

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: 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 Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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

The CoC has a broad and inclusive structure to engage all organizations working to end homelessness in the State. The CoC is governed by a 7-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 providers, law enforcement, DV agencies, health care organizations, and others working to end homelessness. The LSDAs send representatives to Statewide CoC bi-monthly membership meetings. Center for Life Management, mental health/substance abuse provider, offers a clinical perspective to the NH BOS Board and to the Chronic, Coordinated Entry, and Data committees to inform service needs and gaps. Concord Coalition to End Homelessness agency, LSDA member, organizes residents and faith-based volunteers to provide a consumer perspective to the planning process and involve private community partners in building a sustainable system to end and prevent homelessness.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
NH 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 NH	Yes	No
WISE	Yes	No
HAVEN	Yes	No

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

The CoC will accept new project proposals from all interested entities. The New Hampshire BoS CoC encourages participation in the CoC meetings and application process from all interested partners. The Collaborative Applicant announces availability of funds via email lists, 11 Local Service Delivery Area meetings, and other public meetings. The BOS CoC Board encourages agencies that are not currently HUD recipients to continue participating in the CoC and to submit applications in response to future RFPs. The Project Review Committee uses a ranking tool that assessed new proposals based on HUD threshold requirements, populations served, program model, CoC participation, and commitment to Housing First implementation. All potential applicants have access to the CoC staff to receive guidance to locate CoC Program education materials and assistance with questions about the submission process and requirements.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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

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 Bureau Administrator (and CoC Co-Chair) participates in each of the HCDPC meetings (bi-monthly for 2 hours each). The Administrator presents CoC data to the Steering Committee, and BHHS submits PIT, HIC and AHAR data for inclusion in the State and local Con Plans. 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 Con Plan hearings.

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

The State of New Hampshire, Bureau of Homeless & Housing Services (BHHS) is the only ESG recipient in the CoC, and the NH BHHS Administrator serves as both ESG administrator and CoC co-chair. This connection ensures seamless coordination of ESG and CoC programs. Through the Consolidated Plan process, the BHHS Administrator holds community listening sessions throughout NH, including all 3 CoCs to discuss ESG funding allocation priorities and setting performance standards. Community feedback is solicited, and the program is adjusted taking the feedback into account. All ESG projects use HMIS and participate in the annual PIT, which provides data to measure performance outcomes. The data from HMIS and PIT are reported back to the CoC as part of the performance measure review and CoC members provide feedback on how performance can be measured and improved to meet needs.

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

NH's Bureau of Homeless and Housing Services administers \$550,000 in annual State funding for the NH Coalition Against Sexual and Domestic

Violence, which sub grants these funds to 12 DV shelters. NH Coalition Director attends CoC meetings to ensure CoC practices keep DV survivors safe. Both DV and other homeless providers participate in referrals and collaborating on planning to ensure safe housing options for people fleeing all forms of DV. NH-211 can take information and make confidential referrals for DV survivors and at intake, all people requesting assistance are asked if they are in immediate danger or currently fleeing a DV situation to ensure they can be quickly connected to the DV 24-hour hotline or the sexual assault 24-hour hotline if necessary. At DV agencies, advocates have information on local ESG, State and CoC resources and are refer to the DV or mainstream projects as needed with household consent to ensure personal information is protected.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
New Hampshire Housing Finance Authority	14.00%	Yes-HCV
Keene Housing Authority	7.00%	No
Dover Housing Authority	15.00%	No
Berlin Housing Authority	22.00%	No
Concord 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 either because they are unsheltered or because they 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, Behavioral Health. Housing Bridge provides mental health services and rental subsidies for individuals on waitlists for HCV vouchers. The second program is a new HUD 811 program. With funds from a \$8.4 million grant, the New Hampshire Housing Finance Authority and the New Hampshire Department of Health and Human Services Behavioral Health are developing

150 units of project-based subsidized housing for people with a mental illness diagnosis who are experiencing homelessness.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

NH has 8 distinct Coordinated Entry (CE) service regions, each with a local process for intake, assessment and referrals for homeless or at-risk people. Each region has a Local Service Delivery Area group of homeless service providers who participate in the CE process. NH 211 serves as the primary entry point for callers seeking homeless assistance to ensure accessibility. They conduct an initial assessment then refer to the appropriate local system. In 2016 the CoC was awarded a CE program and 9 CE workers reach the most vulnerable to make it quicker and easier to access housing and services. The CE workers conduct onsite assessments for the unsheltered and make referrals to CE process to prioritize people for shelter, housing, or other services. Each region will use the same intake and vulnerability assessments to ensure all people are assessed fairly. The CoC is refining the process for prioritizing housing statewide and continuing to work with projects to remove project barriers.

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

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

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

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	22
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	21
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Need for specialized population services:	

Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

The NH BoS scoring tool provides extra points in its ranking process for projects who serve people with high needs and housing barriers by looking at past admission data and future commitment of available housing openings. Those projects that have dedicated CH beds and prioritized CH beds receive a higher score. The greatest numbers of points are available for projects that dedicate the largest percentage of beds for people experiencing chronic homelessness. Projects committed to Housing First also receive extra points when they commit to assist people with low incomes and criminal records that are causing barriers to housing. 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. Evidence of the public posting must be attached. (limit 750 characters)

On 8/3/2016, the review ranking and selection criteria for FY2016 CoC Program Competition that were reviewed and finalized at a CoC meeting were sent by CoC listserv and posted to the Collaborative Applicant's, BHHS, website. This announcement included new funding opportunities and ranking tools for selection of new, reallocated, and renewal funds and deadlines. Questions were taken during the CoC meeting from present members, minutes were distributed from the meeting and other potential applicants not present were able to reach CoC staff to ask any clarifying questions. The email distribution was sent to members of CoC listserv who are current members and community stakeholders.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/02/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/15/2016

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

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

Instructions

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

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

A COC Program Administrator (PA) monitors performance by annual site visits. A standard monitoring tool is used to review eligibility, fiscal items, utilization rates, housing stability, exit destination, increasing income and connections to benefits outcomes. The PA reviews client files to ensure documentation of participant eligibility is present. 3 months of fiscal records are reviewed, comparing receipts and invoices to CoC billing and General Ledger entries. The PA conducts desk reviews to monitor expenditure allowability, timely draws and APR submissions. The PA uses HMIS and program reports to assess outcomes and utilization, develop corrective action plans and timelines for compliance if necessary. After issuing a Corrective Action Plan(CAP), the PA monitors to ensure agency progress on CAP resolution. Quarterly, the BOS CoC's Board reviews each project's performance outcomes for housing stability, access to mainstream benefits, increased income, and bed utilization.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. Governance Charter - p5 and p7

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

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

2A-4. What is the name of the HMIS software SERVICE POINT

used by the CoC (e.g., ABC Software)?

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$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
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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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	603	134	431	91.90%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	239	0	163	68.20%
Rapid Re-Housing (RRH) beds	82	0	82	100.00%
Permanent Supportive Housing (PSH) beds	420	0	410	97.62%
Other Permanent Housing (OPH) beds	0	0	0	

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

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

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>

Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	4%
3.3 Date of birth	1%	0%
3.4 Race	3%	0%
3.5 Ethnicity	3%	1%
3.6 Gender	1%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	6%	0%
3.9 Residence prior to project entry	6%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	12%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	7%	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"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

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

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

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

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

All listed federal partner programs that are present within the NH Balance of State geography are participating in HMIS.

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

Instructions:

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

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

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/27/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

Instructions:

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

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

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<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 Department of Health and Human Services, Bureau of Homeless and Housing Services (BHHS) staff coordinated the sheltered PIT count. After reviewing HUD/USICH PIT guidance, BHHS prepared a survey

form and trained PIT leads at each shelter by providing written instructions. One hundred percent of required shelters and transitional housing programs completed the survey. To gather subpopulation data, shelters staff interviewed 100% of sheltered person for the required information. BHHS provided technical assistance and support to ensure the most accurate information was collected and reported. Aggregated data is compared to HMIS data to identify discrepancies. BHHS staff investigated and resolved all discrepancies and duplicates. The sheltered PIT methodology was chosen because it is comprehensive and meets the HUD/USICH guidance requirements and provides the mechanism to address any inaccuracies.

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

The CoC used the same methodology in 2015 and 2016 to successfully complete a sheltered PIT count.

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

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

There was no change in the provider coverage for the 2016 sheltered count.

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

Instructions:

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

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

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

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

The CoC made no changes to the implementation of the sheltered PIT between 2015 and 2016. The CoC used the same successful methods in both years to train staff involved and ensure high quality data.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2016

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

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

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

Instructions:

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

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

Night of the count - complete census:	<input 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 this unsheltered PIT count methodology. (limit 1000 characters)

NH Bureau of Homeless and Housing Services, homeless outreach teams and the SAMHSA funded Projects for Assistance in Transition from Homelessness (PATH) coordinate the unsheltered count on behalf of all 3 CoCs in NH. Staff and trained volunteers go to public places where homeless people are known to stay. Unsheltered people are interviewed and counted. BHHS contacts hospitals, soup kitchens, drop-in centers and police stations to identify unsheltered people served on the night of the count. To avoid duplication volunteers completed a form identifying where each person was found, time observed and identifying characteristics. They also ask people if they have spoken to other team counting that night. BHHS creates a unique client identifier when all the data is compiled and a de-duplication process is done. Both a street and service count is done to ensure that the unsheltered homeless count is comprehensive and as inclusive as possible to represent the rural geography of the CoC.

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

There were no changes to the CoC's successful unsheltered PIT count methodology between 2015 and 2016.

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

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

Not applicable - CoC counted unaccompanied youth in 2016 PIT count.

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

Instructions:

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

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

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

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

The CoC did not make any changes to the unsheltered PIT county implementation methods. Staff used the same successful methodology to produce high quality data and train staff who participated in the unsheltered counting effort.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	718	670	-48
Emergency Shelter Total	489	431	-58
Safe Haven Total	0	0	0
Transitional Housing Total	153	163	10
Total Sheltered Count	642	594	-48
Total Unsheltered Count	76	76	0

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	2,330
Emergency Shelter Total	2,056
Safe Haven Total	0
Transitional Housing Total	324

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

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

Annually, the NH Coalition to End Homelessness publishes The State of Homelessness in NH, analyzing homelessness trends and risk factors for homelessness using variety of sources and partner input such as DOE counts, residential rental cost survey and economic indicators that may lead to increases in homelessness. The NH BOS CoC uses this analysis, CE and HMIS data to identify risk factors that lead to homelessness. NH allocates 40% of ESG funds to prevention activities to assist individuals and families from entering the homeless system. NH's Coordinated Entry includes an assessment tool that screens for risk of homelessness and links households to diversion and prevention whenever possible. This approach has been so successful one agency, Southwest Community Services, was able to close 1 of its 3 shelters. CoC members work closely with stakeholders to identify people who are at risk of homelessness to provide referrals and assistance to prevent entry to the system.

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'16 was 63 nights. In SFY'13 BHHS began requiring state funded programs to identify goals related to both reduce the average LOS and increase exits to PH. This effort, combined with an increase in ESG and CoC funding dedicated to RRH has been a key resource. BoS CoC 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. Currently, LOS is evaluated during case reviews at the provider level. NH will begin utilizing the CE system to assess LOS within and across Local Service Delivery Areas to inform prioritized referrals to available PH resources.

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

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

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

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	89
Of the persons in the Universe above, how many of those exited to permanent destinations?	87
% Successful Exits	97.75%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	303
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?	295
% Successful Retentions/Exits	97.36%

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

BHHS has developed a RRH assessment, 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 providing permanent housing provide stabilization services for at least 6 months. Many 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. NH BHHS monitors returns to homelessness through an HMIS report produced quarterly showing returns to homelessness after six months exit from CoC and/or ESG programs. BHHS reviews PSH data bi-monthly to intervene quickly if a program is experiencing higher exits to non-permanent settings.

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

**employment non-cash sources.
(limit 1000 characters)**

In 2016 a strategic plan was implemented to help providers to increase communications around employment linkages and benefits of employment for participants in CoC housing particularly where working and loss of disability benefits have been a primary concern. CoC Housing subcommittee members engage employment agencies to train case managers on training options and employment best practices to formalize collaborations between housing and employment programs. Facilitation of housing case managers support and networking meetings and with NH Employment Programs, Veterans Work Program (TH program with 67% employed at exit), NH Employment Security, NH Behavioral Health WORKS Program (supported work for homeless mentally ill individuals) and Vocational Rehab resources are identified and shared across providers. All CoC providers continue help people apply and maintain mainstream benefits. NH has a single application for multiple mainstream benefits, NH Easy, and SOAR trained case managers.

**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 (NHEP) and NH Vocational Rehab. NHEP provides job counseling, work clothing, childcare and transportation assistance for TANF recipients. NHV offers employment services for disabled individuals. 100% of SSO-CES, TH, PH-RRH and PSH agencies regularly connect to these agencies and CoC is working to formalize collaboration.

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

New Hampshire's community action agencies provide outreach as do SAMHSA funded PATH outreach workers, VA Homeless Outreach staff and SSVF outreach staff to the entire CoC geography. Staff 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 to be able to conduct an accurate PIT count. Some outreach staff are co-located with CES program and this structure ensures that unsheltered individuals will be both engaged and effectively connected to available housing and service resources. Staff make referrals to

local agencies to meet the needs identified by people found to be unsheltered. Staff work to build a relationship with unsheltered persons to be able to offer available low barrier housing from the persons identified needs.

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

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

Not Applicable - The NH CoC did not exclude any areas from the PIT count.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/11/2016

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

The CoC System Performance Measures were submitted on time to HUD via the HDX.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	212	213	1
Sheltered Count of chronically homeless persons	175	173	-2
Unsheltered Count of chronically homeless persons	37	40	3

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

The CoC counted a total of 213 people who met the chronic homeless (CH) definition, 173 sheltered and 40 unsheltered. Overall the CH person count increased by one person due to a shift between found persons in the sheltered and unsheltered category. Unsheltered CH persons went up by 3 and sheltered CH person went down by 2. This increase in unsheltered persons is a result of NH's strong outreach and engagement programs to find and engage the neediest people experiencing homelessness. Community action agencies, PATH teams, and Veteran program staff conduct outreach, including street outreach, throughout NH BOS. There were no changes in the PIT count methodology this year.

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	76	101	25

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

BoSCoC projects have strategically increased the number of dedicated beds in most PSH projects in order to come more into compliance with HUD's emphasis on prioritization of CH and low barrier threshold approaches to housing. Existing PSH projects increased dedication of beds in the 2015 NOFA and new projects dedicated solely to PSH for CH were added as well.

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

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate p10 and p19

**the page(s) for all documents where the
Orders of Priority are found.**

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

This question will not be scored.

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

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

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

Instructions:

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

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

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input 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 strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

CoC and ESG providers work to place families within 30 days by enhancing landlord relationships to access units and identifying plans to address identified housing barriers. Families are assessed at shelter entry for income levels and housing needs. RRH projects prioritize families to find maintainable housing with limited income and the establishment of ongoing supports for family stability. Providers work quickly but also take the time to do the work necessary to make sure that permanent housing placements are likely to be permanent and stable. The LOS in NH average is 63 days. The NH Bureau of Homeless and Housing Services administers ESG, COC and State funds for family and domestic violence shelter and contracts requires agencies to identify goals for both housing placement and length of stay to continue to decrease average to 30 days or less. CoC funds continue to be allocated to RRH projects and ESG is used exclusively for prevention and RRH.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	9	45	36

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

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

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	107	85	-22
Sheltered Count of homeless households with children:	103	83	-20
Unsheltered Count of homeless households with children:	4	2	-2

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

Not applicable - NH BOS CoC had a decrease in homelessness among households with children and continues to use the same PIT methodology for sheltered and unsheltered families.

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

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input 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"/>
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3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	47	53	6

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

The number of unsheltered youth recorded in HMIS was 47 in FY14 and 53 in FY15. The increase is due to outreach workers and youth providers continuing to actively participate in engagement efforts to serve unaccompanied youth. The CoC works with RHY providers to utilize HMIS to help quantify the level of unaccompanied youth receiving assistance. The CoC will continue to work with providers to identify and connect unaccompanied youth to housing and service

assistance.

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$152,000.00	\$0.00	(\$152,000.00)
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	\$0.00	(\$152,000.00)

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	14
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	6

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

The CoC has strong relationship with the McKinney-Vento educational authorities and school districts through being active participants in NH's Homeless Teen Task Force (TTF), which is chaired by the NH Department of Education (DoE). Over the last year there have been representatives from the CoC at each of the 10 TTF meetings, including a strategic planning meeting focused on improving identification of homeless youth. A BHHS program administrator is on a TTF subcommittee with the DoE focusing specifically on human trafficking. DoE sits on the CoC's education committee. BHHS attends the quarterly DoE homeless liaison meetings to discuss improvements to identifying and serving homeless youth. The DoE has presented to the CoC's CES and PATH workers to educate them about the role of the homeless liaisons. CoC members and the DoE serve on the Governor's Interagency Council on Homelessness and project staff work with school districts to assist children to access education.

3B-2.11. How does the CoC make sure that homeless individuals and

**families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

The 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 and how to access educational services. At the local level, LEAs and youth advocates are part of the LSDA meetings and have participated in Coordinated Entry (CE) 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 to access education.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

At this time the CoC and HUD-funded projects do not have formal written agreements with programs providing services to infants, toddlers and youth children. One recipient is the current contract holder for a HeadStart program in NH. Several CoC funded agencies have written contracts with local public schools, access to HeadStart and coordinate child care agreements with local licensed child care facilities for families in need of this service. .

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	36	25	-11
Sheltered count of homeless veterans:	26	23	-3
Unsheltered count of homeless veterans:	10	2	-8

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

Not applicable - The NH BOS CoC continues to decrease the number of Veterans experiencing homelessness in our geographic area.

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

Outreach staff from SSVF and other projects coordinated street Veteran outreach efforts to cover the entire CoC. The Veteran subcommittee worked

with shelter directors to implement a rapid referral system for any Veteran entering shelter to assess eligibility for Veteran specific resources and referred to mainstream resources if ineligible for SSVF or HUD-VASH. The SSVF staff utilizes a shared electronic record with common assessment questions to quickly gather pertinent data as the screen all Veterans. Non-VA projects in local regions can work with the SSVF staff to complete assessment or make a referral directly. 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 local region that made the initial referral so that the veteran can be prioritized for assistance, using other CoC resources.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	31	25	-19.35%
Unsheltered Count of homeless veterans:	6	2	-66.67%

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

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

Representatives from the BOS CoC Veterans Committee, who are mainstream and Veteran service providers, 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 the committee meets with a 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. New Hampshire Strategic Plan to End Veteran Homelessness called for increased employment access, a Veterans Court for justice involved veterans, and improved coordination and increased housing resources for veterans. Local partnerships

with Housing Authorities have increased access to 20 dedicated HCV that will allow rental units to be affordable for Veterans.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	24
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	24
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

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. The Greater Seacoast Coalition to End Homelessness works with 3 of these hospitals to and established 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 meet weekly to monitor progress and coordinate action to decrease emergency service usage and link to health benefits.

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

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

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	24
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	23
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	96%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	24
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	23
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	96%

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"/>
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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 populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	46	82	36

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

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

Not applicable

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

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

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

Not applicable

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input 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"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Homeless subpopulations: Vets@Home	10/08/2015	5

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	08/27/2016
1C. Coordination	08/31/2016

1D. CoC Discharge Planning	08/23/2016
1E. Coordinated Assessment	08/23/2016
1F. Project Review	09/01/2016
1G. Addressing Project Capacity	09/01/2016
2A. HMIS Implementation	08/29/2016
2B. HMIS Funding Sources	09/01/2016
2C. HMIS Beds	Please Complete
2D. HMIS Data Quality	08/31/2016
2E. Sheltered PIT	08/24/2016
2F. Sheltered Data - Methods	08/12/2016
2G. Sheltered Data - Quality	08/11/2016
2H. Unsheltered PIT	08/24/2016
2I. Unsheltered Data - Methods	08/29/2016
2J. Unsheltered Data - Quality	08/29/2016
3A. System Performance	09/02/2016
3B. Objective 1	Please Complete
3B. Objective 2	09/02/2016
3B. Objective 3	09/01/2016
4A. Benefits	09/02/2016
4B. Additional Policies	09/01/2016
Submission Summary	No Input Required