

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

For Detailed Instructions click [here](#).

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

### **Instructions:**

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

**1A-1. CoC Name and Number:** FL-501 - Tampa/Hillsborough County CoC

**1A-2. Collaborative Applicant Name:** Tampa Hillsborough Homeless Initiative

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

**1A-4. HMIS Lead:** Tampa Hillsborough Homeless Initiative

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

**Instructions:**

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	No	No	No
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 in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

The Tampa/Hillsborough County CoC has been in existence for over 20 years. In an effort to solicit and consider the full range of opinions from individuals or organizations, committees were established from persons that had knowledge of homelessness and/or were willing to give input. There are over 60 members of the CoC. Membership in the Tampa/Hillsborough County CoC is open to any individual or organization – nonprofit, for profit, or governmental – that is committed to ending homelessness or assisting people who are at risk of becoming homeless. For example, the Outreach Committee includes law enforcement, non-profit agencies, and advocates. This provides a full range of members with knowledge of the un-sheltered population. The Outreach Committee is critical for those living on the streets to access to housing and services. Also, the Consumer Advisory committee is made up of homeless and formerly homeless individuals to provide input to the CoC related to service delivery.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Miracles Outreach, Inc.	No	Yes	Yes
Starting Right Now, Inc.	No	No	No
Camelot Community Care	No	Yes	No
Alpha House of Tampa	No	Yes	Yes
Ybor Youth Clinic	No	Yes	Yes
Eckerd Community Alternatives   Hillsborough	No	Yes	Yes

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
The Spring of Tampa Bay	Yes	Yes
Mary & Martha House	Yes	No
Crisis Center of Tampa Bay (APPLE)	Yes	No
Bay Area Legal Services	Yes	No
The Salvation Army - Tampa Area Command	Yes	No

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

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

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

THHI, the CoC Lead, hired a new Chief Executive Officer and Chief Operating Officer in August 2014. The new CEO and COO have 35 years of combine experience as a CoC Lead and as an unofficial UFA. Since August 2014, the CoC has been restructuring to meet HUD requirements by developing, identifying, and assigning individuals to recently established committees, responsible for implementing specific strategies of the Five Year Plan (in development) to prevent and end homelessness. THHI is responsible for overseeing the implementation of the plan, to ensure the goals of the plan are consistent with the national goals to end Veteran, Chronic, Youth and Family homelessness, and to reduce the overall street homeless population by 90% by December 2020. The members of the Outreach, Consumer Advisory, Service Delivery, Youth Work Group, Coordinated Intake, and Executive Board committees are experts in addressing the target population and will help in achieve the goals of the strategic plan.

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

The CoC makes subawards using open solicitation methods to request proposals, such as outreach to faith-based groups, responsive to public inquiries, letters/emails to CoC members, newspaper notices, announcements at other meetings, and announcements at CoC meetings. However, active entities of the CoC will receive priority for any funding opportunity over a non-active entity and those that demonstrate the willingness to serve populations as prioritized by HUD will receive priority according to its importance as outlined in the NOFA.

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

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

**Instructions:**

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

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

THHI, (formerly Homeless Coalition of Hillsborough County), representing the CoC, is closely involved with the City of Tampa and Hillsborough County ESG programs, Action Plan, CAPER, and Consolidated Plan for at least the past 10 years. The City and County each have representation on the Board of THHI and as a result of that involvement, there is a higher percentage of ESG funds allocated to Rapid Rehousing. Plans developed by the County and the City are presented at the CoC meetings for additional input. Data collected by the CoC is used to evaluate performance and make funding adjustments as appropriate.

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

THHI, representing the CoC, works closely with the City of Tampa and Hillsborough County in determining local ESG funding decisions and performance standards. Beyond the ESG recipients being member of the Board of THHI; they also include THHI in the review process for ESG sub-recipients and also solicits feedback and recommendations from THHI on funding decisions. In March 2014; THHI, along with the City and County developed policies and procedures for ESG sub-recipient and funded activities.

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



The Spring of Tampa Bay is the only certified domestic violence center serving Hillsborough county. Their data is not entered into the HMIS and is provided in aggregate form only for reporting purposes. Services range from prevention to crisis intervention and 110 emergency beds and 40 transitional beds. The Spring has operated in Hillsborough County for 36 years and anyone reporting domestic violence to police can be assisted in getting to the shelter. The location is kept private.

Other programs that provide assistance to single women and women with children ask if the person/family is fleeing domestic violence and take precautions to ensure their safety. This data is collected - 22% of participants in CoC-funded projects reported recent or past history of domestic violence. The structure of the Coordinated Intake process under development transfers both the caller and person being seen face-to-face reporting domestic violence to The Spring and law enforcement.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Tampa Housing Authority	14.00%	Yes-Both
Plant City 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)**

The CoC does have low-income housing opportunities through ELI/LINK – SAIL (The State Apartment Incentive Loan Program) were apartment complexes financed by Florida Housing Finance have to set aside a minimum of 20 percent of the development's units for Extremely Low Income (ELI) for Special needs households such as: Homeless households, Survivor of domestic violence, A person with disability, and Youth aging out of foster care. These units are 33% or 35% of Median Income.

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

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

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

### Instructions:

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

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

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

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

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

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

In previous years, there has been some coordination among the Mental Health Care, Health Care, and local law enforcement and courts, but not the actually correctional facilities or foster care systems to ensure persons discharged are not discharged into homelessness. However, in the upcoming year, THHI's new leadership will be working with all four sectors to develop discharge policies and procedures and to make it convenient for the institutions to have access to the HMIS system for entering and referral purposes in accordance with Florida statute 2013 Florida Statutes: Chapter 420.626 - Homelessness; discharge guidelines.

## **1E. Centralized or Coordinated Assessment (Coordinated Entry)**

### **Instructions:**

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

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

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

Currently, the CoC is engaged in aggressive and comprehensive outreach as part of the coordinated entry process. In late summer 2015, the CoC deployed 20 iPad units as part of outreach to make housing and services more accessible to those living on the streets. Outreach efforts will first divert (convince those living on the streets to reconnect with family, engage in mainstream housing opportunities, or access shared housing resources) from established shelter system, offer available field assistance (Mental Health screening, Physical Health assessment, shelter referral, etc.), and conduct a VI-SPDAT (so that the person or family can be added to the Priority Housing List) so the appropriate service providers can admit them into their program. In early 2016, the CoC will be launching a dedicated homeless hotline and also an Community Services App where persons or families can call or search on the internet to access the nearest and most appropriate homeless or prevention services.

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

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

	<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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	14
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	92.86%

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

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
<b>Performance outcomes from APR reports/HMIS</b>	
Length of stay	<input type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Percent entered project from streets or emergency shelter	<input checked="" type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

<b>Need for specialized population services</b>	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>

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

Renewals: ranking was based on scores focused on performance in stabilizing households, access to income, HMIS participation, populations served (serving HUD priorities), utilization, spending, reporting, partnerships, participant involvement, budget, and leveraging. Projects were ranked high to low until funding was insufficient for the next project. Tier 1 was re-ranked by project type and score. New project reviews focused on similar objectives, agency capacity and design. New projects exceeded funds available and the CA negotiated revisions. Committee approved based on threshold, design and capacity and projects were ranked after PSH renewals in Tier 1 as a high priority. Notice of reallocation strategy, RFP, and ranking were posted on website and sent electronically to 1100 emails of persons/organizations interested in homelessness.

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

The CoC made the local competition review, ranking, and selection criteria publicly available by posting the RFP and New and Renewal Application Process to THHI's website and sent electronically to 1300 emails of persons/organizations interested in homelessness. However, the reallocation strategy included did not include the last minute reallocation of two renewal projects that Plant City Housing Authority (Grantee) did not want to submit for renewal, which would allow for the projects to be transferred to THHI (Sub-recipient). Therefore, THHI as the CA and CoC Lead, will reallocate the projects to two of the three new projects in the FY2015 CoC Application, which will be made available to all stakeholders on THHI's website.

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

11/20/2015

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

No

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

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

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

## Instructions

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

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

Although THHI is not the grantee for 90% of the CoC funded programs, and do not receive funding to do such, as part of the duties as the lead agency for the CoC, THHI monitors the performance of CoC programs recipients prior to the agency starting and completing their APR. The monitoring process looks at the recipient's data quality, performance, APR completion, and provides a written recommendation for program betterment. If requested by the agency, THHI will do a site visit to provide technical assistance with program operation and staffing capacity issues.

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

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

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

**Intructions:**

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

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

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** Pg 10 of the UNITY Policies and Procedures document

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

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

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

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

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

### Instructions

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

**2B-1. Select the HMIS implementation coverage area:** Single CoC

**\* 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	\$278,843
ESG	\$40,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$318,843</b>

### 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
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$0
State	\$0
<b>State and Local - Total Amount</b>	<b>\$0</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$70,000
<b>Private - Total Amount</b>	<b>\$70,000</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$388,843</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

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

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 05/15/2015

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	754	108	537	83.13%
Safe Haven (SH) beds	10	0	10	100.00%
Transitional Housing (TH) beds	557	46	458	89.63%
Rapid Re-Housing (RRH) beds	347	0	309	89.05%
Permanent Supportive Housing (PSH) beds	1,494	0	1,401	93.78%
Other Permanent Housing (OPH) beds	79	0	7	8.86%

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

For Emergency Shelters, we have already engaged our VA Domiciliary regarding entering data into the HMIS and will be meeting with them in early December to provide proper training to use the HMIS system. The other large emergency shelter that did not enter into HMIS has since closed. This leaves only our domestic violence shelter which does not enter data into our HMIS.

The OPH beds consist of non COC or ESG funded projects. It is our plan to have the HMIS Advisory Committee try to engage these projects and encourage them to use HMIS by demonstrating the value to tracking their beds through the system.

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

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

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

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

**Instructions:**

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	0%
3.3 Date of birth	1%	0%
3.4 Race	3%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	1%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	9%	35%
3.15 Relationship to Head of Household	12%	0%
3.16 Client Location	1%	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"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 10

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

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

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input 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)**

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

### Instructions:

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

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

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

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 02/26/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Yes

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/15/2015

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

**Instructions:**

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

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

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

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

HMIS:	<input type="checkbox"/>
HMIS plus extrapolation:	<input checked="" 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)**

Our CoC extracted information for the PIT from the HMIS for all providers that entered data into the HMIS. For the ES, SH, and TH projects that did not enter information into the HMIS, we sent surveys to the housing/shelter projects to capture the PIT data. Data was extrapolated for any project that refused to participate in the PIT. Our CoC felt that this methodology would return the most accurate results for our 2015 PIT Count.

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

No changes were made in methodology between 2014 and 2015.

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

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

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

**Instructions:**

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

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

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

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

No changes were made in methodology between 2014 and 2015.



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

### Instructions:

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

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

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

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 02/26/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Yes

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/15/2015

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

**Instructions:**

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

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

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

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

Our CoC PIT volunteers canvassed the majority of the CoC geography to target areas where persons were likely to be on the night of the count. Our CoC excluded areas in the community where we had reason to believe there were no unsheltered people in that area. Our CoC also included service based counts at locations where persons go for service and utilized HMIS data when possible. Our CoC felt that using this methodology would yield the most accurate results for the 2015 PIT Count.

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

No changes were made in methodology between 2014 and 2015.

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

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

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

**Instructions:**

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

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

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

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

No changes were made in methodology between 2014 and 2015.

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

### Instructions

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

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

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

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

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,944	1,931	-13
Emergency Shelter Total	314	669	355
Safe Haven Total	7	9	2
Transitional Housing Total	532	497	-35
Total Sheltered Count	853	1,175	322
Total Unsheltered Count	1,091	756	-335

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	4,174
Emergency Shelter Total	3,148
Safe Haven Total	60
Transitional Housing Total	1,243

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

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

The CoC’s first line of defense is “points of entry” into homelessness, this includes the Crisis Center of Tampa Bay, Community Housing Solutions Center - DACCO, the Salvation Army Emergency Shelter, and other Emergency Bridge Housing Programs which focus on connecting individuals to housing programs before having to enter them into the system. These CoC partners have trained staff at their agencies to intervene and prevent homelessness, when possible, by quickly referring individuals to the Prioritization List and making referrals to any of the five Community Resource Centers throughout Hillsborough County for prevention services.

Which bring us to the second line of defense that provides direct assistance to divert persons from homelessness: Utilities / Energy Assistance, Adult Education and Training (GED, Technical Training), Homeless Prevention / Rental Assistance, Aftermath of a local disaster, and other programs and service.

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

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.  
(limit 1000 characters)**

The CoC has increased emphasis on prevention through the development of the Coordinated Intake Process, reallocation to support Rapid Re-housing, and through consultation with the ESG Recipients to increase the percentages of funds being spent on rapid rehousing, and at the same time helping families develop plans for preventing homelessness. Reaching out to the Outreach Teams is critical for helping to reduce time families are homeless, by quickly getting them on the Prioritization List and assisting in reconnecting persons/families with loved ones that can house them. Also, the length of homelessness is reduced through increased emphasis on creating new units of permanent supportive housing, rapid rehousing, and developing strategies for accessing mainstream 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:**

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	1,291
Of the persons in the Universe above, how many of those exited to permanent destinations?	894
% Successful Exits	69.25%

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	1,038
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?	967
% Successful Retentions/Exits	93.16%

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

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

Development of the Coordinated Intake began operations in March 2014. With its increased emphasis on prevention and diversion including efforts to mediate and negotiate payment plans with landlords, identifying family members who will assist as long as there is a plan and some level of assistance will help keep people out of the homeless system. To evaluate effectiveness we track exits from programs, housing stability at exit and returns to homelessness to evaluate barriers that prevent the CoC from achieving performance goals of reducing homelessness.

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

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

The CoC has been actively educating CoC members on utilizing SOAR for submitting successful SSI/SSDI applications to assist homeless persons in receiving benefits. The CoC has also formed strong partnerships with the Hillsborough County Veterans Reintegration program who assist homeless Veterans in obtaining additional VA Benefits and employment. Several CoC members have specific employment assistance programs for homeless persons even those with multiple barriers to employment. THHI, the CoC lead agency, is currently developing a Five Year Strategic Plan on Homelessness that will provide additional strategies for increasing the rate by which homeless individuals and families increase their income from employment and non-employment sources. THHI will oversee the implementation of Five Year Strategic Plan on Homelessness.

**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)**



THHI, as the lead agency for the CoC, currently sits on the CareerSource Tampa Bay One-Stop Consortium (called the One-Stop Committee) and CareerSource is an active participate of the CoC.

In order to increase income, each person seeking employment registered with CareerSource Tampa Bay (Workforce Alliance). This provides them access to career consulting; computers, phones and fax machines; internet access to Employ Florida Marketplace, the statewide system for local job openings; training opportunities for those who qualify, work assessments, etc. Staff assures that homeless individuals also participate in job fairs hosted by CareerSource, who offers a bonding program. Persons with disabilities, through CareerSource Tampa Bay and the Ticket to Work program receives more intensive support services in their job search. Also, agencies of the CoC also provide job skills training programs and social security benefits counseling (SOAR) for homeless individuals.

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

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

**(limit 1000 characters)**

The Tampa/Hillsborough County CoC Outreach Committee is has two components: the HOT Team (goes out at least monthly and targets large encampments) and the PIE Team (goes out at least weekly (if not daily) and targets smaller encampments), to engage and meet the basic needs of those living on the streets. Each team member has an iPad supplied by THHI to complete VI-SPDAT electronically to get individuals quickly assessed and referred to the Priority Housing List as part of the CI&A process. They are also able to geotag identified location of homeless encampments and individuals when using the iPads. The information is later mapped and used during the annual point-in-time count as initial target areas.

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

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

**(limit 1000 characters)**

The CoC used knowledge based experts, dedicated law enforcement and geotagging information from the homeless outreach teams to identify areas that do not have a history of encampments or known homeless persons living in those areas.

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

### Objective 1: Ending Chronic Homelessness

**Instructions:**

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	409	405	-4
Sheltered Count of chronically homeless persons	30	98	68
Unsheltered Count of chronically homeless persons	379	307	-72

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

The overall number of chronically homeless persons only slightly decreased between 2014 and 2015. Between the PIT count in 2014 and 2015, our community had five new emergency shelter projects (bridge housing) consisting of 318 new beds come online. This explains the increase in the sheltered count of chronically homeless persons, as well as the decrease in the unsheltered count of chronically homeless persons between 2014 and 2015.

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

Create new units for chronically homeless through reallocation and prioritization of turnover. The following is based on the HIC:  
2013 - 68 bed increase based on +37-bed scattered site project,+ 17 VASH Vouchers dedicated by local VA as part of commitment to end veteran homelessness, +16 units of shared housing including a 10-bed and 3-unit/6 bed project (original rehab with CDBG, HOME, State Housing funds and private resources), -2 beds in one project only partially serving chronically homeless. These units are reflected on the 2013 HIC.

2014 – 216 bed increase based on +55-bed scattered site project, +23 bed county-sponsored project-based property, + 167 VASH Voucher-funded beds, - 10 state-funded beds and 2 beds to be prioritized but not dedicated. These units will be reflected on the 2014 HIC as funded and operational.

2015 – 106 bed increase based on +100 bed leasing project submitted in the 2013 CoC Competition using reallocated funds expected to be operational by 12/31/2014, +30-unit leasing project expected to be operational by 3/1/2014, +55 beds through Section 8 Vouchers made available, -24 beds reallocated to support a single project serving the hardest to assist.

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

From the FY 2013/FY 2014 CoC Application:

The CoC was successful in creating new units for chronically homeless through reallocation and prioritization of turnover. The following is based on the HIC:

We had a 146 additional beds that were dedicated to CH between 2012 and 2013. This is a 269% increase in CH designated beds between 2012 and 2013.

We had a 655 additional beds that were dedicated to CH between 2013 and 2014. This is a 382% increase in CH designated beds between 2013 and 2014.

We had a decrease of 640 beds that were dedicated to CH between 2014 and 2015. However, with the changeover of leadership at THHI in August of 2014, as the lead agency, the CoC has been aggressively working to not only end Veteran homelessness by the end of 2015, but also end Chronic homelessness by 2017 by accurately conducting a more thorough and efficient PIT count and implementing Next Practices and innovative housing strategies.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	887	247	-640

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

Although in the 2015 HIC, it was reported that VASH would serve chronically homeless, but none of the VASH beds were dedicated to chronic homeless persons, our community has a large number of VASH beds. In 2014, the PIT was inaccurately conducted due to the CoC including McKinney-Veto homeless persons and person incarcerated in county jail during the count and had to be re-conducted. Since the PIT and HIC are connected, the 2014 HIC chart only reflects inconsistencies from the 2013 HIC by reflecting 100% of the VASH beds (618 beds) were identified as dedicated for chronically homeless.. However, since August of 2014, the new leadership of THHI and the CoC has been aggressively working to not only end Veteran homelessness by the end of 2015, but also end Chronic homelessness by 2017 by accurately conducting a more thorough and efficient PIT count.

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

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

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

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	123
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	21
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	21
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

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

This question will not be scored.

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

The CoC is currently in the draft-review stage of developing a five year strategic plan on homelessness, which details five interrelated strategies to reaching the goal of ending chronic homelessness by 2017. Some of those strategies include: Eradicating chronic homelessness among Veterans as a top priority; Outreach and identification to know chronically homeless by name; Assessment and prioritization through multiple Community Housing Solutions Centers; Development of additional housing units to adequately re-house all chronically homeless persons by end of 2017; and Housing retention.

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

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

**Instructions:**

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

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

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

Since 2014, three new Rapid Rehousing projects have gone into operation including Catholic Charities - Pathways Rapid Rehousing, City of Tampa - TBRA, and St. Vincent de Paul - SSVF. In December 2014, the CoC opened its first Community Housing Solutions Center. This 75 bed emergency shelter, operated by DACCO, provides connections to rapid rehousing projects throughout the community and comprehensive services to support the goal of residents attaining permanent housing or permanent supportive housing as quickly as possible. As part of the Coordinated Intake and Assessment process, the CoC uses the VI-SPDAT assessment tool to quickly identify those most appropriate for RRH and refer them to a centralized "Priority Housing" list. When a family becomes homeless, they can connect to services through outreach, Neighborhood Resource Centers, Community Housing Solutions Center -DACCO, or by calling 2-1-1 / Homeless Hotline (in development) operated by Crisis Center.

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

	2014	2015	Difference
RRH units available to serve families in the HIC:	19	79	60

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

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



**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	188	169	-19
Sheltered Count of homeless households with children:	95	152	57
Unsheltered Count of homeless households with children:	93	17	-76

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

There is a relatively small decrease in the total number of homeless households with children between 2014 and 2015. This may be the result of additional rapid rehousing units becoming available. Between the PIT count in 2014 and 2015, our community had five new emergency shelter projects consisting of 318 new beds come online. This could explain the increase in the sheltered count of households with children, as well as the dramatic decrease in the unsheltered count of households with children between 2014 and 2015.

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

Human trafficking and other forms of exploitation?	No
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?	No
Unaccompanied minors/youth below the age of 18?	Yes

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	608	260	-348

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

In recent years there have been several projects that have gone into operation that provide comprehensive services that target unaccompanied youth. These projects include Camelot Community Care and Ybor Youth Clinic. These projects may have had an impact on lowering the numbers of unaccompanied youth and children served in any HMIS contributing programs between FY2013 and FY2014.

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

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$155,000.00	\$185,000.00	\$30,000.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$20,000.00	\$20,000.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$155,000.00	\$165,000.00	\$10,000.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	1

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

The Hillsborough County Public Schools staff are active participates of the CoC by regularly attending the CoC meetings and participating on a CoC Committee. The Assistant Superintendent of Student Services for the Hillsborough County Public Schools currently sits on the Board of the Tampa Hillsborough Homeless Initiative, the lead agency for the CoC, which allows more more collaboration and integration of efforts to ensure educational stability for at-risk and literally homeless students. THHI is also the HMIS administrator for the CoC and is currently working with the Public Schools to ensure access to the HIMS database to follow services provided by CoC, to shared clients, check on bed availability, and check if new school referrals are already being served by CoC agencies. This will make things more efficient and saves time for CoC and Hillsborough County Public Schools.

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

THHI, the CoC lead agency, had a change in leadership in August 2014 with a new CEO & COO; since then the CoC has been working much more closely with Hillsborough County Public Schools to formalize policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. And also, as the HMIS Lead, in the coming year, THHI will began to work with the youth and educational partners to provide access to the HMIS databases to make it more convenient for them to input participants and make referrals to the appropriate CoC and ESG programs through the CI&A process. However, since the Assistant Superintendent of Student Services for the Hillsborough County Public Schools currently sits on the Board of the THHI and Hillsborough County Public Schools staff are active participates of the CoC, they have and are able to make presentations to the CoC members to ensure they are informed about the educational services their homeless participants could be eligible for.

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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

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

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

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

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	236	313	77
Sheltered count of homeless veterans:	110	161	51
Unsheltered count of homeless veterans:	126	152	26

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

Although there is not a direct correlation identified as to why the homeless veteran population increased by 29% during the 2015 PIT count; like other communities around the county, the Tampa/Hillsborough County community received a surge of Veterans returning home from the Afghanistan war during the drawdown at the end of 2014. Also, in 2014, the PIT was inaccurately conducted due to the CoC including McKinney-Veto homeless persons and person incarcerated in county jail during the count. However, since August of 2014, the new leadership of THHI and the CoC has been aggressively working to end Veteran homelessness by the end of 2015 by, accurately conducting a more efficient PIT count and doing community-wide, multi-sector collaborations such as, Operation: REVEILLE in 2014 and 2015, as part of the 25 Cities Initiative, and the Mayor's Challenge to end Veteran Homelessness.

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

As a priority 1 community for the VA-SSVF's efforts, the CoC has assisted in the creation of a master list to identify, from HMIS, a list of all homeless Veterans in our CoC. Increased coordination efforts among SSVF, CoC-funded PSH, ESG and VA programs staff has led to a better system of identifying which program is best to reach out to work with the Veteran. This coordination includes frequent discussions with VA staff, when ROIs are present, to determine VA benefits eligibility and appropriateness for VA programs. All programs also include in their processes to assist Veterans to connect with VA benefits they may be eligible. The 2 SSVF programs in our community are the primary referral points for homeless Veterans. Operation: REVEILLE 2014 and 2015 assisted to bring together local, state, federal and private partners as part of this effort to identify and make appropriate referrals. Since the 2014 event, over 400 homeless Veterans have been housed. (Triage docs attached)

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

Through the Operation: REVEILLE collaboration with the VA, SSVF, CoC-funded PSH and RRH, and ESG funded RRH programs; Veterans who are not eligible for VA funded assistance are connected to CoC-program funded resources. As part of the effort to end Veteran homelessness by the end of 2015 and working in conjunction with the VA and the community Veteran master list, at least 9 HUD funded programs increased their prioritization of Veterans for current openings - 5 CoC-funded PSH programs with openings immediately began to review for eligibility all PSH indicated Veteran households that the VA identified as ineligible for HUD-VASH; 3 CoC-and ESG-funded RRH programs began to accept immediate referrals for Veteran households that exceed the maximum income for SSVF assistance and a HUD-HOME- funded TIP program. Ongoing frequent case conferencing meetings continuing to help ensure homeless Veterans are connected to the appropriate program based on their needs and eligibility.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	1,271	313	-75.37%
Unsheltered count of homeless veterans:	1,162	152	-86.92%

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

This question will not be scored.

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

In 2013, THHI received a new and diverse Board of Directors; local government officials, private-sector businesses, civic organizations, and other non-profit agencies that mobilized new leadership (CEO & COO) in 2014. The new leadership brought years of experience and new strategies and initiatives to address the issue of homelessness. One of the key initiatives was Operation: REVEILLE; a community-wide/multi-sector, housing first based project, to rapidly rehouse homeless Veterans by moving them from the street directly into permanent housing or permanent supportive housing paired with case management and wrap around services in a single day, Veterans Day 2014 and throughout 2015. This process is done by referring all Veterans to the two SSVF programs for VA assessments, VI-SPDAT for housing (Veteran Prioritization List), and housing the most the most vulnerable first based on SPDAT scores. Since 2014, over 400 homeless Veterans have been housed. (Triage docs attached)

## 4A. Accessing Mainstream Benefits

**Instructions:**

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

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

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

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	17
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	17
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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



At the present time the CoC currently has relationships with the following agencies, but does not have an formal arrangement to facilitate health insurance enrollment: Children's Board of Hillsborough County Agency for Health Care Administration, Florida Department of Health, Hillsborough County Health Department, and Federally Qualified Health Centers; but only works with Hillsborough County Health Department to enroll eligible participants in the Hillsborough County Health Care Plan. The Health Care Plan is an award-winning health care plan that provides residents living at or below the poverty level access to health care needs such as: primary and specialty care, inpatient and outpatient treatment, pharmaceuticals, and other services that are "medically necessary. The CoC does have plans as part of the Five Year Strategic Plan to establish formal relationships with healthcare organizations to ensure the service providers are able to get their program participants enrolled.

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

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

## 4B. Additional Policies

**Instructions:**

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

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

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	17
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	13
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	76%

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

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	17
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	76%

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

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	48	157	109

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

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

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

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

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

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

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input checked="" type="checkbox"/>
Retooling transitional housing:	<input 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. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	04/04/2013	3
HMIS	09/27/2012	5
Homeless subpopulations targeted by Opening Doors	05/29/2013	5
Homeless subpopulations targeted by Opening Doors	03/12/2014	3
Maximizing the use of Mainstream Resources	04/04/2013	3

## Attachment Details

**Document Description:** Does Not Apply - Communication to Rejected Projects

## Attachment Details

**Document Description:** FY2015 CoC Application - Public Posting Evidence.pdf

## Attachment Details

**Document Description:** Tampa/Hillsborough County CoC - Rating and Review Procedure

## Attachment Details

**Document Description:** Tampa/Hillsborough County CoC's Rating and Review Procedure: Public Posting Evidence

## Attachment Details

**Document Description:** Tampa Hillsborough County CoC Reallocation Process

## Attachment Details

**Document Description:** CoC's Governance Charter

## Attachment Details

**Document Description:** UNITY Information Network - HMIS Policy and Procedures Manual

## Attachment Details

**Document Description:** Certificate of Consistency\_City\_County - Signed.pdf

## Attachment Details

**Document Description:** Tampa Housing Authority - PHA Administration Plan

## Attachment Details

**Document Description:** CoC - HMIS MOU and Governance

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## **Attachment Details**

**Document Description:** Operation Reveille 2015 Packet

## **Attachment Details**

**Document Description:** HUD Approval - 2015 PIT Date Change

## **Attachment Details**

**Document Description:** Tampa/Hillsborough County CoC - ESG Policies and Procedures



## Submission Summary

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<b>1A. Identification</b>	11/16/2015
<b>1B. CoC Engagement</b>	11/20/2015
<b>1C. Coordination</b>	11/20/2015
<b>1D. CoC Discharge Planning</b>	11/20/2015
<b>1E. Coordinated Assessment</b>	11/20/2015
<b>1F. Project Review</b>	11/20/2015
<b>1G. Addressing Project Capacity</b>	11/20/2015
<b>2A. HMIS Implementation</b>	11/20/2015
<b>2B. HMIS Funding Sources</b>	11/18/2015
<b>2C. HMIS Beds</b>	11/20/2015
<b>2D. HMIS Data Quality</b>	11/18/2015
<b>2E. Sheltered PIT</b>	11/20/2015
<b>2F. Sheltered Data - Methods</b>	11/20/2015
<b>2G. Sheltered Data - Quality</b>	11/18/2015
<b>2H. Unsheltered PIT</b>	11/20/2015
<b>2I. Unsheltered Data - Methods</b>	11/18/2015
<b>2J. Unsheltered Data - Quality</b>	11/18/2015
<b>3A. System Performance</b>	11/20/2015
<b>3B. Objective 1</b>	11/20/2015
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<b>4A. Benefits</b>	11/19/2015
<b>4B. Additional Policies</b>	11/19/2015
<b>4C. Attachments</b>	11/20/2015
<b>Submission Summary</b>	No Input Required