

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: NJ-514 - Trenton/Mercer County CoC

1A-2. Collaborative Applicant Name: City of Trenton

1A-3. CoC Designation: CA

1A-4. HMIS Lead: NJHMFA

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

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)

Public notices and mailing list notices ensure that CoC meetings are publicized as open to any agency or person with knowledge of or interest in assisting homeless persons. Quarterly CoC meetings starting in January are forums for both receiving input from a wide variety of agencies and advocates and for sharing policy, advocacy, or action updates from subcommittees. This format allows the CoC to actively engage partners in the work of subcommittees. For instance, youth shelter provider Anchor House joined the Data Committee, and formally joined HMIS in October 2014. This provider now helps shape committee discussion around the updates in the new HMIS Data Standards pertaining to RHY fields, and helps to improve strategies for counting homeless youth in the PIT Count. Mercer Alliance to End Homelessness is another partner sitting on Data Committee, whose role as system monitor allows effective monitoring and shaping best practices around ending chronic and veterans' homelessness.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings 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).
Anchor House	Yes	Yes	No
HomeFront	Yes	Yes	No
Mercer County Youth Services	No	Yes	Yes
New Jersey Department of Child Permanency and Protection	No	Yes	No
Court Appointed Special Advocated of Mercer County	No	Yes	No
Isles, Inc.	No	Yes	No
Life Ties - Mary's Place	No	No	No
City of Trenton Department of Education Homeless Liaison	No	No	No
Ewing Township Department of Education	No	No	No
Mercer County Community College	No	No	No

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Women's Space	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)**

CoC Bylaws state, “committees...may be established to respond to community needs.” Any community member may move to create committees to coordinate planning or action around a homeless issue or population. If the full CoC recognizes the need, it may request that the Executive Committee (EC) establish a committee. The Bylaws empower the EC to “appoint individuals to chair...committees on an as-needed basis” who outreach to community partners with strategic expertise, experience, and resources for the committee. The EC ensures committees meet established “Responsibilities of Committees.” The CoC has assigned the Youth Homelessness Committee and Veteran Working Group to develop and implement specific strategies to end youth and veteran homelessness as specified in Opening Doors. The Singles Planning and RRH Working Groups (Trenton, Mercer County, MCBOS, Mercer Alliance, RRH providers) are responsible for meeting Opening Doors goals for ending chronic and family homelessness, respectively.

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

The CoC widely advertises its request for proposals to all sectors of the community through the County List Serv, CDBG & ESG List Servs, and outreach to agencies that are not currently CoC-funded. Interested agencies can contact the CoC Lead or attend CoC-provided technical assistance for help with questions about the CoC or proposal process. No factors that would specifically put new agencies at a disadvantage are considered. The CoC’s public notice states that the criteria used to determine whether to include a new project on the project priority list includes overall agency capacity to implement a project rather than only HUD or CoC experience, as well as whether projects prioritize “chronically homeless veterans” and “chronically homeless individuals who are not veterans.” In 2015, the CoC educated 2 new prospective agencies at technical assistance training, and received and recommended for funding an application from 1 new agency that was not funded in the previous Competition.

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

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)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	50.00%
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The City of Trenton is the CoC Lead and Participating Jurisdiction, allowing for daily interaction between the Trenton Consolidated Plan and CoC personnel, with about 3 hours per week of coordination via in-person meetings (1hr.), calls (.5 hr.), and emails (1.5 hrs.). Another Con Plan jurisdiction, Mercer County, sits on the CoC Executive Committee allowing continuous coordination totaling about 5 hours per week in meetings (3.5 hrs.), calls (1 hr.), and emails (.5 hr.). CoC agencies are continuously encouraged to provide input to these, the State of New Jersey, and Hamilton and Ewing Consolidated Plans, regarding setting priorities, sharing data, and participating in Public Hearings to ensure homelessness needs in the County are being met. The annual provision of comments and data for Con Plan updates is the main CoC interaction with the last two jurisdictions.

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

The City of Trenton is both the primary ESG Recipient and CoC Lead, allowing for daily interaction between ESG Recipient and CoC personnel. The CoC has developed joint CoC/ESG monitoring and RRH project performance standards, which are monitored by the CoC Systems Monitor. The CoC directly scores competitive ESG applications and makes funding recommendations based on ESG project performance, HMIS data indicating need, and strategic planning with CoC-funded programs. Joint ESG and CoC funding planning focuses on reducing the number and duration of homeless episodes experienced by households in the community, and ensuring program outcomes show consumers moving to permanent housing quickly--60% of ESG were used for RRH in 2014. The CoC and ESG Recipient actively share HMIS data, and the CoC acts as the forum for soliciting community input on ESG planning. The CoC also provides a forum for the community to send comments to the state of New Jersey to inform its ESG allocation process.

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)

If a family or individual survivor of domestic violence presents to a homeless assistance provider, and are identified as experiencing an imminent threat or safety risk, the provider can bypass the Coordinated Assessment (CA) to refer directly to the local victim service provider (VSP), Women’s Space via phone call to ensure that data is not collected in HMIS. A survivor household may also choose to be directed to the CA system to be prioritized for any community resources, including specialized domestic violence and mainstream resources at MCBOS. If the survivor household is identified during the CA process referral is made to Women’s Space via phone. If the VSP is working with a survivor household, they may refer the household to CA, or, if their safety and security is in question, the provider may reach the CA staff via phone to case conference regarding the consumer information, eligibility, and prioritization to the full range of community resources available to the homeless.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
New Jersey Department of Community Affairs	0.00%	No
Princeton Housing Authority	0.00%	No
Trenton Housing Authority	34.00%	Yes-Public Housing
Hamilton Township Housing Authority	0.00%	No
Hightstown Housing Authority	0.00%	No

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

The CoC innovated with its Board of Social Services (MCBOSS), the Coordinated Assessment single point of entry for families, to create RRH for homeless families with TANF dollars providing temporary rental assistance with MCBOSS staff providing intensive case management. The project helped reduce the CoC's average length of family homelessness by 60%, from 143 days to 56, and increased exiting household incomes. This project was accidentally left off the 2015 HIC, but on the night of the 2015 PIT provided 377 beds for families, and 12 beds for individuals. Emet Realtors' Escher Street SRO project provides PH to homeless/low-income persons, prioritizes homeless individuals, & is involved in CoC planning. Emet also reopened the Stepping Stones project which had faltered under previous management, and is in talks with the CoC and City of Trenton to prioritize beds for the chronically homeless. 103 units of affordable housing are also set-aside for the homeless in LIHTC projects in the CoC.

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

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)**

The CoC’s two-part coordinated assessment is widely advertised across the geography by public notice, List Servs, community meetings, and by all frontline shelter/outreach staff. The points of entry for Coordinated Assessment are the Board of Social Services (MCBOSS) for families with children and Trenton’s CEAS Center for individuals. Both sites are in Trenton, the CoC’s urban center with concentrations of homeless needs/services, and are virtually/phone accessible. Oaks Integrated Care, Catholic Charities, and Soldier On outreach teams actively engage unsheltered individuals, families, veterans, to link those least likely to seek services to the process. Consumers are assessed for need and eligibility, and prioritized for prevention, shelter, housing, and services based on length of homelessness and severity of service need. The CoC’s by-name prioritization lists for high-need chronically homeless and homeless veteran populations allow for coordination of housing placements/services.

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

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

Homeless Advocacy and Planning Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSVF Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?	18
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
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?	16
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

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

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

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Timeliness of Documentation Submission for Drawdowns, APRs	<input type="checkbox"/>

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

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

The CoC prioritizes projects based on a point structure which favors vulnerable populations. The CoC gives priority to projects serving the chronically homeless. Project applicants seeking to provide permanent supportive housing and rapid re-housing were scored based on the degree to which they plan to coordinate project referrals with the community's Coordinated Assessment process, which will prioritize clients with the greatest length of homelessness and most severe service needs in accordance with the CoC's Policies and Procedures. The CoC also scores projects based on the results of CoC project monitoring scores, which incorporates questions which review whether a project is documenting that it serves the appropriate vulnerable target populations. In 2015, the CoC reallocated funding for a Coordinated Assessment project which will assist in prioritizing homeless persons with severe needs and vulnerabilities, and funded two PSH Bonus projects for the chronically homeless.

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

The CoC explained in writing via email and at CoC meetings, and on the CoC Collaborative Applicant's website what the local review, ranking and selection criteria were for the project prioritization. All prospective applicants and community members were notified of the criteria when the CoC solicited new and renewal proposals. The CoC also publicized and hosted a bidder's conference for prospective applicants and made further technical assistance available to ensure that this information was available to all stakeholders at all points of the local competition review, ranking, and selection process.

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.)

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

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/14/2015

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 Policies establish “specific performance goals based on program type, performance, program eligibility, and data quality.” Performance measures are Housing Stability (% of clients stably housed; % of client exits without return to homelessness; % of voluntary client exits), and Income (% increased income; connection to mainstream benefits). Compliance is monitored by on-site file review of client eligibility. Fiscal performance indicators are regular drawdowns, accurate budgets, match and leverage documentation and timely APR submission. Monitoring is designed for CoC and ESG projects. The CoC System Monitor (SM) conducts reviews APRs every 90 days. Annual site visits are conducted to all CoC projects by the City of Trenton Grants Administrator, the SM, and a CoC representative. Monitoring/Site Visit Outlines are provided to Project Administrator prior to site visit. Post Site Visit report outlining monitoring findings are provided to Project Administrator within 30 days of visit.

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. Pages 132 - 151. The CoC's MOU with the HMIS is not included in the Manual, but is a standalone agreement as shown in the attachment.

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).

A.W.A.R.D.S.

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).

Foothold Technology, Inc.

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	\$19,970
ESG	\$7,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$26,970

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$15,884
State and Local - Total Amount	\$15,884

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	\$5,412
Other - Total Amount	\$5,412

2B-2.6 Total Budget for Operating Year	\$48,266
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

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

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	409	24	385	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	245	24	221	100.00%
Rapid Re-Housing (RRH) beds	60	0	60	100.00%
Permanent Supportive Housing (PSH) beds	685	0	652	95.18%
Other Permanent Housing (OPH) beds	0	0	0	

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

The CoC does not have any Safe Haven beds within the CoC, nor Other Permanent Housing beds per the 2015 HIC.

**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? Monthly

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%	12%
3.3 Date of birth	0%	0%
3.4 Race	1%	1%
3.5 Ethnicity	1%	0%
3.6 Gender	0%	0%
3.7 Veteran status	3%	1%
3.8 Disabling condition	5%	2%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	1%	17%
3.15 Relationship to Head of Household	0%	1%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

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

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

PATH Annual Report Survey, PIT Report	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>

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

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

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

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

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

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

The CoC does not have any VA Grant Per Diem programs currently operating in its geographic area. Currently, Soldier On, the CoC's sole SSVF provider, enters data into another HMIS system for federal reporting purposes, but does not utilize the CoC's local HMIS. The CoC has been working with Soldier On and New Jersey Housing and Mortgage Finance Agency, the CoC's HMIS Lead Agency, to integrate SSVF data within the CoC's HMIS, and anticipates that this program will begin entering data by August 2016.

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

HMIS:	<input 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)

The CoC conducts a complete census count of the sheltered population through a combination of HMIS data and project and client-level surveys for non-HMIS participating agencies/programs. All sheltering agencies submit project level surveys the day immediately following the PIT count used to verify the accuracy of HMIS data and client-level survey data. HMIS includes unique identifiers (based on SSN, name, age, etc.) that are used for deduplication across HMIS records. The client surveys collect initials, ages, race, gender, and family composition. This information is used to create unique identifiers that are compared against other client level surveys and HMIS records to eliminate duplicates. The CoC conducts a full census due to involvement of all sheltering programs in the process and high data quality of HMIS data. Client-level surveys are used to attain data from DV providers, increase accuracy, to assist in deduplication, and to collect additional information for local planning.

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)

The CoC has implemented measures under what the PIT methodology guidance calls 'comparing the counts to other internal data sources and resolved inconsistencies.' While the CoC uses HMIS records in order to complete its full census count of the sheltered homeless persons on the night of the PIT Count, the CoC has implemented a safeguard to ensure that HMIS data is accurate. All sheltering agencies must submit a shelter summary form immediately following the PIT count, which agencies fill out based on internal agency census records with the number of households, household types, and number of beds, which is used to verify the accuracy of HMIS data. This has proved a useful tool for helping agencies make necessary data entry updates expeditiously to facilitate pulling accurate data from HMIS for the PIT.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

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

Anchor House, the RHY-funded homeless youth provider in the CoC was included in the 2015 PIT Count in HMIS while it was included in 2014 only via paper survey. Community Response, a transitional housing provider ceased to exist in late 2014 and was therefore not included in the 2015 Count.

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

Instructions:

For guidance on completing this form, please reference the FY 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)

The CoC increased training through in-person training from the statewide Point-In-Time Count coordinating organization regarding survey questions, survey methodology, key terms, and avoiding duplication. This was key for the sheltered PIT count because it emphasized to providers which HMIS data fields were key for gathering PIT data, and explained the need for quick and accurate HMIS data entry. Mercer Alliance to End Homelessness, the CoC System Monitor, also provided agencies with additional training and support to ensure that PIT data could be pulled accurately from the HMIS.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 02/03/2015

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

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

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

Instructions:

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

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

Night of the count - complete census:	<input 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)

The CoC uses a client-level survey in known locations for the unsheltered. The count was conducted the night of the PIT. The survey included questions about if the survey had been completed before, where they slept on the night of the count, and identifying information to allow for de-duplication. Interviews were conducted with each unsheltered person encountered. The known locations strategy was selected based on the mixed suburban, urban, and rural nature of the region, the number of volunteers available, and because of the extensive knowledge of local outreach teams working with unsheltered populations. Outreach teams engage homeless consumers across the full CoC geography. Because of the detailed input from outreach teams about targeting locations, the CoC's strategy of counting known locations on the night of the count substantially covered the geographic territory. Hours were selected according to the times of day when unsheltered persons would be most accessible and evident.

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)

N/A

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

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

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

Instructions:

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

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

Training:	<input type="checkbox"/>
"Blitz" count:	<input 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)

The CoC conducted specialized training with street outreach volunteers conducting the unsheltered count in an effort to improve data quality by reducing missing data. The CoC provided additional training to The College of New Jersey's Bonner Institute who processed the unsheltered surveys to ensure more accurate data entry. One agency entered non-HMIS data for consistent and accurate results interpreting respondent answers.

Mercer Alliance to End Homelessness conducted additional PIT training for street count volunteers to improve data quality such as reducing unknowns and missing data. Marked improvement was shown in the 2015 PIT Count due to these measures, including a more than 75% reduction in the number of incomplete survey records.

Also, the CoC PIT volunteer recruitment base was substantially expanded.

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	632	600	-32
Emergency Shelter Total	393	351	-42
Safe Haven Total	0	0	0
Transitional Housing Total	201	144	-57
Total Sheltered Count	594	495	-99
Total Unsheltered Count	38	105	67

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

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

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	2,950
Emergency Shelter Total	2,519
Safe Haven Total	0
Transitional Housing Total	487

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

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

The CoC utilizes HMIS data to analyze the correlation between vulnerabilities/risk factors that contribute to individuals and families becoming homeless the first time. This allows the CoC to prioritize funding services that best help at-risk persons avoid homelessness through prevention, and to reduce the number of homeless episodes. The CoC works closely with the Board of Social Services (MCBOSS), also the TANF and Homeless Hotline agency, to identify family-specific risk factors. When individuals or families access the CoC’s Coordinated Entry Assessment System—the CEAS Center for individuals or MCBOSS for families—options to prevent and divert from homelessness are always assessed for and attempted first. Multiple prevention funding streams can be assessed for and administered from these coordinated entry points. MCBOSS also has a specialized unit dedicated to homeless prevention/diversion. If households cannot be diverted, they are assessed and prioritized for housing assistance.

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

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

The goal of the CoC's Coordinated Entry and Assessment System (CEAS) is to prioritize individuals and families with the longest history of homelessness and the most severe service needs in order to rapidly end their homelessness. Centralized intake for families at MCBOSS reduces lengths of family homelessness with a rapid re-housing model. A Universal Screening Tool is used at entry to immediately prevent, divert, or prioritize families for services/resources to return them to permanent housing fast, including CoC, ESG, and TANF RRH. This model has reduced the average length of family homelessness in the CoC by 60%, from 143 days to 56. The CoC established a CEAS Center as the coordinated entry point for homeless individuals to access housing and community services. CEAS prioritizes individuals with the longest lengths of homelessness for multiple housing resources; 49 have been rapidly re-housed since 2014. The System monitor provides monthly reports to the CoC on length of stay.

*** 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	88
Of the persons in the Universe above, how many of those exited to permanent destinations?	66
% Successful Exits	75.00%

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	217
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?	203
% Successful Retentions/Exits	93.55%

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)

The System Monitor uses HMIS to identify persons who reenter the system or have multiple episodes of homelessness. 95% of families successfully remain in housing after being Rapidly rehoused, 5% return to the system and are prioritized for additional housing and support services. In 2014, 38% of homeless individuals who entered the shelter system did not return. The system monitor conducts monthly reviews of system wide recidivism rates and provides reports to CoC. A front end screening process identifies chronically homeless individuals who need permanent supportive housing or those who could be rapidly rehoused. Strategies 1. Intensive case management and housing stability planning to prevent reentry. Reentering families receive additional housing stability planning and case management. 2. Rapid Rehousing providers conduct 6 month follow up to ensure housing stability. 3. The CoC has identified 10 additional PSH units that can serve families who reenter the homeless system.

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)

In 2014, 95% of CoC funded project participants obtained/maintained income. The CoC works with Mercer Workforce Investment Board to provide employment programs/resources to homeless individuals and families. Catholic Charities works collaboratively with NJ Workforce/One Stop Center and the Project Hope Self-Sufficiency program where participants receive employability assessments and basic job readiness skills. The ID PROJECT helps homeless persons obtain ID for employment and benefits. The project employs individuals residing in CoC funded PSH projects.

For Non-employment sources, several successful strategies are in place: 1) Coordinated Assessment identifies persons without income and connects to the Mercer County SOAR project at the Family Guidance Center to assist in applying for SSI/SSDI. 2) MCBOSS has staff to be onsite in shelters to help homeless individuals apply for cash benefits. 3) MCBOSS has restructured process to expedite the enrollment process for benefits.

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)

Mercer County One Stop is the Primary employment organization for homeless individuals and families. All CoC projects have connections with the Mercer County One Stop; 40% of projects are regularly connecting program participants with employment services. MCBOS, the Workfirst NJ TANF/GA provider links homeless individuals and families to One Stop employment services and has a dedicated staffing unit that provides RRH services to families. Specialized Case managers meet weekly with program participants to plan and support goals aimed at increasing income and improving self sufficiency. Case managers follow-up on referrals and provide assistance in navigating the system to ensure success. HomeFront also has a Job developer who reaches out to employers for RRH participants to advertise participants as candidates and solicit job opportunity information.

These efforts have proven successful. In 2014, the average income for Rapid Rehousing program participants increased by 61%.

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 Coordinated Entry & Assessment System (CEAS) uses outreach strategies including SAMSHA-PATH, ESG & VA-funded outreach to identify, engage and prioritize unsheltered homeless throughout the CoC's geography, particularly targeting those who are elusive or not active help-seekers who are at risk for long term homelessness. Workers offer individuals care packages, food, clothing, transportation via CEAS center van, and shelter, building trusting relationships in order to assist consumers in accessing shelter or Housing programs. The System Monitor generates a prioritization list in HMIS based on screening scores. Unsheltered persons with the longest histories of homelessness and the highest service needs are prioritized for housing solutions based on the CEAS Prioritization Matrix. Outreach providers case conference and facilitate transitions to housing, ensuring all unsheltered persons are engaged and prioritized. 60% of ESG funding is targeted for RRH with a major outreach component.

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)**

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	62	75	13
Sheltered Count of chronically homeless persons	46	11	-35
Unsheltered Count of chronically homeless persons	16	64	48

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

The increased number of unsheltered chronically homeless (CH) persons corresponds to the CoC's effort to have an accurate street count. With improved accuracy in the unsheltered count, both unsheltered and CH numbers increased. The 2015 PIT Count plan was more comprehensive, better covering the CoC's geography, and in line with the data collection requirements of a HUD-required unsheltered count year. Also, because of the CoC's success in rapidly, successfully, & permanently housing CH individuals/families (seen in decreased sheltered CH number), unsheltered persons have been more willing to engage with the community agencies to be counted, and homeless persons from other counties have sought services within the CoC's jurisdiction. The CoC was granted a waiver to postpone the count due to severe winter weather in 2015, and the PIT count was conducted in much warmer weather than 2014 so unsheltered persons were not driven to shelter as much by the cold and were counted on the street.

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)

In 2013 the CoC identified 49 chronically homeless individuals and 3 chronically homeless families. Of the 269 beds dedicated to the chronically homeless, 45 units are vacant and available for occupancy. Over the next 2 years the CoC will take the following actions to increase permanent housing for the chronically homeless:

1. New CoC funds will be prioritized for the Chronically Homeless. During the FY2013 process funding has been reallocated to create 5 new units of permanent housing.
2. The CoC has worked with Catholic Charities to secure a commitment to prioritize chronically homeless individuals and families at turnover. Between 2013 & 2015 Catholic Charities will prioritize beds at turnover and dedicate 16 beds to the chronically homeless
3. The CoC will monitor the rapid lease up of 45 recently awarded vouchers dedicated to the chronically homeless
4. Expand SOAR capacity to enable the increase of income for chronically homeless individuals thereby enabling existing programs to increase the number of persons served.
5. Create turnover in existing PSH programs by connecting the elderly with senior housing and matching veterans with HUD VASH and SSVF programs

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)

The CoC accomplished:

1. creating 5 new PSH units in FY2013 and 1 additional unit in FY2014
2. securing commitment from Catholic Charities to prioritize the chronically homeless for turnover beds through Coordinated Assessment
3. leasing up 48 new leasing vouchers dedicated to the chronically homeless, 3 more than originally awarded
4. SOAR program hired more staff to serve the chronically homeless identified during CEAS System process. SOAR staff at shelters and the CEAS Center to work with individuals with the longest homeless histories and most severe service needs. They are quickly assessed for SSI/SSD benefit eligibility. Since 1/2014, SOAR has completed 123 applications; 60 persons have been approved for benefits and increased income; 25 are currently in process
5. The CoC has begun meeting with PSH providers to identify consumers that may be able to move beyond PSH or reunify with their families. System monitor has assisted in using HMIS to identify longest PSH stayers

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 homeless persons identified on the HIC.	270	215	-55

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)

The difference is caused by the loss of 64 beds in the LSM Stepping Stone program as dedicated to the chronically homeless. This being the case, the CoC actually increased the number of overall dedicated beds in other projects by 9 between 2014 and 2015 since it lost only 55 dedicated beds.

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. 27 - 29

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.	111
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.	7
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.	7
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

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

This question will not be scored.

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

The City of Trenton invested over \$500,000 in the CoC's single point of entry for individuals, the CEAS Center, and Mercer County has provided \$117,040 to provide support services to individuals served through Coordinated Assessment. The CoC has strategically reallocated unexpended funding to create new PSH for the chronically homeless in each of the past 3 competitions, and is reallocating in 2015 to strengthen its Coordinated Assessment Project to enhance outreach services and prioritization. In addition, all existing PSH beds not dedicated to the chronically homeless have been prioritized for them through coordinated assessment and referral, and 35 new PSH units for the chronically homeless have been applied for through the 2015 Bonus funding. Enhancing Coordinated Assessment strategies for prioritizing and engaging service-resistant consumers is another topic the CoC could use TA to address

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

CoC Policies state: 'Families who are eligible for Rapid Rehousing...are provided temporary rental assistance within 30 days of entry into the system.' At the CoC's single point of entry for families, a universal screening process prioritizes families for diversion, prevention, RRH and PSH. Mercer County Board of Social Services (MCBOSS) is able to expand RRH through the innovative Family Housing Initiative using TANF dollars. This project, accidentally left off the 2015 HIC, provided 167 units of RRH (377 beds) for households with children on the night of the 2015 PIT. If prioritized homeless families are ineligible for TANF/mainstream benefits, they are rapidly moved into CoC RRH or PSH. 2 CoC-funded projects and 60% of City ESG funds are for RRH. Regardless of funding source, MCBOSS or Catholic Charities provide Intensive Case Management to quickly stabilize families. These efforts reduced average length of family homelessness by 60%, from 143 days to 56, with only 4% recidivism.

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:	234	183	-51

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:	71	56	-15
Sheltered Count of homeless households with children:	70	56	-14
Unsheltered Count of homeless households with children:	1	0	-1

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)

CoC coordinated entry and screening process at the Mercer County Board of Social Services helps to quickly identify, screen and house homeless households with children. Immediate linkage to RRH subsidies and intensive case management support helps to keep families housed. The CoC has also expanded its outreach services to homeless families; Catholic Charities and HomeFront are two organizations that provide specialized Rapid Rehousing case management and outreach services to families. The CoC has a 95% successful housing rate with only 5% recidivism.

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

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

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

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

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

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

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

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	36	1	-35

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)

CoC RHY-funded youth homeless provider (YHP) Anchor House joined HMIS 10/1/2014, the day after the reporting period. So, during this period, there were fewer HMIS-contributing YHPs in the CoC. The lower number from FY 2013 to FY 2014 may reflect the incomplete data set, which has now been corrected. Also, the CoC's coordinated entry system, strategic outreach to the community about available shelter/services, and coordinated use of prevention resources have all helped youth prevent/quickly end their homelessness. In 2013 the CoC and Mercer County Human Services (MCHS) created a Youth Homelessness Committee (YHC) with RHY agencies, school liaisons, youth one stop, advocates, child welfare and juvenile justice representatives, and youth who had experienced homelessness. YHC completed a youth count in 2014 and MCHS is now included in a 3-year federal grant by the NJ Division of Children and Families to increase available housing interventions for youth exiting the child welfare system.

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):	\$358,049.00	\$281,037.00	(\$77,012.00)
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):	\$358,049.00	\$281,037.00	(\$77,012.00)

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:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	3
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

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)

In 2014, in partnership with local school districts, the CoC conducted a Count on Youth project. Over 3000 youth were surveyed in school to assess housing instability as a predictor of homelessness.

The CoC met with McKinney-Vento liaisons 10 times in the past year by involving them in the CoC's committees. The Youth Homelessness Committee works with County school districts on protocols for identification of homeless youth, maintaining school enrollment, and procedures for information sharing.

Homeless youth providers are required by law to inform and facilitate youth remaining in their school district while homeless, and Anchor House coordinates child welfare cases with the State Division of Child Permanency and Protection, local homeless liaisons, and school districts to provide transportation, outreach, and support for homeless students. Anchor House's school outreach counselor also reaches nurses, child study teams, and provides youth support groups within schools.

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

CoC Policy details a “monitoring process ...designed for both CoC and ESG funded projects” which enables the CoC to track whether homeless families are informed of their eligibility for, and access to, educational services. CoC policy dictates that all CoC and ESG program caseworkers connect students to the homeless liaisons. Every child must be able to remain in his or her original or current school. For youth engaged with the child welfare system, this is established by State law mandated by the Division of Child Permanency and Protection. Families and youth are asked if they have any concerns about school attendance, particularly fears related to domestic violence. Shelter after-school programs do not prohibit students from staying enrolled in their original school and educational programming at shelters supplement the school curriculum. Shelter directors must cooperate with homeless liaisons and runaway youth directors to ensure full access to education opportunities.

The Youth Homelessness Committee includes youth and RHY organizations, local school district educational liaisons, entitlement agencies, youth one stop, homeless advocates, child welfare and juvenile justice representatives, and youth who have experienced homelessness which strategize with homeless liaisons about how to best standardize dissemination of education information to homeless families and youth. Because the CoC developed a joint release of information form for parents with homeless liaisons, homeless liaisons are able to directly refer families to MCBOS for coordinated assessment to determine eligibility for CoC and ESG-funded programs.

At the program level, the Anchor House outreach staff and school outreach counselor provide service information and engagement for homeless youth. If homeless youth engage and access services at the Basic Center, initial intake always includes discussion of the youth’s right and access to educational services.

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:	38	31	-7
Sheltered count of homeless veterans:	34	20	-14
Unsheltered count of homeless veterans:	4	11	7

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

The total number of homeless vets counted during the PIT decreased by 18% in 2015. This is a direct result of the CoC’s strategic plan to end veteran homelessness by 2015. By partnering with HUD VASH and VA SSVF providers, the CoC has developed methods to 1) identify homeless veterans with the highest service needs and longest lengths of time homelessness 2) to screen homeless vets to determine most appropriate housing needs and 3) to prioritize veterans for housing. The CoC has also actively engaged elected officials in working to end veterans’ homelessness, and both the Mayor of the City of Trenton and the Mercer County Executive have signed on to the Mayor’s Challenge to end veterans’ homelessness by the end of 2015.

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 CEAS Coordinated Assessment (CA) process includes specific screening questions designed to ensure that Veterans eligible for VA services are accurately identified and referred to HUD-VASH & SSVF resources. Once identified, veterans are immediately referred to HUD-VASH & SSVF providers Community Hope and Soldier On, who are onsite weekly at shelters and engaging unsheltered veterans through street outreach to assess for program eligibility, while referring the VA ineligible to the CA system resources. These providers also participate in housing stability planning and case conferencing with CEAS center staff and staff from the VA NJ Health Care System. The CoC established a bi-weekly Veterans workgroup to ensure these procedures meet the goals of the CoC's Plan to End Veterans Homelessness. The CoC has created a master list of homeless veterans in the community, and is prioritizing veterans for housing resources in order to reach functional zero in terms of veterans' homelessness.

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

The CoC's Plan to End Veterans Homelessness states, "We will organize our resources and find new ones to ensure that all homeless veterans can be housed." To achieve this, a priority list has been developed and the CEAS Center is currently housing these individuals. The Plan asserts that "chronically homeless veterans with the longest histories of homelessness and most severe service needs will be given priority for housing in this system until all identified veterans in need of permanent supportive housing are safely housed. RRH programs will also prioritize veterans. Individuals who can move out of homelessness with short-term rental assistance and case management efforts will be targeted for RRH and those individuals who are not eligible for VA assistance will take priority." Both the CoC and local elected officials at the City of Trenton and Mercer County who signed the Mayor's Challenge to end veteran's homelessness, have prioritized resources for VA ineligible veterans.

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:	39	31	-20.51%
Unsheltered count of homeless veterans:	9	11	22.22%

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)

The City of Trenton and Mercer County have both assisted the CoC to leverage funding to support its efforts to identify and permanently house homeless veterans. Through more than \$600,000 in combined support, these local government entities have supported the CoC's Coordinated Entry and Assessment Center. In conjunction with a CEAS prioritization matrix, this Center has allowed the CoC to engage hard to serve and chronically homeless veterans, linking them to housing resources even if ineligible for VA resources.

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):	21
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).	21
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)

Trenton Health Team is 1 of 3 Accountable Care Organizations designated by New Jersey as a pilot program to work with managed care organizations overseeing the state's Medicaid. The collaborative is a partnership among St. Francis Medical Center, Capital Health, Henry J. Austin Health Center (HJAHC) and Trenton Department of Health and Human Services designed to expand access to quality, coordinated, cost-effective healthcare. CoC participants have increased access and coordination of healthcare with homeless services. The CoC works with HJAHC in enrolling homeless clients in health insurance programs which has resulted in the direct enrollment of 588 program participants and assisting 1,822 more between 2013 and Q1, 2015. Participants receiving health insurance can access preventive medicine, affordable prescriptions for managing disabilities, and PSH programs are more financially stable when able to provide essential health services to clients while billing their insurance.

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):	20
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:	20
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):	20
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:	20
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 checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2014	2015	Difference
RRH units available to serve any population in the HIC:	249	203	-46

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

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

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

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

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

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

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input 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

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		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
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		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

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Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/18/2015
1F. Project Review	Please Complete
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	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/14/2015
3B. Objective 3	11/14/2015
4A. Benefits	11/14/2015
4B. Additional Policies	11/14/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required