form for HMIS

You are required to obtain the data in this form for each client entering the project.

This form can be found on the NH-HMIS website at www.nh-hmis.org.

Referrals and Services

In ServicePoint, click the **Service Transactions** tab to display it and add referrals and services.

Needs Assignment

Select the referral type from the Service Code Quicklist in the Needs Assignment section.

- Emergency Shelter (BH-1800)
- Homeless Drop In Centers (BH-1800.3500)
- Homeless Financial Assistance Programs (NL-1000.3000)
- Missions (BH-1800.8500-500)
- Public Assistance Programs (NL)
- Runaway/Youth Shelters (BH-1800.1500-700)
- Supportive Housing (BH-8400)
- Supportive Housing Placement/Referral (BH-8500)
- Transitional Housing/Shelter (BH-8600)
- Domestic Violence Shelters (BH-1800.1500-100)
- AIDS/HIV Prevention Counseling (LH-2700.0150)
- City Offices of Emergency Services (TH-1500.1400)

Referral Provider Name: _____

Needs Referral Date: __ - __ - ____

Referral Ranking: High Medium Low

Projected Follow-up Date: __ - __ - ____

Follow-up User: Select **State of NH Coordinated Entry. User**

Name: _____

Need Status: Identified Closed In Progress

Outcome: Fully Met Partially Met Not Met Service Pending

If not met, reason: All Services Full Client Not Eligible Client Refused Service Service Does Not Exist
 Service Not Accessible

State of New Hampshire Client Coordinated Entry Intake Form for HMIS

You are required to obtain the data in this form for each client entering the project.

This form can be found on the NH-HMIS website at www.nh-hmis.org.

Referral Data

After you have saved and completed the initial referral, click the pencil icon to re-open the referral and scroll down to the Referral Data section to enter the information recorded in this section of the form.

Needs Referral Date: __ - __ - ____

Referral Outcome Accepted Accepted on wait list Declined Cancelled

Follow-up made? Yes No

Completed Follow-up date: __ - __ - ____

Service Information

Scroll down to the Service Information section at the bottom of the page to enter the information recorded in this section of the form.

Click the **Provide Service** button to display the **Services tab > Add Service** page and verify that the information matches the referral.

End Date: __ - __ - ____

Service Type: Select the same service that you selected in the referral. Click **Save and Continue**.

- Emergency Shelter (BH-1800)
- Homeless Drop In Centers (BH-1800.3500)
- Homeless Financial Assistance Programs (NL-1000.3000)
- Missions (BH-1800.8500-500)
- Public Assistance Programs (NL)
- Runaway/Youth Shelters (BH-1800.1500-700)
- Supportive Housing (BH-8400)
- Supportive Housing Placement/Referral (BH-8500)
- Transitional Housing/Shelter (BH-8600)
- Domestic Violence Shelters (BH-1800.1500-100)
- AIDS/HIV Prevention Counseling (LH-2700.0150)
- City Offices of Emergency Services (TH-1500.1400)

Support Documentation: This button is an option that allows you to attach any relevant supporting documentation.

Note: Ensure that you have completed *all* the follow-up information in this section.

State of New Hampshire Client Coordinated Entry Intake Form for HMIS

You are required to obtain the data in this form for each client entering the project.

This form can be found on the NH-HMIS website at www.nh-hmis.org.

Exit Data

Exit Date: __ - __ - ____

Reason for leaving (choose one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Completed program | <input type="checkbox"/> Disagreement with rules/persons | <input type="checkbox"/> Non-compliance with program |
| <input type="checkbox"/> Criminal activity/violence | <input type="checkbox"/> Housing opportunity before completing | <input type="checkbox"/> Non-payment of rent |
| <input type="checkbox"/> Death | <input type="checkbox"/> Needs could not be met | <input type="checkbox"/> Reached maximum time allowed |
| <input type="checkbox"/> Unknown/Disappeared | <input type="checkbox"/> Other (specify) _____ | |

Destination (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Rental by client, no ongoing housing subsidy |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid with emergency shelter voucher | <input type="checkbox"/> Rental by client, with VASH subsidy |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility) | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Long-term care facility or nursing home | <input type="checkbox"/> Staying or living with family, permanent tenure |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - PH | <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA - TH | <input type="checkbox"/> Staying or living with friends, permanent tenure |
| <input type="checkbox"/> Owned by client, no ongoing housing subsidy | <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house) |
| <input type="checkbox"/> Owned by client, with ongoing housing subsidy | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Permanent housing for formerly homeless persons (such as: CoC project; HUD legacy programs, or HOPWA PH) | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) | <input type="checkbox"/> No exit interview completed |

Housing Assessment Disposition:

- | | |
|---|---|
| <input type="checkbox"/> Referred to emergency shelter/safe haven | <input type="checkbox"/> Referred to transitional housing |
| <input type="checkbox"/> Referred to rapid re-housing | <input type="checkbox"/> Referred to permanent supportive housing |
| <input type="checkbox"/> Referred to homelessness prevention | <input type="checkbox"/> Referred to street outreach |
| <input type="checkbox"/> Referred to other continuum project type | <input type="checkbox"/> Referred to homelessness diversion program |
| <input type="checkbox"/> Unable to refer/accept within continuum; ineligible for continuum projects | |
| <input type="checkbox"/> Unable to refer/accept within continuum; continuum services unavailable | |
| <input type="checkbox"/> Referred to other community project (non-continuum) | |
| <input type="checkbox"/> Applicant declined referral/acceptance | |
| <input type="checkbox"/> Applicant terminated assessment prior to completion | |
| <input type="checkbox"/> Other/ specify: _____ | |