

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: KS-505 - Overland Park, Shawnee/Johnson County CoC

1A-2. Collaborative Applicant Name: United Community Services of Johnson County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Mid America Regional Council

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)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	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	Yes	Yes	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	Not Applicable	Not Applicable	Not Applicable
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
County and municipal departments of corrections	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)

Coc membership is open to any and all persons and organizations that agree to work together to end homelessness and risk for homelessness among Johnson County residents. Invitations are sent out through county-wide email blasts, postings on the CoC lead's website, and through personal invitation when an organization or agency is identified that is not yet engaged. In recent year's we have intentionally engaged Johnson County Dept of Corrections and the Global Orphan Project as both were working with high risk populations in the county and developing innovative public private partnership programs to stabilize these households.

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).
KidsTLC	No	Yes	Yes
Homeless Liaisons, 6 school districts	No	Yes	Yes
KVC Health Systems	No	Yes	No
Johnson County Mental Health	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).
SAFEHOME, Inc.	Yes	Yes
Kansas Department of Children and Families	Yes	Yes
Family Conservancy	Yes	No
Jo Co District Attorney's Victims Assistance Unit	Yes	No

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

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

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

The CoC's Board and standing committees focused on employment, housing opportunities, and data quality work together to identify specific strategies to prevent and end homelessness for all populations and then implement among the committees and members best suited to carry them out. Committee members are self-identified with leadership recruited from key agencies (PHAs chair housing, Workforce Partnership employment, MAAC and MARC data quality). All COC members know HUD's priority populations - homelessness among veterans, youth under the age of 18, and CH are very limited in the county currently. Family homelessness is the greatest challenge with lack of landlords willing to rent or offer a second chance and decreasing availability of household sustaining wage jobs the the core barriers. Many organizations are represented on more than one committee. Gaps in membership have led to recruitment of outside agencies to improve committee effectiveness and extend the CoC's coordination.

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)

Both at CoC Board and CoC monthly meetings, discussions are regularly held to examine the appropriateness of existing programs (CoC and ESG funded or not), whether they are meeting the need, what additional housing or supportive services for different populations are needed, and how those needs might be met and by whom. Many organizations within KS-505 participate in adjacent CoCs and share our gaps and needs with formerly non-CoC agencies. For example, in the 2014 ESG competition, the CoC's Board identified the need for RRH that could serve both households with and without children (given no current RRH providers served childless HHs) and resulted in a new entity working in an adjacent county applying for a new RRH project that served HHS with and without children. Similarly, in 2015 CoC competition, the same organization that had not received CoC funding within KS-505 before applied for RRH through the permanent housing bonus.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	33.33%
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00%

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

Staffs of city and county level community development departments are active within the CoC membership and board. They regularly receive information on the CoC's county-wide PIT count, HIC, needs and gaps in services and housing for key populations experiencing homelessness, and existing and new programs and supports for those who are homeless and at risk for homelessness. COC lead agency staff and members provide feedback to city and county leadership and management around issues impacting homelessness including affordable housing, tenant and landlord practices and how best to prioritize limited HUD funds to guide policy and fiscal decisions. Development staff writing local consolidated plans count on CoC staff and members to assist them describe local efforts, numbers affected, and report gaps and needs.

**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)**

Johnson County doesn't directly receive ESG funds but must apply to the State of Kansas, through the Kansas Housing Resources Corporation. In 2014, KHRC developed all performance standards and outcomes for ESG projects funded (RRH outcomes are 75% HHs will access PH, 75% stay in PH 6 months; Street Outreach's are 50% access housing, 75% access essential services). Johnson County government is the ESG grantee, submitting a request for multiple organizations. ESG grantees and sub-grantees are part of the CoC and its Board. CoC lead staff and members meet with County staff to discuss needs and gaps for specific populations, existing organizational capacity and expertise to address those gaps, and strategic pursuit of project types based on need and limited local funding to provide support. CoC lead staff also regularly converse with KHRC staff who attend CoC meetings twice a year to discuss performance and local needs.

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)

Calls to coordinated assessment whose housing need is related to DV are immediately referred to local DV provider. In Johnson County, SAFEHOME provides ER, TH and partners with Catholic Charities to offer RRH to assure appropriate housing opportunities and supportive services. SAFEHOME maintains confidentiality for clients directly referred to them or through another CoC member, and provides a safe and trauma informed approach to enable victims to choose services and direct their own recovery at an undisclosed facility. Law enforcement conduct a lethality assessment with DV related calls and directly connect victims to SAFEHOME services. SAFEHOME partners with all DV services providers in the KC Metro, the KS Dept of Children and Families (child support enforcement, works programs, TANF), Jo Co District Attorney's Victims Services Unit, Workforce Partnership (job and resume preparation), and multiple financial institutions (financial education, credit counseling) to offer services.

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
Johnson County Housing Services	0.00%	No
Olathe Public Housing Authority	0.00%	No

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)

Johnson County has limited low-income housing. Rental complexes/housing receiving tax credits to offer affordable housing and homeless units in the county for families partner with local CoC members to offer options for HHs experiencing homelessness. However, many past project-based voucher/income based housing in the county is no longer income based or is directed specifically for seniors, who statistically are least likely of all age groups in the county to be poor or homeless. Local community housing development organizations focus on rehabilitating distressed single homes for purchase, often too costly for homeless HHs. As a result, both Catholic Charities and SAFEHOME have begun partnering with Johnson County Housing Services to access set-aside housing vouchers for those high acuity households experiencing homelessness. These new partnerships are critical given local PHAs do not have preferences for homelessness and are only open for new applications once a year or less.

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"/>
Participated in a public hearing proposing criminalizing public food sharing	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input 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)

There is no formal policy preventing local hospitals from releasing a patient into homelessness, although all hospitals prepare a release plan that includes housing. CoC members are often contacted by hospital personnel when a patient is to be released and has no where to go. Local hospitals partner with SAFEHOME, a DV provider to provide confidential services for patients who are victims of DV or sexual assault and emergency housing. CoC members have identified the need to provide training and continuing education around homelessness resources in the county to local hospital social workers to reduce the likelihood that anyone is discharged into homelessness. This is especially challenging in a county with extremely limited emergency housing for single individuals and none for those requiring rehabilitation.

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)**

Coordinated assessment/entry is implemented by the United Way of Greater Kansas City's 2-1-1 and covers the Kansas City Metro, including Johnson County. 2-1-1 is advertised as a social service and homelessness resource and calls are toll-free. Personnel taking calls from households who identify as homeless or in need of housing use a common intake form to gather information about the caller and their household, needs, current housing situation and location, resources, status (veteran, DV) to assess whether their homelessness can be diverted/prevented. Callers are referred to appropriate housing, shelters or emergency assistance providers, with the goal of a direct hand-off to the referral’s organization. Homeless and social service providers maintain their housing, programs, and eligibility criteria information in 2-1-1. If households present directly to them and they can serve them, they do so. If unable, they connect households to 2-1-1 for an appropriate referral in their region.

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

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

United Way of Greater Kansas City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	9
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	8
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

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

In addition to the quality of the application and capacity of the organization to implement the program, Rank and Review committee members considered the broader context of what subpopulations were experiencing homelessness in the CoC's region, local gaps and needs in housing and services, the likelihood of alternate funding streams to support the work, and whether organizations could demonstrate Housing First practices if appropriate. This led to KS-505's Committee recognizing the largest portion of total households experiencing homelessness as those with children, 60% of adults reporting histories of abuse and DV, need for trauma informed services, and the gap for single person households especially those with mental health disabilities. This context provided a framework within which project applications were prioritized.

**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)**

Notice of the local competition was shared through UCS' public website, email blasts to all participants in the CoC, its board, and the lead agency's community-wide network of 980 stakeholders on 9.24.15. Similarly the results of rank and review were shared, first with applicants, and then through the public posting of the committee's recommendations and reasoning and emailed links to stakeholders on 11.03.15.

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.) 11/16/2015

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

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/03/2015

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

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

Instructions

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

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

CoC lead staff monitor program recipients' unit/bed utilization rates, rate of exiting to or maintaining PH as appropriate, increasing both employment and non-employment related income, proportion of households connected to mainstream benefits, bi-annually. These are based primarily on their HIC and most recent APRs. This past year, we began receiving annual drawdown information from the Region 7 office in order to better assess LOCCs draws after funds were returned in prior years. This has led to better usage of renewal grant funding.

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. 2-5 in attached shared Governance Charter

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

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

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

MAACLink

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

Mid America Assistance Coalition

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: Multiple CoCs

*** 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	\$0
ESG	\$17,632
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$17,632

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	\$44,184
Other Federal - Total Amount	\$44,184

2B-2.3 Funding Type: State and Local

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

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$70,079
Other - Total Amount	\$70,079

2B-2.6 Total Budget for Operating Year	\$131,895
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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): 05/08/2015

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	118	60	58	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	71	44	27	100.00%
Rapid Re-Housing (RRH) beds	34	0	34	100.00%
Permanent Supportive Housing (PSH) beds	26	0	26	100.00%
Other Permanent Housing (OPH) beds	12	0	12	100.00%

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)

Not applicable

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

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

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

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	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	2%	1%
3.5 Ethnicity	2%	1%
3.6 Gender	2%	1%
3.7 Veteran status	1%	0%
3.8 Disabling condition	2%	0%
3.9 Residence prior to project entry	2%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	3%	1%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	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? Quarterly

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

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<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)

GPD, SSVF, and RHY providers that cover our region use the CoC's HMIS - the greater Kansas City region uses the same HMIS and thus while these providers are not within our county, they serve our residents. The VAMC is currently working toward also using the HMIS also - Kansas City MO 's VAMC serves Johnson County KS veterans.

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

Instructions:

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

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

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/27/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 05/08/2015

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"/>
Interviews of all sheltered persons	<input checked="" type="checkbox"/>

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

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

Given the limited sizes of our emergency shelters and transitional housing units, the CoC committed to interviewing all clients in shelter for the point in time so that we'd have the most accurate count and data on the total population and subpopulations experiencing homelessness in Johnson County. We used HUD's Model Sheltered Night of the Count PIT survey and Model Interview-based Unsheltered Night of the Count PIT survey as published on HUD's website December 2014 with the addition of two questions regarding the head of household's current employment and prior history with any foster care system as a child or youth.

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

There was no change in our methodology from prior years.

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)

Not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 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 checked="" type="checkbox"/>
	<input type="checkbox"/>

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

All data was entered into a survey monkey program and total data downloaded into an excel file by limited staff who actively looked for inconsistencies in data reported in surveys submitted by agencies, and data totals were compared to those submitted around the housing inventory chart. While hypothetically complete data was available with all surveys, if data on a survey was incomplete or inconsistent, staff would follow up with agencies and use their HMIS data to correct or answer questions. If any surveys were submitted with no checks or all no responses to disability questions, these surveys were automatically flagged for follow up to ensure their accuracy.

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

Instructions:

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

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

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/27/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 05/08/2015

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

Instructions:

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

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

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

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

We conducted full survey interviews with all households identified as unsheltered on the night of January 27 into the morning of January 28, 2015. Earlier attempts at conducting a complete census by canvassing the county resulted in no additional households identified, so we continue to rely on service organizations, local law enforcement, and street outreach organizations to intentionally identify and seek out unsheltered households in the county at the time of the PIT count and interview all who meet criteria. Also unsheltered households who had been served by local providers in December and early January were followed up with during the PIT count to establish their current status and interviewed if appropriate. We used HUD's Model Interview-based Unsheltered Night of the Count PIT survey as published on HUD's website December 2014 with the addition of two questions regarding the head of household's current employment and prior history with any foster care system as a child or youth.

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

There was no change in our collection methodology from prior years. However, the CoC intentionally expanded its relationships with street level and CIT staff of local law enforcement, including municipal police departments and county sheriff's offices which may have lead to identifying additional unsheltered households in 2015. In prior years, minimal relationships with office-only staff made the likelihood of identifying unsheltered households less.

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

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

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input 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)

In the past two years, the CoC intentionally expanded its relationships with street level and CIT staff of local law enforcement, including municipal police departments and county sheriff's offices which may have lead to identifying additional unsheltered households in 2015. In prior years, minimal relationships with office-only staff made the likelihood of identifying unsheltered households less. Additionally, PIT count training was co-trained by street outreach and direct service providers in order to improve quality of training and incorporate real-life examples and experience conducting the count. Finally, new 2014 street outreach ESG resources enabled street outreach staff to partner with food pantry providers to engage HHs believed to be unsheltered in order to connect them with essential services. This also increased relationships with unsheltered HHs for the PIT count.

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	167	174	7
Emergency Shelter Total	74	94	20
Safe Haven Total	0	0	0
Transitional Housing Total	86	57	-29
Total Sheltered Count	160	151	-9
Total Unsheltered Count	7	23	16

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	356
Emergency Shelter Total	231
Safe Haven Total	0
Transitional Housing Total	214

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)

Strategies to reduce first time homelessness include: implementation of a coordinated assessment process thru 2-1-1 connecting those at risk to emergency assistance and social service providers, assessing factors that affecting housing instability to effectively partner with at risk households to address issues, enrolling those receiving emergency assistance in all eligible mainstream benefits to stabilize their income, incorporating a lethality assessment with law enforcement calls related to DV to connect those who have not left abusive homes with safety planning to prevent entry into shelter, connecting households with job training programs to increase their income, working with both McKinney Vento students who are doubled up and their families to stabilize their housing situation, and building CoC members’ staff knowledge and capacity of best practices around case management, tenant rights and responsibilities, credit repair, and advocating for household sustaining wages.

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)

In the past three years, the CoC has dramatically expanded its RRH capacity in order to reduce the time HH remain homeless, especially those with children. In addition a non-CoC funded shelter sought and received local funding serve individual women experiencing homelessness, the only non-DV ER shelter serving individuals in the county. Landlord summits have been held to foster partnerships between CoC housing providers and increase housing opportunities for those they serve with poor credit, felony or eviction histories. High acuity households are enrolled in RRH regardless of income and the VI-SPDAT used to assess their acuity, including length of time homeless. Those with the highest acuity are prioritized to receive both a housing choice voucher thru a partnership between RRH providers and Johnson County’s PHA and wrap around services in order to assure they do not return to homelessness.

*** 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	77
Of the persons in the Universe above, how many of those exited to permanent destinations?	73
% Successful Exits	94.81%

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	31
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?	28
% Successful Retentions/Exits	90.32%

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)

1. Landlord summits have fostered partnerships with CoC housing providers to increase housing opportunities for those they serve with poor credit, felony or eviction histories making it more likely HHs will access affordable housing and landlords will partner with clients and case managers to resolve problems before evicting tenants. 2. Households are provided financial education/budgeting supports along with debt reduction through pay day loan buyback programs in order to stabilize/increase their income to meet basic needs. 3. High acuity households are enrolled in RRH regardless of income and the VI-SPDAT used to assess their acuity. HHs with the highest acuity are prioritized to receive both a housing choice voucher thru a partnership between RRH providers and Johnson County's PHA and wrap around services to assure they do not return to homelessness. Case managers regularly receive trainings on new or expanded resources and best support practices to prevent returns to 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)

Strategies engaged in by CoC projects to increase income from multiple sources include: Jo Co Mental Health training case managers on SOAR in order to assure clients are quickly and appropriately connected to SSI/SSDI and Medicaid– Kansas is one of the top ten states for average approval rates; decreasing transportation barriers for clients seeking employment opportunities and training by bringing Workforce Partnership's mobile offices to the physical spaces of SAFEHOME, Catholic Charities, and Salvation Army's offices; adopting the practice of immediately assessing eligibility and enrolling HHs in mainstream benefits through the KS Dept of Children and Families' Online Application for Benefits at initial case management meeting; building and maintaining relationships with local employers offering entry level positions and Johnson County Community College's adult education dept.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The CoC works with Workforce Partnership - our WIOA services provider - to assist homeless HHs increase their income by: placing those with limited employment experience into paid internships and work-based learning opportunities, assisting them apply for unemployment benefits, connecting clients with local businesses (Cerner, WebCo, and UPS) for improved job opportunities, reducing barriers to employment like transportation & childcare costs, partnering with state & local chambers of commerce to expand job choice networks for their clients, connecting clients with Johnson County and Kansas City KS Community Colleges Adult Education courses to improve skills and future job options, and offering its services and supports onsite, online and via a mobile career unit that is ADA accessible. It also partners with the State to offer vocational rehabilitation, veterans focused job recruitment, and second chance employment – all of which improve income opportunities for homeless HHs.

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 CoC members partner with those in the community who encounter those living unsheltered, such as local police and sheriffs, and Jo Co Mental Health's and KidsTLC's street outreach teams. In 2014, Jo Co Mental Health received an ESG for street outreach enabling them to partner with law enforcement and service providers to identify and engage unsheltered households. Food pantry staff serving households believed to be homeless communicate with local street outreach teams to build relationships and connect unsheltered HHs with needed services and housing options as quickly as possible. Outreach and housing staff meet regularly for case review and to develop strategies to house and support unsheltered HHs. All of the CoC members are also connected to the coordinated assessment provided by 2-1-1 and can receive referrals from toll-free calls to that system.

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)? No

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)

We targeted areas in the county identified by local police, mental health and youth street outreach teams, homeless liaisons, and service providers as having unsheltered homeless households in the past or currently. No areas were specifically excluded from the count. CoC members including law enforcement were notified of the upcoming count 45 days before the PIT, with service providers contacting those who had been unsheltered in the past to determine their current situation, try to house them, and if they refused, to make them aware of the PIT count so their information was collected. Data was collected for 3 days on the whereabouts of unsheltered households on the night of the PIT count, with Jo Co Mental Health's and KidsTLC's outreach vans seeking out identified households. Canvassing the entire county was found to be ineffective, as a significant portion of the county is unincorporated/rural, and prior efforts to identify households this way found none.

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	6	6	0
Sheltered Count of chronically homeless persons	3	3	0
Unsheltered Count of chronically homeless persons	3	3	0

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)

Both the number of unsheltered and sheltered chronically homeless persons was unchanged from 2014 to 2015. In 2015, the KS-505 CoC voted to prioritize all PSH beds made available by turnover/exit to those experiencing Chronic homelessness as recommended by HUD. For providers, finding households meeting the criteria for CH is challenging in our county - documenting lack of housing for a full year or multiple episodes is difficult as we have no "true" emergency shelter(most are perpetually full and have waiting lists)that would show their history thru HMIS.

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)

The primary strategy to increase the number of PSH beds available for chronically homeless persons in the next two years is to prioritize non CH dedicated PSH that become available through turnover for chronically homeless individuals or households. Currently, when a bed opens, those who are CH are considered first, and if none are identified, non-CH are placed in the unit. Simultaneously, in order to promote turnover among existing clients in PSH, an additional proportion of them will be connected to mainstream benefits as appropriate and supported employment opportunities to increase the likelihood that they will be able to maintain permanent housing independently. The CoC is also exploring with public housing authorities whether CH individuals and families could be given preferential status for Housing Choice Vouchers, as is given the elderly, victims of domestic violence, and those with disabilities. A homeless preferential status was abused in the past and eliminated, resulting in skepticism regarding whether this can be implemented effectively.

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)

In 2015 the CoC formally adopted prioritization of CH households for all PSH units made available thru turnover and as appropriate for the grants' targeted populations as recommended by HUD. Johnson County Mental health with its SOAR trained caseworkers connected PSH clients to mainstream resources and increased employment income so they were able to maintain their housing without assistance. When PSH beds became available, CH persons were prioritized, as evident in the number served in 2015 (5 CH persons housed in PSH at PIT count for Jo Co Mental Health Center with 1 dedicated CH bed). A new set-aside status program between Jo Co PHA and SAFEHOME and Catholic Charities offers high acuity households who meet CH criteria and work with one of these organizations access to housing choice vouchers and long term housing supports in order to prevent their return to homelessness. In 2016, the CoC hopes to establish the same partnership with Olathes PHA.

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.	2	2	0

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)

KS-505's HIC reports the number of PSH beds filled with households who were chronically homeless at the time of that year's PIT count - NOT the number of dedicated beds. Two beds are dedicated for the CH and six beds/units were actually filled with CH individuals at the PIT. ALL PSH and RRH beds in KS-505 are prioritized for those who are experiencing chronic homelessness - which has historically met the need of housing CH individuals and households. Dedicating these beds would prevent the CoC from quickly and responsively meeting the PSH needs of all households with significant barriers to housing by leaving open beds for only CH - which is a very limited population within our geography. While three households/6 persons self-reported that they met the CH criteria at the 2015 PIT, providers report that when housing them, they often could not document that they met the CH eligibility criteria. Prioritizing all PSH for CH is the most flexible and responsive strategy for KS-505.

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 ? Yes

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. page 1, 2

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.	20
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.	4
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.	4
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)

Those who meet both CH criteria and grant specific population status (individuals with mental illness, households with HIV/AIDs) will be prioritized for current PSH units as they become available. For households with children or individuals without mental illness/HIV/AIDs that meet the CH criteria, Catholic Charities (as will SAFEHOME for DV HHs if awarded RRH in the 2015 HUD competition) provides RRH and based on their acuity, partners with Jo Co PHA to access a Housing Choice Voucher for them in order to provide long term stable housing supports while the agencies will continue to offer wrap around, in-home case management to prevent their return to homelessness. They will partner with other local services providers as needed to be responsive to each household’s needs. The CoC continues to build partnerships with local landlords to expand housing options for their clients.

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 checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

The CoC plans to rapidly rehouse every family that becomes homeless more quickly by expanding its RRH capacity, especially for HHs experiencing domestic violence as the majority of HHs in shelter had histories of abuse and children. This will be completed by seeking additional RRH funding through ESG in 2016 and SAFEHOME, our local DV shelter/provider, applying for a Perm Housing Bonus to provide RRH for their clients. Additionally the CoC will increasingly be able to permanently house households within 30 days of homelessness by RRH providers partnering with local PHAs who've set-aside vouchers as a bridge to Housing Choice Vouchers supports for those families and individuals with high acuity based on the SPDAT. Finally the CoC will continue to assure that all emergency housing and TH providers policies identify permanent rehousing of clients as their primary goal/outcomes vs completing a program successfully.

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:	0	10	10

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

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

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

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	45	48	3
Sheltered Count of homeless households with children:	44	44	0
Unsheltered Count of homeless households with children:	1	4	3

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

The increase in total number of homeless HH with children occurred in the unsheltered count. Since 2011, unsheltered numbers have decreased annually until 2015. Several reasons may have contributed to the increase: new ESG funding for street outreach; expanded relationships with law enforcement resulting in finding outdoor encampments; providers reporting local landlords were less likely than before to take chances with households with eviction or past due utility histories because demand for rental units was high - the Metro area's rental rates increased 8.5% in the past year, vs the national average of 3.5%. With the number of persons living below 100% of poverty in Johnson County not changing since 2009, rising rent costs, and reduced number of "second chance" landlords, the increase may reflect additional barriers to finding low-cost housing or it may reflect a fluke. 2016 PIT unsheltered results will inform whether the 2015 increase from 1 to 4 HH with children reflects a trend.

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

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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

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

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

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	0	0

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)

No change - 0 were identified during either time frame. The number of unaccompanied youth and children in Johnson County that meets HUD's definition of homelessness is extremely limited - most are either doubled up/couch surfing or they are with their family in homelessness.

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):	\$75,000.00	\$75,000.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$75,000.00	\$75,000.00	\$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	25
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	40
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	23

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 CoC dedicates September CoC meetings to homeless children and youth with active participation of all six school districts' LEAs and the Kansas Dept of Educ McKinney Vento SEA; LEAs attend CoC meetings, participate on the CoC's Board, and work year round with CoC members to meet the needs of students and their families; CoC members collaborate with LEAs to implement innovative mentoring programs for homeless students and their families to meet the households' needs; LEAs educate all educational teachers and staff about McKinney Vento eligibility criteria and link educators with appropriate resources for youth and their families; CoC lead agency trains CoC members including LEAs on the impact of adverse childhood events and risk for homelessness; juvenile justice representatives and psychiatric treatment centers attend CoC meetings and collaborate with LEAs to support successful transitions between justice system, hospitalizations, school and home.

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)

Eligibility is consistently conveyed through maintaining strong partnerships and communications among LEA liaisons and those service providers who serve families with children year round whether in the homeless housing and supportive services system, juvenile justice system, psychiatric residential treatment centers, foster or child in need of care system, or the broader community. The CoC holds an annual meeting dedicated specifically to homelessness among school-age children with all six school districts' liaisons and the state's McKinney Vento representative, contact information for all districts' liaisons is distributed in the meeting and by email to all members; all housing providers have policies that school age children must be enrolled in school within 3 days of entrance although most report enrolling immediately; partners from child welfare, juvenile justice, psychiatric residential facilities and school districts meet to address gaps in services and supports regularly through the CoC's lead agency; all CoC members are educated about McKinney Vento policies and regulations and how local school districts are meeting them; CoC members promotes school district practices that make supports for homeless students and the families more accessible (clear posting on school districts' websites of supports available and contact information, training staff to identify likely McKinney Vento eligible students during enrollment, back to school events for known families); Coc members support the districts' liaisons ongoing education of school related staff of the rights of students experiencing homelessness and the school's responsibilities; the CoC supports transportation agreements across county and state lines when needed to assure students can maintain their enrollment in their school of origin; and the COC connects LEA liaisons with members who can assist students receive required vaccinations, ID, records and educational materials.

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:	1	0	-1
Sheltered count of homeless veterans:	1	0	-1
Unsheltered count of homeless veterans:	0	0	0

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)

KS-505 identified no veterans experiencing homelessness in the 2015 PIT count. We are currently working with the local SSVF provider to declare Johnson County at Functional Zero for Veterans' 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)

The CoC participated in the SSVF's Community Plan which coordinated efforts to prevent and end homelessness among Veterans within the CoC's geographic area. This brought together representatives from VISN, SSVF, Kansas City VAMC and HUD-VASH, grant per diem programming and local homeless service providers providing mental health, RRH, PSH, TH, and emergency shelter. The adoption of RRH and Housing First practices supports the effort to assist veteran households regain and maintain housing. Additionally the coordinated assessment includes questions to identify callers who are veterans and makes appropriate referrals to targeted programming for veterans.

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)

Given the minimal number of veterans within the CoC's catchment area, CoC policies do not reflect a formal prioritizing of this population. However, given HUD's priorities and goal of ending homelessness for this population, CoC members readily utilize existing housing options and personalized supportive services to meet the individual needs of veteran households - whether eligible for assistance from the US Veterans Affairs Programs or not.

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:	17	0	-100.00%
Unsheltered count of homeless veterans:	2	0	-100.00%

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)

We have functionally met this goal, Number of Vets by year at annual PIT count were 6 in 2011, 1 in 2012, 0 in 2013, 1 in 2014, and 0 in 2015. We are currently working with our SSVF representative to be declared at functional zero.

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):	11
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).	11
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)

The CoC collaborates with three organizations to assure clients' health needs are met: Health Partnership Clinic (Served 1800 persons experiencing homelessness in past year, have 5 health navigators dedicated to enrolling clients in health insurance, one FT homeless care coordinator to work with homeless clients and CoC members to meet additional needs, Healthcare for the Homeless grantee); Johnson County Mental Health Center (served 25 homeless individuals, regularly enrolls clients in all mainstream benefits including Medicare/Medicaid in initial case management meeting, has SOAR trained staff) ; and Heartland Regional Alcohol and Drug Assessment Center (served 92 homeless individuals with history of substance abuse in past 9 months with intensive case management, enrolls clients in health insurance/SSI/SSDI often by connecting to pro bono legal assistance and local enrollment events such as at the Johnson County library's workshops).

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):	10
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:	10
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":	100%

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):	10
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:	10
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:	100%

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

Direct outreach and marketing:	<input 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 type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	34	34

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

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

not applicable

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

4B-7a. If "Yes" 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)

not applicable

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)

not applicable

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. 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
HMIS	09/01/2015	4

4C. Attachments

Instructions:

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

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

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Rank and Review L...	11/05/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes	KS-505 2015 Rank ...	11/05/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Posting of KS-505...	11/05/2015
05. CoCs Process for Reallocating	Yes	KS-505 2015 CoC P...	11/16/2015
06. CoC's Governance Charter	Yes	KS-505 Governance...	11/05/2015
07. HMIS Policy and Procedures Manual	Yes	KS-505 HMIS vendo...	11/05/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	KS-505 PHA letter...	11/12/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	KS-505 HMIS gover...	11/05/2015
11. CoC Written Standards for Order of Priority	No	KS-505 PSH Orders...	11/05/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No	KS-505 Verificati...	11/05/2015
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Rank and Review Letter of PHB Rejection

Attachment Details

Document Description:

Attachment Details

Document Description: KS-505 2015 Rank and Review Process and Report

Attachment Details

Document Description: Posting of KS-505 Rank and Review results

Attachment Details

Document Description: KS-505 2015 CoC Process for Reallocation Letter

Attachment Details

Document Description: KS-505 Governance Charter

Attachment Details

Document Description: KS-505 HMIS vendor agreement-policy and procedures

Attachment Details

Document Description:

Attachment Details

Document Description: KS-505 PHA letter of partnership for high acuity HHs

Attachment Details

Document Description: KS-505 HMIS governance charter

Attachment Details

Document Description: KS-505 PSH Orders of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: KS-505 Verification of 10.19.15 project application deadline

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/13/2015
1C. Coordination	11/13/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/13/2015
1G. Addressing Project Capacity	11/13/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/13/2015
3B. Objective 1	11/13/2015
3B. Objective 2	11/14/2015
3B. Objective 3	11/14/2015
4A. Benefits	11/14/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required



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- Hannes Zacharias

Executive Director

Karen Wulfkuhle

November 3, 2015

Ms. Becky Poitras
 Hillcrest Transitional Housing of Wyandotte County
 738 N. 31st Street
 Kansas City Kansas 66102

Dear Ms. Poitras:

On behalf of the KS-505 Overland Park/Shawnee/Johnson County Continuum of Care on Homelessness, we appreciate Hillcrest Transitional Housing’s rapid re-housing project application for the permanent housing bonus in HUD’s 2015 CoC NOFA competition. Following the meeting of KS-505’s Rank and Review Committee, the Committee has recommended that Hillcrest Transitional Housing’s application not be accepted.

As you are aware, KS-505’s permanent housing bonus was limited to \$88,104 and two applications were submitted for the full amount. After reviewing the applications and discussing their merits, the Committee decided the other applicant’s proposal should be prioritized. There were two primary reasons. One was the population they served and two, the expressed history of partnering with local organizations to deliver supportive services, which will extend beyond this agency’s RRH assistance and reduce the likelihood that households served will return to homelessness.

Again we appreciate your application and engagement in KS-505, and look forward to continue working together to end homelessness in Johnson County in 2016 and beyond.

Sincerely,

Valorie Carson
 KS-505 CoC Lead Agency staff



2015 Rank and Review Committee Report for KS-505 Overland Park/Shawnee/Johnson County CoC Competition

CoC Number and Name	Annual Renewal Demand	ARD at 85 Percent (Tier 1)	ARD in Tier 2	PH Bonus (Tier 2)
KS-505 Overland Park/Shawnee/Johnson County Kansas	\$587,357	\$499,253	\$88,104	\$88,104

In 2015, the CoC received nine renewal project applications, one new project application created by the reallocation of funds, and two permanent housing bonus project applications. The permanent housing bonus projects both asked for the full amount of possible funds (\$88,104) to implement their projects. The R&R committee recommends that all renewal projects submitted be included as part of the CoC Consolidated Application submission.

Tier 1 is allowed to contain 85% of ARD meaning that HUD required that the Rank and Review Committee place 15% of ARD (or \$88,104.00) of Renewal projects into Tier 2. They did allow for a project to be split with a portion being ranked into Tier 1 and a portion ranked into Tier 2. This year’s competition also opened up opportunities for both new projects created by reallocation of existing ARD dollars and new projects through a Permanent Housing Bonus. Permanent Housing Bonus projects were required to be placed in Tier 2 and ranked against other new and renewal projects in Tier 2. Therefore, the Rank and Review committee members went through a multi-phase process that included:

1. Choosing which Permanent Housing Bonus application to accept based on strength of the application, populations served, whether it met a community need, alignment with COC and HUD priorities, match and leverage, CoC and community involvement, and capacity to deliver projected outcomes.
2. Once the PHB projects were discussed and one chosen to move forward, ranking all new and renewal projects based on the criteria above plus for renewal projects, project performance and outcomes using a rank and review evaluation form. Each committee member ranked the project applications independently.
3. Committee member rankings were then compiled and reviewed by the whole group taking into consideration the variation among members’ ranks for each project and considering the overall rank average of each project compared to other applications. Discussion was held about strengths and weaknesses of projects. All projects were then ranked from highest scoring to lowest. A cut off for Tier One was determined based on 85% of the Annual Renewal Demand.
4. Those project applications falling into Tier Two including the permanent housing bonus which had to be in Tier Two regardless were re-examined to assure that their rank ordering reflected the Committee’s and HUD’s priorities, would be most responsive to the community’s needs, and would assist the CoC meet its goals.

The final project rankings are listed below and those projects listed will be included in KS-505’s 2015 CoC collaborative application to HUD. Thank you to KS-505’s 2015 Rank and Review Committee for setting aside

significant time to review and rank all applications, engage in thoughtful and respectful discussion and debate, and make hard decisions in order to best serve and end homelessness in our community.

If you have questions about the process or the outcomes detailed in this notification, please contact Valorie Carson at 913-438-4764 or by email at valoriec@ucsjoco.org

KS-505 Jo Co CoC 2015 HUD NOFA RANKINGS						
Final Version for Dissemination			11.03.2015			
Applicant Name	Project Name	Proj Type	FINAL RANK	Grant Amount	Running Total	
Johnson County Mental Health Center	Homeless Supported Housing Project	PSH	1	\$109,906		Tier One
Catholic Charities of Northeast Kansas, Inc.	HHI-2 Homeless to Housed Expansion	RRH	2	\$111,231	\$221,137	
Catholic Charities of Northeast Kansas, Inc.	RRH and SSO - Housing for Homeless	RRH	3	\$59,704	\$280,841	
Catholic Charities of Northeast Kansas, Inc.	HHI Homeless to Housed	RRH	4	\$101,713	\$382,554	
SAFEHOME, Inc.	Transitional Housing	TH	5	\$57,568	\$440,122	
Johnson County Mental Health Center	Homeless Supported Housing Voucher Project	PSH	6	\$27,477	\$467,599	
County of Johnson (Human Services)	Rental Assistance Program	PSH	7	\$31,654	\$499,253	
County of Johnson (Human Services)	Rental Assistance Program	PSH	7	\$7,172	\$506,425	Tier Two
Mid America Regional Council	JoCo HMIS Lead Agency	HMIS	8	\$62,632	\$569,057	
SAFEHOME, Inc.	SAFEHOME, Inc. DV Rapid Rehousing	RRH	9	\$88,104	\$657,161	
Johnson County Mental Health Center	Samaritan Bonus Homeless Voucher	PSH	10	\$9,150	\$666,311	
County of Johnson (Human Services)	Rental Assistance Program - Chronic	PSH	11	\$9,150	\$675,461	
Hillcrest Transitional Housing of Wyandotte County	Hillcrest Joco RRH	not accepted for 2015 KS-505 CoC		\$88,104		

Will need to rank into two Tiers - Tier 1 (< ARD - 15%ARD)(up to \$499,253) and Tier 2 (> ARD - 15%ARD)(including or over \$499,2538)

Program _____ Renew New or Reallocation
Program Type Permanent Supportive Housing Permanent Housing/RRH Transitional Housing Other

CRITERIA	Strengths/Weaknesses				Final Score
<p>1 Project Performance (15 points)</p> <ul style="list-style-type: none"> • Project meets Project Renewal Threshold as outlined in the HUD NOFA • Alignment with CoC Strategic Plan, HUD priorities • Project meets a community need • Bed Utilization Rate (if appropriate) • Match and Leveraging (25%, 150% of total) • For New or Reallocation Projects <ul style="list-style-type: none"> ○ Project meets Project Quality Threshold as outlined in the HUD NOFA ○ Applicant addresses at least one community priority ○ Documents need for the project, identifies target population ○ Organizational capacity ○ Project design / implementation (use of best practices) ○ Referral process, services are appropriate for the type of project and target population proposed 					
<p>2 Project Outcomes (15 points)</p> <ul style="list-style-type: none"> • Transitional Housing Project Standards <ul style="list-style-type: none"> ○ At least 80% of participants exited to permanent housing ○ At least 20% of adults ages 18-61 who exited increased their employment income ○ At least 54% of adults who exited increased their income (all sources) • Permanent Housing Projects (includes PSH and RRH) <ul style="list-style-type: none"> ○ At least 80% remained in PH for greater than 6 months or exited to permanent housing ○ At least 20% of adults ages 18-61 who exited increased their employment income ○ At least 54% of adults who exited increased their income (all sources) <p>If not either, 15 points</p>					
<p>3 Fiscal Practices (10 points)</p> <ul style="list-style-type: none"> • Budget was accurate and complete • Budget was reasonably divided between housing costs and other • Reasonable cost per participant / bed • Timely drawdown of HUD funds and no re-capture of funds by HUD 					
<p>4. CoC/Community Involvement and PIT (10 points)</p> <ul style="list-style-type: none"> • Regular attendance at CoC membership meetings • Participates on a CoC committee • CoC/Regional Initiative Participation and/or Community Involvement • PIT Participation 					
<p>5 HMIS Data Quality (10 points) (if appropriate)</p> <ul style="list-style-type: none"> • HIC on time • HIC bed #s matched or exceed • Null Missing Value • All homeless beds within project in HMIS 					
<p>a. Actual Score: ____ / <u>60</u></p>	<input type="checkbox"/> Renew	<input type="checkbox"/> Reject	<input type="checkbox"/> Fully Fund	<input type="checkbox"/> Reduce	
<p>Reviewer: _____</p>					

INDIVIDUAL REVIEWER'S COMMENTS

1 Project Performance

Strength

Weakness

2 Project Outcomes (Projected Outcomes for New/Reallocation)

Strength

Weakness

3 Fiscal Practices

Strength

Weakness

4. CoC/Community Involvement and PIT

Strength

Weakness

5 HMIS Data Quality

Strength

Weakness



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Hannes Zacharias

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November 15, 2015

To Whom it May Concern,

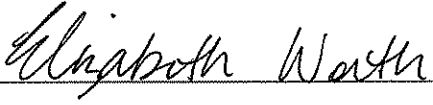
This letter is written in response to HUD's request for evidence of the process by which CoC funds from one project were reallocated to create a new project.

In 2015, Salvation Army approached KS-505 CoC lead agency staff to express that they no longer wished to renew their CoC-funded TH grant with HUD – they preferred to offer transitional housing in the community with private funds, using their own housing attached to their current emergency shelter. They had struggled to meet their outcomes for several years due to the loss of housing stock initially used and budgeted to deliver the full number of TH beds in the grant, and offered the CoC's Board the opportunity to shift the funds to an identified priority.

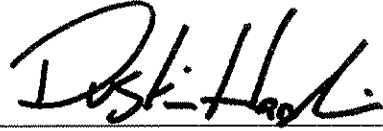
KS-505's Board met on October 1, 2015 to discuss current gaps and/or inadequacies in housing and other supports, and prioritize those gaps by need, lack of local funding streams to meet them, and the capacity of local organizations to address them. After discussion, it was agreed that the grant funds be reallocated to support the work of the CoC's HMIS lead agency. This was decided for multiple reasons: CoC members were aware of the need for stronger data and better outcomes evaluation from HMIS; the CoC's SSO grant that included HMIS funds for the HMIS vendor's work was lost in 2012 resulting in no current system-level HMIS support; and a new HMIS lead agency was chosen in collaboration with KS-501 and MO-604 in 2015 but no ongoing funding streams to support the lead agency's work had yet been identified. The Board decided that reallocating the \$62,632 from a weak TH program to a dedicated HMIS lead agency project would (if awarded) provide ongoing support for the work of the lead agency, leverage additional private resources from local philanthropies, and improve the CoC's ability to evaluate the effectiveness of its programs and systems to prevent homelessness, rapidly rehouse those who do become homeless, and assure they receive needed supports so they do not return to homelessness.

As a result of this decision, Mid America Regional Council (MARC) was invited to

submit a new project application as KS-505's HMIS lead agency in the 2015 CoC Program Competition. Their application was ranked and reviewed with other renewal and permanent housing bonus grant applications as described in the KS-505 2015 Rank and Review Process and Report.

A handwritten signature in cursive script that reads "Elizabeth Worth". The signature is written in black ink and is positioned above a horizontal line.

Elizabeth Worth
KS-505 Board Co-Chair

A handwritten signature in cursive script that reads "Dustin Hardison". The signature is written in black ink and is positioned above a horizontal line.

Dustin Hardison
KS-505 Board Co-Chair

KS-505 Overland Park/Shawnee/Johnson County Continuum of Care on Homelessness –

Governance structure

Membership:

KS-505 CoC membership is made up of those who agree to work together to end homelessness and risk for homelessness among Johnson County residents *and* to participate in KS-505 CoC's homeless management information system and coordinated assessment system.

Meetings:

- a. Eleven meetings of the full CoC membership will be held annually, with no meeting in December.
- b. All CoC meetings are open to the public and new members are welcomed.
- c. All full CoC membership meetings will have written agendas which will be sent out 5-7 days prior to the meeting by email and made available at the meeting.
- d. An open invitation to join the CoC is extended to the public annually through the UCS e-newsletter, a posting on the Johnson County government website, and one local newspaper announcement.

Board/Decision Making Body:

- a. The CoC Board acts on behalf of the CoC.
- b. The Board will consist of, but not be limited to, CoC members that are representative of:
 - i. All recipients of SHP funding
 - ii. All recipients and sub recipients of ESG funding
 - iii. The HMIS lead agency
 - iv. The CoC lead agency
 - v. Public housing authorities within the geographic region
 - vi. A public school district within the geographic region
 - vii. A community housing development organization
 - viii. Any organizations or agencies who are providing housing for those who are homeless in Johnson County
 - ix. A person representing the criminal justice system (either county or municipality level)
 - x. A person who has or is experiencing homelessness
- c. The Board will elect co-chairs for a two-year term, one of which represents the private sector and the other, the public sector. Primary responsibilities as chair of the Board will alternate. Board chairs will be responsible for leading the meetings with assistance from CoC lead agency staff. In addition, a secretary will be elected to record and communicate meeting minutes from Board meetings.
- d. There is one vote per organization represented on the CoC's Board. More than one representative from an organization may attend the meeting but only one vote may be cast.
- e. CoC Board meetings are open for attendance by all CoC members, but non-Board members may not vote on issues coming before the Board.

- f. Code of Conduct and Conflicts of Interest – Board members are expected to represent the interests of the whole community rather than their personal or organizational interests. As a result, conflicts of interest may arise. Thus, all board members must:
 - i. Complete a conflict of interest document annually that discloses any affiliation with organizations receiving funding through or in connection with the CoC.
 - ii. Any changes to their affiliations must be updated as soon as they happen.
 - iii. Abstain from voting on or advocating for their organization during deliberations by the Board.
 - iv. Consider all information observed or shared in any grant application or monitoring process as fully confidential.
- g. Recusal – If a vote affecting one or more CoC members is required by the Board, any Board members affiliated with the affected organizations must recuse themselves from voting.
- h. The CoC Board and full membership will make decisions about governance structures based on its best understanding of the Department of Housing and Urban Development’s definitions regarding the CoC’s responsibilities. When new guidance is issued, the Board will act to bring its governance and activities into alignment with HUD’s recommendations in a reasonable time frame.
- i. Regular Board meetings will be held six times a year. Additional meetings may be scheduled as needed.
- j. Written minutes will be kept for all CoC Board meetings. Results of Board meetings will be conveyed at monthly CoC membership meetings and meeting minutes will be made available upon request.

Committees:

- a. KS-505 has 4 standing committees which include:
 - a. Expanding Housing Options
 - b. Gaining and Maintaining Employment
 - c. HMIS Data Quality
 - d. Rank and Review (active only part of the year)
- b. Each committee will have a chair that is represented on the Board and reports to the Board.
- c. Committee meetings will be held quarterly. Committee meetings will be embedded within existing monthly CoC meetings on the months they are held to minimize additional scheduling challenges.
- d. The Rank and Review Committee must include at least three persons, none of which are representatives of organizations competing for funding. They will be required to evaluate applications, review project performance, and make recommendations on project application rank order and final funding requests as consistent with current HUD guidelines.
- e. Additional committees may be formed and subsequently disbanded as needed.

HMIS Lead:

- a. The CoC is responsible to designate a homeless management information system and an eligible applicant to act as the HMIS Lead to manage the CoC’s HMIS.

- b. An HMIS Lead will be selected in concert with the KS-501 (Wyandotte County KS) and MO-604 (Kansas City/Jackson County, MO) CoCs given the contiguous nature of the CoCs' service areas and shared HMIS database.
- c. The HMIS Lead will be selected based on their capacity to carry out all HMIS related responsibilities and requirements as conveyed in HUD's guidelines.
- d. As the entity responsible for designating and operating the HMIS, the CoC must:
 - i. Review, revise and approve a privacy plan, security plan, and data quality plan for the HMIS biannually,
 - ii. Ensure consistent and ongoing participation of recipients and sub recipients in the HMIS,
 - iii. Ensure the HMIS is administered in compliance with HUD requirements.
- e. The HMIS data quality committee will meet quarterly and provide support to the HMIS Lead as appropriate.

Staffing:

- a. Given the non-legally binding structure of the KS-505 CoC, a lead agency will be identified that has the capacity to provide part-time staff support and assure that the annual application to HUD for CoC funding is submitted in a timely manner.
- b. Staff support will be primarily responsible for:
 - i. Scheduling and providing support for meetings,
 - ii. Identifying full CoC membership meeting speakers,
 - iii. Updating knowledge of new regulations and policies affecting the CoC,
 - iv. Communicating any changes to the full CoC membership and Board,
 - v. Providing guidance to the CoC board on options,
 - vi. Serving as a member of the Board.
- c. Staff support will connect with broader efforts to end homelessness (region, state-level) in order to best benefit the local CoC membership and county residents.
- d. Given KS-505 will be sharing a HMIS and a coordinated assessment system with adjacent KS-501 (Wyandotte County KS) and MO-604 (Kansas City/Jackson County, MO) CoCs, the CoC lead agency will represent KS-505 in all discussions and work related to establishing both systems.
- e. Resources to support staff for the CoC are not available through HUD's ESG or SHP programs. As a result, outside funds will be sought to support a portion of a staff member's salary at the lead agency.

Process for amending Governance Charter:

- a. The CoC Board will craft any amendments to the charter, bring them to the full membership for review and feedback, and subsequently consider any relevant feedback and vote on the amendment. In order for an amendment to pass, a majority (greater than 50%) of all Board member organizations eligible to vote must vote yes.
- b. Electronic voting will be admissible given any proposed changes to the Governance Charter are provided to members of the Board ten business days prior to a vote.
- c. In general, all proposed amendments and actions will be crafted by Board members and brought before the CoC before a final Board vote is made in order to promote transparency.

The exception would be if a decision was time sensitive, requiring a vote be made prior to the next CoC meeting. In this case the CoC will allow the Board to make the final decision.

Grievances:

- a. Situations may occur where a CoC member organization believes that the fair and consistent application of a CoC process or procedure affecting the organization has not been followed. In most cases, the Board expects that the organization will be able to satisfactorily address such concerns directly with those executing the process or procedure. However, when a recent or continuing problem cannot be resolved directly to the satisfaction of the complainant, the CoC Board will provide the member organization an alternative vehicle for doing so.
- b. The Board will consider a grievance from a CoC member if evidence is submitted that the CoC member has in good faith attempted to resolve the issue within their organization and if appropriate, with the persons or organizations involved.
- c. To file a grievance, a written statement should outline the relevant facts that form the basis of the CoC member's grievance, indicating the process or policy that was allegedly violated, and stating the resolution sought. This grievance should be submitted to the Board through the CoC's lead agency representative.
- d. The grievance will be reviewed by a team made up of three Board members: one Board member chosen by the organization making the grievance, one Board member chosen by the organization responsible for the actions leading to the grievance, and a Board member agreed upon by the other two chosen members. The grievance review team will come to a resolution which will be conveyed to the CoC member filing the grievance and to the Board.
- e. In filing a grievance to the Board for consideration, the CoC member organization filing agrees to abide by the resolution proposed by the grievance review team.

November 10, 2015

Ms. Valorie Carson
Community Planning Director
United Community Services of Johnson County
12351 West 96th Terrace
Lenexa, Kansas 66215

Dear Ms. Carson:

Johnson County Housing Services works in partnership with local Continuum of Care organizations to serve high acuity households experiencing homelessness. Under a prospective partnership agreement with Catholic Charities, up to ten (10) Housing Choice Vouchers will be set-aside to serve those households with the highest acuity. Recognizing that Housing Choice Vouchers cannot be issued on an instant basis, these high acuity households are enrolled in the Rapid Rehousing (RRH) program. Through RRH, temporary housing alternatives and financial support are made available until a Housing Choice Voucher can be issued.

Regardless of whether housing assistance is provided under the RRH or Housing Choice Voucher programs, these high acuity households receive comprehensive case management services from Catholic Charities for twelve (12) months. The ultimate goal of this program is to minimize the probability of returning to homelessness through provision of safe, permanent housing.

In addition to the Catholic Charities program referenced above, there is also a parallel partnership in place between Johnson County Housing Services and SAFEHOME. Our partnership with SAFEHOME also includes a set-aside of up to ten (10) Housing Choice Vouchers for survivors of domestic violence.

Please let me know if I can provide any further information or assistance.

Respectfully,

Nov 12 2015 12:54 PM

Ward, David, HS

Ward, David, HS



David M. Ward
Deputy Director, Housing

Multi-Continuum Homeless Management Information System (HMIS) Governance Charter for Kansas City Continuum of Care (KS-505, KS-501 and MO-604)

I. Charter Purpose and Current Structure

- a. The Charter is designed to provide a frame for greater Kansas City's multi-jurisdiction HMIS implementation, consistent with Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements.
- b. The three Continuum of Care organizations serving the greater Kansas City area (MO-604 Homeless Services Coalition, KS-501 Wyandotte County CoC and KS-505 Johnson County CoC) have agreed to engage in a Multi-Continuum HMIS and the responsibilities inherent in that including the choice of a singular HMIS Lead Agency to support a fully functional HMIS system.
- c. The three CoC organizations have selected the Mid-America Regional Council (MARC) as the HMIS Lead Agency.
- d. The purpose of this HMIS Governance Charter is to identify and define the roles and responsibilities of the three CoC agencies, the HMIS Lead Agency, and the HMIS Governing Board.

II. Duration & Amendment

This Charter may be amended at any time, by written agreement of all parties. The Charter will be updated and/or renewed within 24 months of its effective date. The parties to this Charter recognize that implementation of a multi-jurisdictional HMIS may take a period of adjustment and changes to this Charter may be needed as all provisions of the Charter are implemented and evaluated to ensure continued consistency and compliance with HUD regulations.

This Charter is considered effective following the signatures of the designated representatives of the four organizations that are party to this Charter.

III. Background and Definitions

HMIS is an internet-based data collection software application designed to capture information about the numbers, characteristics, and needs of homeless persons and those at risk of homelessness over time.

Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for projects funded by the Continuum of Care (CoC) Program, Emergency Solutions Grant (ESG) Program, and Housing Opportunities for Persons with AIDS (HOPWA) Program; as well as by the U.S. Department of Veterans Affairs (VA) for projects funded by the Supportive Services for Veteran

Families (SSVF) Program; and by the U.S. Department of Health and Human Services (HHS) for projects funded by the Runaway & Homeless Youth (RHY) Program and Projects for Assistance in Transition from Homelessness (PATH) Program.

In an effort to effectively coordinate homeless services, the federal government strongly encourages all homeless projects to participate in a CoCs HMIS, including those receiving funds from the following: VA-Grant & Per Diem (GPD) Program, and the VA-Veterans Affairs Supportive Housing (VASH) Program.

Any local mandates currently in place will be upheld, such as the Wyandotte CoC requirement that GPD and HUD-VASH participate in HMIS

Continuum of Care: The local planning entity for homeless programming and service delivery. Where “the CoCs” or “CoC” is used in this document it is in reference to all three Continua of Care.

HMIS Lead: The organization designated by the Continua of Care to manage and administer the regional HMIS software implementation. The HMIS is managed by the designated HMIS Lead Agency.

Covered Homeless Organization (CHO): Any organization that records, uses, or processes protected personal information (PPI) in HMIS.

IV. Duties of the Continua of Care Organizations

Under HUD policy (24 CFR part 580), the major responsibilities of each Continuum of Care are to:

- a. Develop a plan for a coordinated housing and service system that meets the needs of individuals, unaccompanied youth and families experiencing homelessness that, at a minimum, includes an annual point-in-time count with an annual gaps analysis;
- b. Provide input to local government Consolidated Plans;
- c. Consult with Emergency Solutions Grant (ESG) recipients and provide information to develop a plan for allocating ESG funds;
- d. Report on and evaluate the performance of ESG program recipients and sub-recipients, establish performance targets, monitor performance, evaluate outcomes and take action to address poor performance including providing technical assistance;
- e. Evaluate ESG and CoC project outcomes at the system level and project level;
- f. Develop written standards for providing assistance;
- g. Establish a coordinated assessment system in collaboration with the ESG recipient agencies that is comprehensive in assessing the needs of individuals and families requesting assistance, covers the full CoC geographic area, and make it available to those seeking assistance
- h. Select a HMIS Lead Agency to oversee the operations of the HMIS
- i. Select members to serve on the HMIS Governing Board and ensure active participation

- j. Support HMIS by providing ongoing funding
- k. Provide regular training on ethics and client confidentiality
- l. Ensure HMIS is governed in accordance with CoC expectations
- m. Regularly monitor HMIS Lead Agency and CHOs for compliance
- n. Ensure CHOs are collecting all necessary data to produce required reporting
- o. Ensure accuracy of CoC, Notification of Funding Announcement (NOFA) and Annual Homelessness Assessment Report (AHAR) reporting

V. Duties of all Continua of Care when committing to Multi-Continuum HMIS

- a. All CoCs with a multi-Continuum HMIS must designate the same HMIS Lead Agency and must work jointly with the HMIS Lead to develop and adopt a joint governance charter;
- b. The joint governance charter includes:
 - i. A requirement that the HMIS Lead Agency enter into written HMIS Participation Agreements with each CHO regarding the use of the HMIS system and to report to the COCs on such compliance by each CHO;
 - ii. A requirement that the Governing Board set the participation fee for each CHO charged by the HMIS Lead Agency to support the HMIS; and
 - iii. Such additional requirements as may be issued by notice from time to time
- c. All CoCs within a multi-Continuum HMIS must designate the same governance, technical, security, privacy, and data quality standards;
- d. Each CoC must
 - i. Designate the same HMIS as the official HMIS; and the HMIS must be capable of reporting unduplicated data for each CoC separately.
 - ii. Maintain documentation evidencing compliance with this part and with the governance charter; and
 - iii. Review, revise and approve the policies and plans (required by this part and by any notices issued from time to time).

VI. Duties of the HMIS Lead Agency

- a. The Planning responsibilities of the HMIS Lead Agency include:
 - i. Prepare general HMIS project/strategic plan
 - ii. Develop HMIS budget, with identification of funding sources including CHO contributions, and staffing requirements
 - iii. Develop/maintain a Data Quality Standards and Compliance Plan
 - iv. Develop/maintain a Security Standard and Compliance Plan
 - v. Develop/maintain a Data Usage and Community Communications Plan
 - vi. Develop/maintain a Disaster Recovery Plan

- b. The HMIS Lead Agency will work to accomplish items b through f above within six months of initiating its role.

The Management and Operations responsibilities of the HMIS Lead Agency include:

- a. Oversee the process for the selection of the HMIS vendor, and upon approval by the HMIS Governing Board and with approval from the CoC governing boards, enter into an agreement with the selected vendor
- b. Provide system day-to-day oversight of the HMIS vendor/system
- c. Provide input and feedback to the HMIS vendor on system configuration, customization and maintenance
- d. Seek ESG and other funds to support the HMIS system
- e. Establish CHO fees for HMIS system use and collect fees from agencies
- f. Establish a HMIS Users Committee and convene the committee with the HMIS vendor to obtain input and feedback on the system's operations and the vendor's customer service
- g. Provide a Help Desk to receive requests for assistance
- h. Develop and oversee the implementation of a Training Plan to ensure proper training for HMIS system users and to document training participation
- i. Survey CHOs on at least an annual basis to obtain feedback on HMIS performance
- j. Generate required HUD reports
- k. Document HMIS compliance with required policies and procedures for data quality, privacy and security
- l. Develop and execute an HMIS Participation Agreement with each agency using the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.
- m. Develop and implement written agreements with CHOs that share client level data. The agreements will describe the level of data elements or program information sharing among the data sharing HMIS agencies.
- n. Develop and implement a defined and documented client consent protocol for use as a baseline practice among all participating HMIS users.

The Policy and Procedures Development responsibilities of the HMIS Lead Agency include:

- a. Develop policies and procedures to guide the use and evaluation of the HMIS vendor and the contribution of data from CHOs
- b. Prepare and implement a Standards and Compliance Plan
- c. Prepare and implement a Data Release and Transfer Plan

The Monitoring and Compliance responsibilities of the HMIS Lead Agency include:

- a. Develop and follow a defined monitoring process and tools to evaluate the performance of the HMIS vendor
- b. Develop and follow a remediation process and protocols for non-compliance
- c. Report to the HMIS Governing Board and CoC boards on the results of monitoring of the HMIS vendor, compliance results and steps taken as needed for non-compliance

VII. Duties of the HMIS Governing Board

The responsibilities of the HMIS Governing Board include:

- a. With input from the HMIS Lead staff, make recommendation on HMIS vendor to all three CoC boards for their approval
- b. Approve HMIS budget, with identification of funding sources including CHO contributions, and staffing requirements
- c. Oversee the work of the HMIS Lead Agency in the management of the HMIS system
- d. Approve Data Quality Standards and Compliance Plan
- e. Approve Security Standard and Compliance Plan and ensures the rights and privacy of clients
- f. Approve Data Usage and Community Communications Plan, and review the participation by CHOs (including ESG) in providing data for the HMIS system
- g. Approve Disaster Recovery Plan
- h. Review reports from the HMIS Lead Agency on system use, and user input and feedback
- i. Approve a Training Plan and review reports on trainings delivered and participation
- j. Approve Monitoring and Compliance plans and policies and review reports on HMIS vendor/system monitoring and compliance reviews
- k. Review and recommend AHAR and other required reports for submission to HUD

VIII. Composition of HMIS Governing Board

- a. The HMIS Governing Board will meet as needed, but not less frequently than quarterly.
- b. This initial Charter of the HMIS Governing Board will be a foundational charter and limited to 24 months in duration with an assessment process done by the 18th month leading to a longer-term Charter by the end of the 24 months.
- c. The HMIS Governing Board will be composed of:
 1. 5 members chosen by the Jackson County CoC
 - i. At least 1 community member
 - ii. At least 1 non-CoC funded
 2. 4 member each from the Wyandotte and Johnson County CoCs
 - i. At least 1 community member
 - ii. At least 1 non-CoC funded

3. 2 members from the Homelessness Task Force. One would be the HTF Chair and the second would be appointed by the Chair, but would have to be from another County than the one that the Chair represents
 4. HMIS Lead Agency and CoC staff would be ex-officio members
- d. Decisions by the HMIS Governing Board will be made by simple majority, except those fiscal decisions impacting allocation and use of CoC funds, including user fees and HMIS Lead application to HUD, which require approval from 10 of the 15 members with at least one representative from each CoC making up the majority.

IX. Formation and Participation by Members of the HMIS Governing Board

- a. Upon signing of this Charter, each CoC board and the Homelessness Task Force chair will make appointments to the HMIS Governing Board. The three CoC boards will approve the appointments from their organization. MARC, acting as the HMIS Lead Agency will schedule the first meeting of the HMIS Governing Board.
- b. The HMIS Governing Board will establish by-laws and a meeting schedule.

X. Planning and Software Selection

- a. The HMIS Governing Board is responsible for the selection of the HMIS software to be used by organizations contributing information to the HMIS with the concurrence of the three CoC boards of directors. The HMIS Governing Board will ensure the software selected for use is able to manage the collection of each data variable and corresponding response categories for the Universal Data Elements and for the Program-Specific data elements as outlined in the most recent HMIS Data and Technical Standards issued by HUD.
- b. The HMIS Lead Agency will ensure the HMIS is able to generate CoC specific client and program-related reports, both at the system and program levels for purposes of understanding the nature and extent of homelessness within the greater Kansas City metro area. These reports will at a minimum include a summary report of the number of unduplicated client records that have been entered into the HMIS, the Annual Progress Report (APR), AHAR, number of clients served, utilization summary, and demographic reports.
- c. The HMIS Governing Board will oversee planning to ensure that the HMIS system meets federal requirements and community objectives toward building a unified homeless service system. The HMIS Governing Board will oversee and evaluate the work of the HMIS Lead Agency in the management of its HMIS system, the HMIS system vendor, training, system security, quality control, expanding system functionality, etc.

XI. HMIS Management and Operations

- a. The HMIS Lead Agency will provide technical support for the oversight of the HMIS system; direct the HMIS system vendor to address technical problems when identified by users or by the HMIS Lead Agency; and review and authorize HMIS software changes in response to the changing requirements of HUD and CHOs. The HMIS Lead Agency will provide technical support commensurate with the requirements of the HMIS software and/or system; provide timely support on software technical matters; and is responsible for implementation of authorized changes to the HMIS software and processes. This technical support includes maintaining a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.
- b. The HMIS Governing Board will maintain mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, and agency executive directors. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups.
- c. The HMIS Governing Board will be responsible for adopting a Monitoring and Compliance Plan and receiving regular reports from the HMIS Lead Agency on the HMIS System service requests, activities, deliverables, and resolutions. The HMIS Governing Board will provide authoritative support when necessary to expedite vendor/system issue resolution.
- d. The HMIS Lead Agency will maintain a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. The organizational chart will be available to the HMIS Governing Board members for review.
- e. The HMIS Lead Agency will ensure that regular training on software usage, software and data security, and data entry techniques is provided to CHOs as well as develop, update, and disseminate data entry tools and training materials.

XII. HMIS Management and Operations - Compliance Monitoring

The HMIS Lead Agency is responsible for reporting to the HMIS Governing Board necessary information to ensure the HMIS is managed in accordance to CoC policies, protocols, and goals. This includes:

- a. Develop community relationships, buy in, and encouraging participation of non-CoC funded programs;

- b. Ensure Hearth mandated CHOs (non DV) are actively participating in HMIS and meeting HMIS requirements by establishing an HMIS performance based component to application scoring that is supported by the CoC Review and Rank process.
- c. Monitor milestones, noting variances, and report any variances identified to the HMIS Governing Board and to the three CoC boards.
- d. Monitor program and agency-level participation in HMIS through point-in-time census of beds/slots versus clients served and report these findings to the CoC on an annual basis. Evidence of monitoring reports will be available for review.
- e. Ensure participation in the Annual Homeless Assessment Report (AHAR) by all required organizations, programs, or agencies.
- f. Review annual site visits with all HMIS CHOs to ensure Client consent is completed and documented as appropriate with the CoC's Client Consent Policies and Protocols and well as ensure adherence by all agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and Technical Standards.

XIII. HMIS Management and Operations - Data Quality

- a. The HMIS Governing Board will develop and monitor a community level data quality plan and standards.
- b. The HMIS Lead Agency will oversee the use of the HMIS system by CHOs to ensure the collection of each data variable and corresponding response categories on all clients serviced by McKinney Vento Funding, as revised by the HEARTH Act of 2009.
- c. The HMIS Lead Agency and/or its designee will prepare and disseminate quarterly data quality reports first to the HMIS Governing Board and CoC boards that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- d. With the support of the CHOs, the HMIS Lead Agency will provide technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
- e. The HMIS Lead Agency and/or its designee will run and present/disseminate data quality reports to the CoC Boards at the community planning level that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards. The HMIS Lead Agency will present to the HMIS Governing Board data quality reports at the community planning level on data entry completion,

consistency with program model, and timeliness as compared to the community quality standards.

XIV. HMIS Policy Development and Oversight

- a. The HMIS Lead Agency and/or its designee will provide regular training on client confidentiality and privacy as it relates to HMIS.
- b. Individual CoCs will provide training and guidance to all required HMIS participants (McKinney Vento funded programs such as ESG, SHP, S+C, SRO, and HOPWA projects that target homeless) on regulations pertaining to the McKinney Vento and HEARTH Acts.
- c. The HMIS Lead Agency will maintain documentation of the number of CHOs (utilizing the system) and ensure that the information is up-to-date.
- d. The HMIS Governing Board will establish metrics to evaluate coverage rates of CHOs.
- e. The CoCs, the HMIS Lead Agency, and the HMIS Governing Board will develop and implement the following HMIS Policies and Procedures.
 - i. Agency Participation Agreement - Develop a written agreement between the HMIS Lead Agency and each CHO that describes the protocols for participation in the HMIS.
 - ii. Data Sharing Agreements - Develop and implement written agreements with CHOs that share client level data. The agreements will describe the level of data elements or program information sharing among the data sharing HMIS agencies.
 - iii. HMIS End-User Agreement - Develop and implement a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.
 - iv. Client Consent - Develop and implement a defined and documented client consent protocol for use as a baseline practice among all participating HMIS users.
 - v. Data Release - Develop and implement a data release protocol that governs release of all data from the HMIS.

XV. Other Federal Requirements

- a. The HMIS Lead Agency will adopt a drug-free workplace policy and will ensure that the HMIS software vendor has adopted a drug-free workplace policy. The policies will be posted and available for review.
- b. HMIS Lead Agency will adopt a conflict of interest policy for board members, staff, and volunteers.

- c. The HMIS Lead Agency will have an adopted equal opportunity and nondiscrimination employment policy.

Agreed to by all of the parties to this Charter:

HOMELESS SERVICES COALITION

JOHNSON COUNTY CONTINUUM OF CARE

Board Chair

Board Chair

WYANDOTTE COUNTY CONTINUUM OF CARE

MID-AMERICA REGIONAL COUNCIL

Board Chair

Board Chair

KS-505 Overland Park/Shawnee/Johnson County Continuum of Care on Homelessness –

Order of Prioritization for CoC-funded KS-505 Permanent Supportive Housing

Providers of CoC-funded Permanent Supportive Housing have agreed to prioritize all PSH units and beds first and foremost for house chronically homeless households, as is consistent with their grant agreements and as these beds become available based on turnover. If a chronically homeless household cannot be identified to fill the beds, those households experiencing homelessness with high acuity and meeting the other requirements for PSH will be housed.

Per HUD's recommendation regarding incorporating the order of prioritization for CH households within the CoC's jurisdiction into the CoC's written standards, KS-505 adopts the following order of priority for all dedicated or prioritized CoC Program-funded PSH in the following order:

Order of Priority 1—A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- (b) The length of time the individual or head of household has been homeless is at least 12 months continuously or over a of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- (c) The individual or head of household has been identified as having severe service needs.

Order of Priority 2—A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- (b) The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or over a period of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- (c) The individual or head of household has NOT been identified as having severe service needs; and,
- (d) There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

Order of Priority 3—A household should be prioritized third in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- (b) The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- (c) The individual or head of household has been identified as having severe service needs; and

(d) There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for dedicated or prioritized PSH.

Order of Priority 4—A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:

- (a) Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3;
- (b) The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months (see question 5 below); and,
- (c) The individual or head of household has NOT been identified as having severe service needs; and
- (d) There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.

FINAL 10.27.2015

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the "FY 2015 CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>.

To upload all new project applications that were created through Reallocation or the Permanent Housing Bonus that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
SAFEHOME, Inc. DV...	2015-10-19 12:53:...	1 Year	SAFEHOME, Inc.	\$88,104	--	PH
Hillcrest Joco RRH	2015-10-19 14:00:...	1 Year	Hillcrest Transit...	\$88,104	--	PH
JoCo HMIS Lead Ag...	2015-10-19 17:14:...	1 Year	Mid-America Regio...	\$62,632	--	HMIS

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Homeless Supporte...	2015-10-16 09:44:...	1 Year	Johnson County Me...	\$109,906	--	PH
Samaritan Bonus H...	2015-10-16 10:10:...	1 Year	Johnson County Me...	\$9,150	--	PH
Homeless Supporte...	2015-10-16 16:51:...	1 Year	Johnson County Me...	\$27,477	--	PH
Transitional Housing	2015-10-19 12:34:...	1 Year	SAFEHOME, Inc.	\$57,573	--	TH
HHI-2 Homeless to...	2015-10-19 16:36:...	1 Year	Catholic Charitie...	\$111,762	--	PH
Rental Assistance...	2015-10-19 17:52:...	1 Year	Johnson County Hu...	\$38,826	--	PH
HHI-Homeless to H...	2015-10-19 17:02:...	1 Year	Catholic Charitie...	\$98,267	--	PH

RRH and SSO - Hou...	2015-10-19 17:30:...	1 Year	Catholic Charitie...	\$62,417	--	PH
Rental Assistance...	2015-10-19 17:44:...	1 Year	Johnson County Hu...	\$9,150	--	PH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Detailed Instructions" and the "CoC Priority Listing Instructional Guide," both of which are available at: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Only one CoC Planning project application can be submitted by a Collaborative Applicant and must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
KS-505 CoC Planni...	2015-10-19 20:12:...	1 Year	United Community ...	\$17,621	CoC Planning Proj...