2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your 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? Attachment Required.

Yes

2A-1a. Applicants must: (1) 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, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

Pages 1 and 4 of the Governance Charter

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.

Yes

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

Eccovia Solutions (Client Track)

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Single CoC

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and**

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,015	180	613	73.41%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	549	0	128	23.32%
Rapid Re-Housing (RRH) beds	422	0	422	100.00%
Permanent Supportive Housing (PSH) beds	1,266	0	678	53.55%
Other Permanent Housing (OPH) beds	425	0	0	0.00%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)

While we have noted a slight increase in bed coverage rates from 2017 to 2018, 10% for ES beds, 13% for PSH beds and remained steady at 100% for RRH beds, we are continuing to work with our providers to increase our coverage. These subtle but encouraging increases fall on the heels of a system-wide evaluation conducted by Focus Strategies in 2016/2017 where they identified organizations who are not federally funded or mandated to comply, do not typically participate in HMIS. Focus Strategies outlined a plan of action 1) Set system priorities; 2) Set system performance targets; 3) Modeling; and 4) Present results back to the community. In response to the plan, during the spring of 2018, we completed and submitted two funding applications to cover two FTEs to assist with reporting at agencies that do not have the capacity to complete their HMIS reporting. We have applied to the City of Jacksonville for Public Service Grant funding and the Mayo Foundation of Florida – we are waiting for the funding announcements. Initially we assumed non-reporting was more of a philosophical difference, however, we have learned that it is a capacity issue and are working to address this resource gap with securing funding to support staff to accomplish HMIS data entry. In the meantime, we are also considering volunteer support to assist with data capture for the ES and TH programs which include City Rescue Mission, Trinity Rescue Mission, and small faith-based organizations. Since more than half the PSH beds on the HIC are VASH beds, we continue to work with the VA to determine how we might report the HUD VASH program in HMIS. OPH beds are operated by our Housing Authority and we are engaged with them as well.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 4

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 04/30/2018

(mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/30/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

For the 2018 sheltered PIT count, FL-510 implemented minor changes to the shelter count methodology by updating the survey tool utilized to collect information from the shelter providers. In addition to the demographic information required to complete an accurate census count of the various subpopulations served, the CoC included specific questions focusing on the individual projects in order to obtain a more accurate HIC sheltered count. As a result, FL510 added 19 emergency shelter beds and removed 23 Transitional housing beds as reported in the 2018 HIC. Although our community added beds to its emergency shelter capacity, on the night of the point in time count the utilization rate was 86%. Despite the increase in inventory, in terms of persons counted, our community experienced a 6% decrease in our emergency shelter count as compared to the 2017 PIT. Additionally, our transitional housing count resulted in a 3% decrease as compared to the 2017 PIT. The changes to the methodology implemented during the 2018 PIT/HIC collection resulted in an increase in data quality and provided an improved snapshot of the community's homeless population. Overall, the community experienced a 5.13% decrease in the 2018 sheltered PIT count.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	19
Beds Removed:	23
Total:	-4

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter,   No

transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.

Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

For the 2018 unsheltered PIT count, FL-510 utilized logistical feedback obtained during the August 2017 Surge debriefs held with community partners and the PIT planning committee to provide better-targeted coverage in specific zones during specific times of the day. The PIT planning committee implemented an early morning and an additional evening count areas known to have higher populations of persons experiencing unsheltered homelessness. These changes were also implemented in the training of PIT evening volunteers to ensure that they ask if a person had been interviewed in the morning to avoid duplications in the count. Although the changes in implementation only observed a 0.6% decrease in the unsheltered population, the community feels confident it will be able to implement further systematic changes specific to reducing the unsheltered homeless population. Overall the community experienced a 4.09% decrease in the 2018 sheltered and unsheltered PIT count.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
 (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
 (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
 (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

1. The CoC partnered with youth-serving organizations to assist with the process which included logistics, time of count, etc. Additionally, the CoC solicited feedback from the Youth Advisory Board that had been established by the Youth Demonstration application process in order to incorporate ideas and perspective to implement more youth-centric activities in the 2018 count. Staff members from JASYMN, a community youth provider, acted as the Youth Count captains and assisted in volunteer recruitment specific to the youth population to ensure better representation. We have more refined detail in terms of age range and identification. However, our overall numbers are trending down.
2. The CoC worked with JASYMN, a youth provider, to identify common locations within the 3-county area where youths were most likely to be found. Once locales were identified, we selected relevant organizations & lead, staff members to act as zone commanders for the youth-specific count. Additionally, the CoC worked to engage more shelter youth provider to ensure that the programmatic and bed inventory data they collect was included in the 2018 sheltered count.
3. Organizations worked with their clients to partner with homeless youth to act as guides and direct volunteer teams find and interview youth. Additionally, the CoC considered and implemented our partner youth provider's location & geographic recommendations, specifically, the CoC utilized the feedback obtained from the Youth Advisory Board.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
 (1) individuals and families experiencing chronic homelessness;
 (2) families with children experiencing homelessness; and
 (3) Veterans experiencing homelessness.
(limit 2,000 characters)

To improve system coverage and provide a more comprehensive analysis of the CoC's overall homeless population, the CoC implemented these methodology changes in the 2018 PIT count to better count the following subpopulations:

(1) The CoC provided detailed training on the survey questions focused on chronicity to PIT volunteers and helped provide clarification around HUD's definition of Chronic Homelessness to help illustrate the importance of collecting accurate information. Additionally, during the data analysis, the CoC's HMIS team crossed reference information received from the PIT surveys with information collected in HMIS and the information collected for the community's Chronic By Name List.   Although the community did experience a 2.4% increase in the number of chronic individuals and families, we have a more

comprehensive list of the clients and will continue to improve on prioritization policies that promote a more rapid reduction in population size.

(2) The CoC specifically with community partners whom provide programming specific to families with children to ensure that their programs numbers were accurately reflected in the 2018 PIT count. This included conducting surveys on –site at two large rescue missions serving this partner who do not currently enter their program information into HMIS.

(3)   To better capture data on Veterans experiencing homelessness in the 2018 PIT count, the CoC provided detailed instruction for community volunteers on how to screen for veterans. Volunteers were encouraged to ask if a person has "ever served one day in the military?" during the survey process.   Additionally, during the data analysis, the CoC's HMIS team crossed reference information received from the PIT surveys with information collected in HMIS, the information collected for the community's Veteran By Name List, and consulted with members of the local VA team to confirm military status.