

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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: IA-502 - Des Moines/Polk County CoC

1A-2. Collaborative Applicant Name: City of Des Moines

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	No
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	No	No
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Universities	Yes	Yes
Business Organizations	Yes	Yes
Philanthropic Organizations	Yes	Yes

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

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The PCCoC board (CoCB) & its 9 committees, which include non-board members, hold monthly public meetings where comments/opinions are sought before final decisions are made. As a result of the CoCB's submission of a HUD youth grant in 2016, a Youth Advisory Board has been formed to provide input into strategies addressing youth homelessness. This board is made up of youth agency representatives & advocates, & current and formerly homeless youth. Advice is sought on initiatives and actions addressing homelessness from the PC Housing Continuum Directors Council, comprised of CoC funded & non-CoC funded homeless services and housing agencies, legal aid, VA, State of Iowa, Des Moines HUD field office, local PHA, & other agencies. The CoCB has also formed separate work teams for Centralized Intake, veterans, and chronically homeless.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The membership of the Polk County Continuum of Care is open to all community stakeholders who are interested in preventing and ending homelessness in Polk County and willing to engage in and support the work of the Polk County Continuum of Care. Solicitation of new members is a standing item on CoCB's monthly agenda. In January and July of each year, the PCCoC holds membership meetings, in part, to solicit new members. Invitations and announcements are posted on the PCCoC's website as well as sent to existing PCCoC/CoCB members, service providers (HUD- and non HUD- funded) and local government officials with a request to post and circulate within their networks. In the last nine months outreach to many constituents has resulted in 2 representatives from higher education and 1 youth provider/formerly homeless being elected in January 2017 and one representative each from philanthropy, law enforcement and domestic violence being elected in August 2017 as members of the CoC board

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.

(limit 1000 characters)

The CoCB has a 2-step application process: Letter of Interest (LOI) & full application. Agencies wishing to have new & renewal projects considered by HUD were required to submit a LOI by 5/9/17. The LOI was posted on PCCoC's website & sent to PCCOC/CoCB members, HUD-& non HUD-funded service providers, & local government officials with a request to post & circulate in their networks. To obtain additional new projects, a 2nd LOI was posted on PCCoC website & distributed to the aforementioned constituencies on 5/24. On 5/15/17 a non-CoC funded agency, Bridges of Iowa, spoke to the CoCB ED about a project to serve homeless persons with chronic substance abuse. On 6/1/17 the CoCB ED spoke to Central Iowa Shelter & Services, a non-CoC funded agency, about a RRH project to serve homeless youth. On 7/25/17 application forms for new and renewal projects were released & an open meeting held about the local and HUD CoC application processes for agencies whose LOIs were approved.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
	Not Applicable
	Not Applicable

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

(1) CoCB & DSM met twice to update ESG app. & RFP & set priorities, using HMIS data, for ESG-eligible activities. The Integrated Grant Committee, composed of City of Des Moines (DSM) (local ESG recipient) staff & CoCB

Grant Committee reviewed ESG apps & made funding recs to DSM City Council. CoCB & DSM worked on Performance Measurement Plan for ESG-funded programs. (2) CoCB & DSM discussed, 8/9/16, development of DSM's 2017 Annual Action Plan. CoCB provided updated structures, policies & procedures, performance measures for ESG grantees. DSM obtained PIT & HIC data from HMIS lead. On 9/8/17, CoCB ED provided info. & data for DSM's 2018 Annual Action Plan. CoCB ED met with City of West DM staff & provided materials & data for 2017 Annual Action Plan. On 7/19/17, CoCB reviewed 2018 Annual Action Plan draft & provided comment & necessary data. (3) Thus, by regular meetings PCCoC ensures that local homeless information is addressed in the City of West DM's & City of DSM's ConPlan.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

Children & Families of Iowa(CFI) is the only DOJ & HHS funded dv shelter & services in Polk County. When the survivor is no longer in danger, CFI may refer them to an ESG or non-ESG funded shelter. CFI's HHS funds, along with ESG funds, are used to provide RRH. CFI assesses safety or survivor before making referrals to CoC-funded RRH & PSH programs. This variety of housing options ensures dv survivors with little or no access to money can obtain housing. Whether or not shelter or housing is provided by CFI, CFI will continue to provide services & make referrals for legal, health care and mental health care due to the abuse. Survivors have the same right to choice for services & housing as non-dv households. CFI staff are aware of areas to avoid when making referrals for services and inform CI staff of amenities and areas to avoid ensuring safety in housing placement. When moving to non-dv shelter & housing, clients maintain choice as to personal information being entered into HMIS.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

(1) Informal training on dv issues, safety & barriers to housing occurs daily between CFI & CI through referrals for shelter & housing. Shelter & housing staff reach out to CFI with questions re serving survivors. At the Sept. Service Council mtg and 2x a year thereafter, CFI will provide training. (2) IFA (State ESG Grantee) in coordination with the other 2 Iowa CoCs launched Domestic Violence Information Management System (DVIMS) Network provided by the Iowa HMIS Lead agency. Client information is entered creating a unique client ID but scrubs personal identifiers from the record. Allows DV system wide reporting for ESG CAPER & CoC APR. Prior to this, DV providers in Iowa were

not utilizing any consistent comparable data base that would provide useful data. (3) If a person self-identifies as needing dv services, CI contacts CFI to provide transportation to dv shelter. If CFI is full, CFI & CI identify & transport household to another dv shelter.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Des Moines Muncipal Housing Agency	16.33%	Yes-HCV

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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

Not Applicable

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

CoCB assessed HUD-funded programs to ensure facilities address LBGT needs, revealing a) all but 2 programs provide equal access to facilities, benefits & services in accordance with individual gender identity; one program opted to cease receiving CoC funding; a shelter for women & children now

includes 2-parent families & single male headed families. b) HUD-funded programs already provided equal facilities, benefits & services access to LGBT youth & singles. All CI staff has trained on Equal Access & response if LGBT referral is rejected. Equal Access, & HUD-funded program responsibility to comply was highlighted in ESG application training & a CoC Application open meeting. CoCB staff has provided resources to homeless programs to educate their staff; Notice of the Equal Access Training & the Iowa/Nebraska Peer to Peer Homelessness Symposium, including an Equal Access workshop; one-on-one consultation & a sample policy. On 9/11/17 CoCB passed a CoC-wide anti-discrimination policy.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

(1) Discharge policy not adopted due to leadership changes throughout agencies; did not have an identified organization leading the community efforts like today (CoCB). (2) The CoCB has convened a local group, over the last year, of health care providers and agencies to connect regarding discharge/planning efforts, review the health care costs related to discharge and planning, on-site visits of agencies with health care providers to understand or learn about our homeless providers and services offered, reviewing initial draft of a discharge policy that has been adopted in another state, local hospital applied and received planning dollars to address discharge/planning, connected this issue with our Governor at the August 2017 Iowa Council on Homeless board meeting, and now in the coming year work on a policy that can be followed and adopted community wide.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
 (limit 1000 characters)**

Consideration of severity of need & vulnerabilities of program participants was incorporated in the Centralized Intake (CI) threshold requirement that CoC-funded programs receive referrals only from the CI & thereby accepting anyone within the population they serve regardless of the their needs and vulnerabilities. CI uses the 3 VI-SPDAT tools to assess, prioritize & refers persons experiencing homelessness based on vulnerability & service needs. The needs & vulnerabilities considered in the VI-SPDATs include interactions with police, emergency rooms or crisis mental health services; current and past health problems or substance abuse; legal issues & criminal history; history of victimization, domestic violence, sexual assault & childhood abuse; chronic homelessness; low or no income; family composition including number and age of children, number of parents and pregnancy of female parent, frequency of changes in household and involvement with protective services.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/25/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/24/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Supp...	09/03/2017

Attachment Details

Document Description: Reallocation Supporting Documentation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. ICA/CoCB MOU: Pages 3-5, CoCB Governance Charter: CoCB Responsibilities Pages 3-7, HMIS Responsibilities Pages 14-15

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? ServicePoint

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	409	54	343	96.62%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	261	0	235	90.04%
Rapid Re-Housing (RRH) beds	148	0	148	100.00%
Permanent Supportive Housing (PSH) beds	541	0	541	100.00%
Other Permanent Housing (OPH) beds	172	0	172	100.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

Not applicable.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/21/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/21/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

The Des Moines/Polk County CoC did not make any changes in our sheltered count methodology in 2017.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	10
Beds Removed:	180
Total:	-170

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including Yes

**methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

In 2017, the Polk County CoC introduced the use of the unsheltered count on-line module. This web-enabled module allowed volunteers to enter survey information for each person encountered. Designed and implemented by our HMIS Lead Agency, the module utilized conditional logic to move the volunteer through the survey questions, adjusting for less or more questions dependent on the household configuration, the age of the person, length of time homeless, disability and veteran status. For families, the module allowed for creation of a multi-person household with up to 10 members. The module could be used on any mobile device, and when a survey was submitted, the results were sent to the HMIS Lead, where they could tabulate results. The module also allowed for either a survey interview or an observational encounter and adjusted the depth of questions to match the circumstance. Use of the module resulted in dramatically enhanced quality of survey data, both for completeness and accuracy.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Iowa Homeless Youth Center outreach and shelter staff served as active participants in the planning and execution of the 2017 PIT. Members of their street outreach staff served as part of the unsheltered count teams and IHYC program vehicles were utilized as part of the transportation support on the night of the count. IHYC staff contributed information and locations as part of the PIT count preparations and actively engaged with youth experiencing homelessness to gain additional information on where youth might be encountered and to also partner with the youth as liaisons to survey teams. All forms and reporting tools for the PIT count were designed to capture age demographics to guarantee that youth being served by other community providers were also included.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The planning of the 2017 PIT count was executed by a diverse team of community providers representing specific sub-populations and unique needs. These providers included family shelter providers, the CoC's largest low barrier individual shelter, local youth providers and also included staff from the Central Iowa VA encompassing their full range of programs. Input from these agency staff were central to planning and mapping locations for survey teams, along with the client liaisons. The new unsheltered count on-line survey module was designed with conditional logic to adjust survey questions that address the unique information that might be needed for a specific sub-population. Finally, all survey teams were led by at least one outreach professional from one of the community providers, and all teams had one representative from the VA. These teams held "report outs" at the shift change time, so intentional follow up from subsequent survey teams could be done if needed.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

Between FY 15&FY16, 199 people entering ES, SH &TH, & 154 people entering ES, SH, TH & PH experienced homelessness for the first time. CI uses a four-phase intake tool that includes Diversion & Prevention Screens. Since CI was instituted almost 3 years ago, the CI staff has been able to increase their acuity in identifying risk factors of becoming homeless through completion of intakes and working closely with non-CoC funded prevention services to understand the trends and needs of clients who are imminently at risk of homelessness. Clients in need of cash assistance for prevention or diversion are referred to General Assistance (GA) and to non-CoC funded assistance agencies. Referrals are made to Iowa Legal Aid & HOME, Inc. for legal counsel & tenant/landlord mediation. CI has received a grant from the Polk County Housing Trust Fund which they can use to cover costs to prevent or divert people from becoming homeless. CoCB is responsible for overseeing these strategies

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

Avg. LOT Homeless increased from 39 bed nights in FY15 to 41 in FY16 while Median LOT Homeless decreased from 23 bed nights in FY15 to 22 in FY 16. Hiring housing navigator for CI, more RRH requested in this application, planning for more PSH in 2018, work through Mayor's Challenge to end

veteran's homelessness, creation of Chronic Homeless work team & multiagency case reviews of families whose shelter length of stay(LOS) exceeds 30 day. Identification of individuals and families with the longest length-of-time homeless occurs through a variable in VI-SPDAT tools used by CI. Length-of-time homeless and degree of vulnerability are the two most significant variables that determine housing placement. LOT is tracked by 2 reports created by the HMIS lead: quarterly agency specific Performance Measures Summary Report and a monthly a system performance measure dashboard reviewed by the PCCoC board. The CoCB is responsible for overseeing these strategies.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Exits to permanent housing destinations from street outreach increased from 40% in FY15 to 46% in FY16 & from ES, SH, TH and PH-RRH decreased from 38% in FY15 to 29% in FY16. Exits to or retention of permanent housing in PH projects except PH-RRH decreased from 92% in FY15 to 90% in FY16.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

12% of persons who exit homelessness to PH returned to homelessness in less than 6 months while 21% returned to homelessness in 2 years. Strategies to reduce return: CI use of VI-SPDAT, MC & CHWT case by case focus(3A-3)& biweekly case reviews by 3 family case managers/CI staff ensure appropriate housing & services match. "Aftercare programs" utilized by 3 family shelters assist families to manage crises that might lead to homelessness return. Outside 3rd party mediates appeal hearings of tenants receiving termination notices from PSH programs-achieve win-win outcome, preserving tenant's place in program. Future strategies: RRH programs building supportive relationships with landlords who are educated on Housing First model & have direct access to case managers so evictions can be avoided. The CoCB is responsible for overseeing these strategies.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase

**access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)**

Between FY 15&16: adult stayers earned income decreased 3%, non-employment cash income decreased 9% & total income decreased 14%; adult leaver earned income decreased 4%, non-employment cash income decreased 6% & total income decreased 4%.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

Not applicable.

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)** 06/05/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	92	283	191

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	344
Total	344

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Homeless families are referred by CI to programs to prevent housing loss or mitigate family crisis. Otherwise, family is referred to shelter. Housing navigator (HN) will develop relationships with landlords who accept criminal background families, income below 3 times rent, or poor/no rental history. HN will present housing options instead of family finding own housing. PSH & RRH application processes: start application process sooner-not wait until family has “all ducks in a row”. Housing inspection: expedite inspections & reduce family time in shelter. A family in shelter over 30 days: case review to assess how to reduce time to move to housing. More RRH for families requested in this application The CoCB is responsible for overseeing these strategies.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	64	32	-32

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT 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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC’s efforts. (limit 1500 characters)

One of our funded agencies, IHYC, received a VOCA – Victim of Crime Assistance grant (increase of homeless youth focused funding of \$185,000) to operate 9 youth emergency beds in our community. Ranking in Tier 1 of this application a 12 unit youth RRH program Securing funds to develop a community plan to end and prevent youth homelessness. This planning process is underway (with input from 30+ nonprofit and governmental entities) and Work groups are developing strategies to increase availability of housing and services for youth in our community. In the IHYC Youth Emergency Bed program, roughly 20% of youth served in the first ½ year have exited to permanent housing destinations after leaving emergency shelter. 40%-50% exited to Transitional Housing options in our community. Another performance measure – Average Length of Stay in the first year of operation decreased 4% to an average of 37 days for this emergency shelter program designed for homeless youth.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The Des Moines Public School District, appoints a representative to the PCCoC board to ensure policies and practices are consistent with McKinney-Vento requirements. Most communication and coordination occurs at the provider level between the liaison and local programs. The neighborhood school liaison and district liaison will contact the CI for assistance when a family experiencing homelessness, or imminently at risk of homelessness, has been identified. Local providers are invited to speak at training of school social workers and SUCCESS case managers (program serving at risk students) who are the local school staff most likely to encounter homeless children and youth. In 2016, CoCB implemented a policy to ensure all children and unaccompanied youth are enrolled in school, or in early childhood programs, and are connected to appropriate education related services in the community.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)

The Veterans Crisis Response Team comprised of shelter providers, street outreach, PSH providers, staff of the VA Central Iowa Health Care System (including staff representing SSVF, VASH, GPD, & street outreach) meets monthly to work to quickly identify and house veterans. Our CoC HMIS Lead staff convene the meetings and provide all reporting. The work team utilizes a "by-name" list of all homeless veterans and provides the team with detailed information on length of time homeless, and sheltered/unsheltered status. At each meeting, the team discusses each veteran on the list and reports on needed services, and progress to placement in permanent housing. Central Iowa VA staffs enter client information and housing status directly into the HMIS network, which includes HUD-VASH, and VA Street Outreach clients. The

SSVF and GPD programs are also participating in HMIS to further enhance the thoroughness of reach and accuracy of reporting the housing status for each veteran.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	

Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	0.00%
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4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	0.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

4A-5. Affirmative Outreach
 Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.
 Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	253	148	-105

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed

**(paragraph 3 of the definition of homeless
found at 24 CFR 578.3).**



Continuum
of Care

Our vision is for everyone
in Polk County to have
a safe place to call home.

Reallocation of Renewal Project Funds

Reallocation of renewal project funds may occur in two ways:

- 1.) Voluntary Reallocation - Agencies operation existing renewal projects may voluntarily reduce a portion of the project's CoC funding or eliminate CoC funding of a project. Through a voluntary reallocation of renewal project funds, the agency may apply for new projects that have been designated as higher priority programs.
- 2.) Involuntary Reallocation – An involuntary reallocation will occur when a renewal project's application is rejected by the Polk County Continuum of Care's Grant Committee and affirmed by a majority vote of the board. A project may be rejected due to poor project or system performance as well as for failure to meet threshold for receiving all referrals from the continuum's centralized intake.

Use of Reallocated Funds:

The balance of funds from either voluntary or involuntary reallocation of funds must be used for new projects per guidelines listed in HUD's 2017 Continuum of Care Program NOFA:

- 1.) Rapid Rehousing (RRH) for families, including youth up to age 24, and adults who meet the following criteria:
 - (a) residing in a place not meant for human habitation;
 - (b) residing in an emergency shelter;
 - (c) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations;
 - (d) residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; or
 - (e) residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or
 - (f) receiving services through a VA-funded homeless assistance program and met one of the above criteria (Sections III.A.3.j.(3)(a), (b), (c), or (d) at initial intake to the VA's homeless assistance system.
- 2.) Permanent Supportive Housing (PSH) where 100% of the beds are dedicated for adults, youth or families experiencing chronic homelessness.
- 3.) Supportive Services Only (SS)-CI for centralized intake expansion.
- 4.) Joint TH and PH-RRH to serve families, including youth up to age 24 and adults.
- 5.) DedicatedPLUS projects as defined in Section III.A.3.d. of the NOFA.

