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: DE-500 - Delaware Statewide CoC

1A-2. Collaborative Applicant Name: Homeless Planning Council of Delaware

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeless Planning Council of Delaware

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	No	Yes	No
Local Jail(s)	No	No	No
Hospital(s)	No	Yes	No
EMT/Crisis Response Team(s)	No	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	No	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	No	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	No	No	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	No	No	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Not Applicable	Not Applicable	Not Applicable
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Downtown Business Improvement District Public Safety Agency	No	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)

The DE CoC sends open invitations for CoC meetings. General members are encouraged to join a CoC committee and voting members are required to do so. CoC Board members are openly nominated. Our CoC Board has diverse members including DV, faith-based, peer groups, mental health, affordable housing, and funders. DE legislator Rep. Baumbach founded an interagency group in Newark and is on the CoC Strategic Planning Committee to help identify needs and solutions to homelessness, especially in more suburban areas where homelessness is a hidden problem and there are fewer services. Christine Copeman is the Manager of Highmark Health Options' Behavioral Health Coordination in DE. Her team partners with ACT Teams statewide to help the highest need homeless access behavioral health care. She is on the Point in Time Committee to provide expertise in identifying locations and performing outreach to high need individuals.

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).
Child Inc	Yes	Yes	No
West End Neighborhood House	No	Yes	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).
Child, Inc	Yes	No
Peoples' Place	No	Yes

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

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

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

The CoC Board and CoC Strategic Planning Committee oversee the implementation of strategies to achieve the goals of Opening Doors. In DE a Statewide working group was formed to lead the charge to end veteran homelessness. Key stakeholders were invited to join and all participate fully: HUD, CoC/HMIS Lead, DE State Housing Authority, Dept. of Health and Social Services, New Castle County, Sussex County, DE Commission of Vet Affairs, City of Wilmington, SSVF Providers, VAMC, Dover Veteran Welcome Home Team, and Dept. of Substance Abuse and Mental Health. A statewide strategic working group is being recruited and created to address each opening doors subpopulation as DE moves forward in achieving each of these goals. Membership is selected strategically to ensure that the groups include everyone who needs to be at the table (e.g. the chronic homeless group will include DSAMH, PSH, PHAs, street outreach teams, Medicaid, etc.)

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 Lead sent multiple communications announcing the release of the CoC NOFA, including information about the new funds being made available. A meeting was held that was open to the public. Information about the NOFA was presented. 12 people, representing 8 agencies that have never been CoC-funded, attended the open meeting. A project application was provided at the meeting (and electronically) including instructions and a detailed timeline for how to apply. The CoC considered new projects based on their ability to serve households statewide, capacity to administer a federal grant, clear understanding of the PH program model, low barrier and housing first, and fulfilled a local need. 1 agency not currently CoC funded applied for PH Bonus funds and was selected for inclusion in the CoC application. Prior to the release of the NOFA the CoC Lead engaged in conversations with non-CoC funded homeless service providers about CoC funding opportunities.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	No
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?	3	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	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?	3	100.00 %

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 CoC Project Scoring Committee consists of representation from CoW and DSHA, for 2 meetings in person for 5 hrs each. The CoC Lead meets in person with NCC and CoW bi-weekly for 1 hr to address veteran homelessness in their jurisdictions and provides all 4 jurisdictions with veteran data monthly. NCC, CoW, and DSHA participate in the statewide veteran group that meets monthly in person for 2 hrs. Dover con plan representatives participate in the Dover veteran homelessness working group that meets bi-weekly. The CoC works with DSHA to facilitate a system performance analysis group that has met once in person for 2 hrs. The CoC Lead provides all jurisdictions with data and information to help them identify needs for their con plans and met in person with con plan consultants working with all 4 jurisdictions. NCC, DSHA, and CoW sit on the CoC Board which meets bi-monthly for 2 hrs.

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 CoC Lead hosts bi-monthly Funder meetings that includes New Castle County (NCC), Delaware State Housing Authority (DSHA) and City of Wilmington (CoW) in person for 2 hrs. The CoC Lead sits on the ESG funding committees for NCC, DSHA, and CoW at annual in person meetings for 5-7 hrs. The CoC/HMIS Lead provides ESG funders with reports about the performance of their sub-recipients out of HMIS. Common performance measures have been identified and the CoC/HMIS Lead and ESG funders have developed a quarterly reporting mechanism for more efficiently evaluating projects throughout the year. The CoC Lead participates in all annual ESG funding committees by scoring projects and making funding recommendations. All 3 ESG jurisdictions sit on the CoC Board and participate in strategic goal setting and oversight at the statewide level, and participate in case conferencing for Centralized Intake.

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)

People in need of homeless assistance are referred to Centralized Intake (CI). CI asks if the client is fleeing DV. If yes the client is provided with the DV Hotline number. The client is provided with a choice about whether to access assistance in the DV or homeless system, and is informed about safety precautions in place in the DV system to help them make an informed choice. Clients who choose to contact the DV hotline are not entered into HMIS. Clients who enter DV shelters through the DV system work with shelter staff to develop a safety plan. They are provided with the option to be assessed with the VI-SPDAT and prioritized for CoC housing resources (RRH/PSH). VI-SPDATs are done via paper and securely sent to Centralized Intake's senior housing specialist. Client information is only entered into HMIS with client permission for those referred to RRH or PSH, and the client's safety plan is communicated to the CoC provider.

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
Delaware State Housing Authority		No
Wilmington Housing Authority	0.00%	No
New Castle County Housing Authority	0.80%	Yes-HCV
Newark Housing Authority	6.60%	Yes-HCV
Dover Housing Authority	0.00%	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-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)

DE created the State Rental Assistance Program (SRAP) in 2011 to provide 400 households with subsidized housing. Target populations are people exiting long term care facilities or the state psychiatric center, youth age 18 – 21 that left foster care, and families reunifying with children in foster care. Many of the recipients are homeless and 100 vouchers are for families that meet the DOE homeless definition. In 2015 20 vouchers are for homeless veterans ineligible for the VA. SRAP is operated similar to the Housing Choice Voucher program. DE Dept of Health and Social Services and DE Dept of Services for Children, Youth, and Families provide voluntary supportive services to clients. The Delaware Dept of Substance Abuse and Mental Health created 140 units of project based rental assistance via the Section 811 program and 154 supervised apartment beds for people with SPMI that are at risk of institutionalization. Both programs have a homeless preference.

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:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	

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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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)

Centralized intake (CI) operates across DE. There are two phone access points - 211 or calling CI directly and 15 in person access points via a local State Service Center. CI is well advertised via electronic communication, flyers, and word of mouth. Outreach is conducted with providers that are engaging populations least likely to access services including day centers. A process has been designed to engage clients that access low barrier winter shelters.7 days after emergency shelter entry and for all unsheltered households, staff utilize a standard assessment, the VI-SPDAT. Clients are referred to RRH or PSH based on priority and score on the VI SPDAT. CI does not create wait lists. Instead, if a client will not be served by RRH or PSH because s/he either has not scored high enough or there are limited resources, Centralized Intake will communicate this information to the relevant service provider to continue identifying other strategies to house the client.

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	X	X			X	
CDBG/HOME/Entitlement Jurisdiction	X	X			X	
Law Enforcement		X				
Local Jail(s)		X				
Hospital(s)	X	X				
EMT/Crisis Response Team(s)		X				
Mental Health Service Organizations	X	X	X			
Substance Abuse Service Organizations	X	X	X			
Affordable Housing Developer(s)	X					
Public Housing Authorities	X	X			X	
Non-CoC Funded Youth Homeless Organizations		X	X			
School Administrators/Homeless Liaisons		X				
Non-CoC Funded Victim Service Organizations	X	X	X			
Street Outreach Team(s)		X				
Homeless or Formerly Homeless Persons	X	X				

State Service Centers	X	X		X		
Delaware 2-1-1	X	X		X		

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?	24
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
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?	20
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.)	

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
% enrollment in mainstream benefits	X

Monitoring criteria	
Participant Eligibility	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X
Agency Audits	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

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 severity of needs of clients served is incorporated into the project scoring tool that is used by the CoC to prioritize and rank CoC projects. The data taken into account includes the rate of clients served with domestic violence experience and the rate of clients served with significant health or behavioral health challenges, including substance abuse. This data is pulled from each project's Annual Performance Report. The higher the rate of people served in these 2 categories, the more points awarded in these 2 categories. Also, in the income category PSH projects serving people with disabilities and/or who are CH were scored on the % of participants with cash income (such as SSI/DI), while TH and RRH projects were scored on the % of leavers with increases in earned and unearned income, to take into account the difference in level of need of people served. Overall, however, projects serving people with higher levels of need do not perform lower than other projects.

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

The CoC made the project ranking and selection policies for the Delaware CoC publicly available by posting the CoC Ranking Policy on the CoC lead website on 11/2/2015. It was also included as an attachment in the CoC's release of the Consolidated Application that was emailed to all CoC members and posted on the webpage. Evidence of the public posting and email is attached. The CoC provided all CoC agencies with the tool used to evaluate their projects prior to the submission of their projects so that they would know and understand the evaluation criteria and performance measures used. After the release of the NOFA minor edits were made to better align with the CoC NOFA because the tool was developed prior to its release.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)	11/18/2015
1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	11/03/2015
1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?	Yes

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

Instructions

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

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

The CoC annually monitors CoC recipient performance using HMIS and APRs: utilization rates, housing stability, length of time homeless, permanent housing destinations upon exit, increased participant income, access to benefits, on time APR submission, HUD monitoring findings, maintaining quarterly drawdowns, and full expenditure of funds. The CoC communicates with a project and develops an improvement plan if there are any findings. We will add participant eligibility as an additional measure. The CoC meets with ESG and state funders and has developed an agreement to jointly monitor on outcomes. The group will develop a minimum set of outcome standards with provider input. If projects do not meet the minimum threshold in any area and have not demonstrated any improvement, their ability to apply for funds will be compromised. HPC is monitoring adherence to the RRH written standards and is providing technical assistance via monthly meetings to improve rapid re-housing program outcomes.

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.	Page 1 in the HMIS MOU
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).	ServicePoint
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).	Bowman Systems

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

Instructions

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

2B-1. Select the HMIS implementation coverage area: Statewide

*** 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	$96,900
ESG	$47,000
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$143,900

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	$0
State and Local - Total Amount	$0

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$25,000
Other - Total Amount	$25,000

2B-2.6 Total Budget for Operating Year	$168,900

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	588	78	288	56.47%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	558	0	331	59.32%
Rapid Re-Housing (RRH) beds	171	0	171	100.00%
Permanent Supportive Housing (PSH) beds	727	0	546	75.10%
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)

HUD VASH is the only permanent supportive housing not in HMIS. The CoC is exploring how to provide the VA with “read only” or “direct entry” access as outlined in the recent memo from the VA and based on our strong relationship feel confident we will develop a solution. 54 percent of the ES beds and 64 percent of the TH beds not included in HMIS are operated by the Sunday Breakfast Mission – a Rescue Mission program. We will continue the dialogue requesting their participation along with other providers. We will explain the consequences of lack of participation. We will seek to understand their concerns and will do everything we can to alleviate these concerns. Some providers have indicated their lack of participation is due to lack of capacity for data entry. In these cases, we will go back to them and offer to assist them with the task. Since the 2015 HIC we have added 10 ES and 19 TH beds to HMIS.

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):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	
Not Applicable:	

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	1%	0%
3.2 Social Security Number	10%	3%
3.3 Date of birth	5%	0%
3.4 Race	8%	0%
3.5 Ethnicity	4%	0%
3.6 Gender	4%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	5%	1%
3.9 Residence prior to project entry	1%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	27%	22%
3.15 Relationship to Head of Household	97%	0%
3.16 Client Location	56%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	49%	0%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	

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? 8

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

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

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

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
None:	

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

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

Instructions:

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

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

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):	01/29/2015
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):	05/15/2015

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:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

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

HMIS:	X
HMIS plus extrapolation:	X
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

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)

In the Delaware CoC we conducted a census count of sheltered persons in the geography. For sheltered persons in ES and TH that utilize HMIS we run data reports ahead of the PIT night to ensure that the data for that night is updated and accurate. We pull PIT client data from HMIS for the PIT night. For ES and TH that do not use HMIS, such as faith-based rescue missions and cold weather crisis shelters, shelter stayers were surveyed using the survey tool. Volunteers at the cold weather and faith-based shelters conducted the surveys and the CoC Lead collected completed surveys. For clients who refused to participate volunteers used an observation form. We select a census method because we have the capacity to do so and all providers agree to participate. We de-duplicate in HMIS and extrapolate for records without complete required data elements.

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)

In 2015 we utilized the HUD approved extrapolation method for any identified sheltered persons whose fully required data elements were not all 100% captured, such as race, gender, etc. This allowed us to include 100% of our records in our PIT Count in 2015, whereas in 2014 some client records were not able to be used due to missing required data elements.

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)

In 2015 the Delaware CoC included for the first time the people that were sleeping in hotels and motels throughout the state with a state motel voucher subsidy, most of whom were households with children.

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:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

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)

In 2015 the Delaware CoC updated its sheltered Point in Time survey – which was used in cold weather and non-HMIS participating agencies - to reflect best practices in PIT surveying based on HUD guidance. We also edited the survey to better compliment the process by which we enter the survey data into HMIS. Training was provided to volunteers on how to administer the survey, and highlighted changes that had been made for volunteers who were familiar with the previous form. We included for the first time households in motels with a state voucher. The state provided us with the required data elements for each households out of their state database to ensure quality data.

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

Instructions:

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

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

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/29/2015
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	05/15/2015

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:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	

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

Our CoC utilized a known location methodology because there are specific areas of the state where people are known to sleep and gather. The PATH Outreach teams, as well as other providers, identified known locations in areas throughout the state and led teams to those locations. The CoC also utilized a service-based count in particular communities with day center locations where unsheltered people who are homeless visit during the day. Volunteers went to these locations the next day and surveyed people who identified themselves as unsheltered the night prior. We then de-duplicated to ensure quality of data and accuracy.

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)

In 2015 we utilized the HUD approved extrapolation method for any identified unsheltered persons whose required data elements were not captured, such as race, gender, etc. This allowed us to include all records in our PIT Count in 2015, whereas in 2014 some client records were not able to be used due to missing required data elements.

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:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
None:	

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

In 2015 the Delaware CoC updated its Point in Time survey – which was used to survey people who were unsheltered - to reflect best practices in PIT surveying based on HUD guidance. For example, we re-wrote the veteran questions to include a list of military branches and an indication that discharge status didn't have to be honorable to count. We also edited the survey to better compliment the process by which we enter the survey data into HMIS. Training was provided to volunteers on how to administer the survey, and highlighted changes that had been made for volunteers who were familiar with the previous form. We also re-designed our observation form to make it easier for people to use so that we were able to count and capture information about unsheltered people who were not willing to be surveyed.

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		901	953	52
Emergency Shelter Total		435	529	94
Safe Haven Total		0	0	0
Transitional Housing Total		429	387	-42
Total Sheltered Count		864	916	52
Total Unsheltered Count		37	37	0

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		2,771
Emergency Shelter Total		2,108
Safe Haven Total		0
Transitional Housing Total		663

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 PIT and HMIS data to determine risk factors. In 2015 39% of adults homeless on the PIT night reported criminal justice involvement. Efforts have focused on preventing homelessness for those that have been incarcerated. In January 2009, Governor Markell established I-ADAPT. A multidisciplinary team reviews reentry plans 6 months prior to release for those sentenced to 1 year or more and works to ensure successful reentry. Dept of Corrections case managers also work to connect those with physical and mental health issues to housing and treatment in the community. The CoC is implementing a diversion pilot project in which Centralized Intake staff refer families to Family Promise who attempt to divert these families from entering shelter. Results will help us understand effective diversion strategies and risk factors, and develop a plan to implement diversion across the full CoC. HPC is partnering with homeless prevention programs to explore improved coordination.

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

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

The CoC/HMIS Lead tracks and records the length of time homeless in HMIS by running a report which records the total length of time clients are in ES and TH projects and divides that by the # of unduplicated clients served and removes outliers (e.g. clients never exited in HMIS). For 10/1/13 – 9/30/14 the Average LOT was 102 days, and for 10/1/14 – 9/30/15 the LOT was 101 days; a decrease of 1 day. This report is used to identify the longest stayers who are then targeted for assessment and prioritization for housing resources. Our CoC has adopted HUD's PSH Order of Priority Notice CPD-14-012 which prioritizes people for PSH with the longest time homeless and most severe needs, which will help us decrease the average LOT in the CoC. The DE CoC is also working to expand RRH in Delaware and providing direct TA to providers improve RRH practice so that RRH households are housed more quickly, decreasing their LOT homeless.

* 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		965
Of the persons in the Universe above, how many of those exited to permanent destinations?		672
% Successful Exits		69.64%

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		431
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?		395
% Successful Retentions/Exits		91.65%

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)

Our HMIS “Returns to Homelessness” report identifies clients that exit from PSH and RRH to homelessness and the number of clients that exit PSH or RRH and re-enter ES or TH. For 10/1/13 -9/30/14 we get a return rate of 5.5%. We run the same report for TH and get a 14.5% return rate. 1) We use these reports to identify clients who return. If a client has re-entered from RRH Centralized Intake will host a case conference with the client and provider to ensure that the clients receive the appropriate intervention to avoid future returns. 2) RRH is a newer model in DE. It has been identified that all RRH providers are not doing housing crisis prevention planning with clients. They are receiving training and TA to be able to do so and prevent returns. 3) Our RRH Standards allow providers of RRH to continue financial assistance past the local timeframe with approval to prevent a return, and we require a progressive engagement model that increases support as needed to prevent a return.

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)

Ministry of Caring clients are connected to the Job Placement Center where they meet with a job specialist who has relationships with local businesses and makes job placements. Connections founded Connect-to-Work, a social enterprise that creates jobs for people with criminal histories, disabilities, and former homelessness. The company has had contracts with state agencies to employ people with disabilities and created 250 jobs for people with barriers, including in CoC PSH. Connections employs benefits specialists that assist PSH residents complete applications for all mainstream benefits, including SSI/DI using the online application systems SSA.gov and ASSIST. West End Neighborhood House has a SAVE program. Homeless youth open savings accounts that are matched up to $200/month. All CoC providers have dedicated staff that help clients apply for benefits to increase unearned income.

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

The CoC has relationships with the following mainstream employment organizations: Shoprite, Goodwill, and the Department of Labor. West End Neighborhood House and the YWCA have partnerships with Shoprite to employ homeless youth and adults in their projects. The YWCA, Ministry of Caring, and YMCA have arrangements with Goodwill of DE to help their clients who do not have employment histories to gain entry-level employment experience. Connections provides Supportive Employment Services for the DE Dept. of Labor. All of their clients have access to this service which helps them to identify employment goals and navigate employment opportunities in the community. 21 out of the 24 CoC TH and PH renewal projects, or 87%, regularly connect participants with these employment services.

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)

All counties in DE have a system for providing low barrier cold weather shelter where people who are otherwise unsheltered or unengaged show up, and the CoC works with these shelter providers to identify clients and connect them to services and housing. The CoC coordinated a 3-day statewide outreach event to identify unsheltered veterans, assess their needs, and make housing and service connections. The CoC Lead is working with PATH, day centers, police, businesses, DHSS, and safety officers in Wilmington to develop a coordinated outreach strategy by which the highest need unsheltered persons are quickly identified and connected to housing and services. The PATH Outreach provider operates statewide and makes direct referrals for clients to SRAP, the State Rental Assistance Program, for which people with diagnosed mental illnesses are a priority subpopulation and eligible for a housing subsidy. All data is entered into HMIS.

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		91	80	-11
Sheltered Count of chronically homeless persons		82	75	-7
Unsheltered Count of chronically homeless persons		9	5	-4

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 number of sheltered and unsheltered chronically homeless people identified in the PIT count has decreased due to our CoC's increase in PSH beds as well as our CoC's increase in beds and units dedicated and prioritized for people experiencing chronic homelessness. The decrease in the number of unsheltered people experiencing chronic homelessness decreased by 4 individuals, which may also be due to the opening of a new shelter targeted to single adults with mental health diagnoses, some of whom may have been chronically homeless.

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 2014, a transitional housing program will be converted to a permanent housing program with dedicated beds for chronically homeless families. A second permanent supportive housing program will be created through reallocation. The second PSH program will serve 100% chronically homeless individuals. The CoC will continue to discuss conversion of current programs to PSH programs in order to meet the needs of PSH beds.

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

In the 2013 competition two TH projects were re-allocated to PSH projects to serve chronically homeless families, with 100% of beds in each project CH dedicated. These reallocations created 48 beds for members of chronically homeless families. These two projects are now fully operational. Due to continued discussions locally, in this 2015 competition another TH project is being reallocated to a PSH project for 100% chronically homeless individuals, helping our CoC continue to create more supportive housing opportunities for people in our community with the highest level of need and move us closer to our goal of ending chronic homelessness by 2017.

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

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	135	296	161

**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)**

In 2015 2 new PSH projects became operational, and created 48 new dedicated CH beds. Other new dedicated beds became available in existing PSH projects. The CoC Lead worked with PSH projects in the CoC to encourage them to dedicate more beds to CH and a number of projects chose to do so.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?	Yes
3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.	Page 1

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.		28
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.		12
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.		12

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? No

This question will not be scored.

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

The CoC has an improved process by which CH families and individuals are prioritized for and referred to PSH turnover units through Centralized Intake based on the order of priority in Notice CPD-14-012. A statewide master list of CH households in the CoC will be developed by December 31, 2015 and referrals will be made to PSH from the list. The CoC Board and CoC Strategic Planning Committee will create a statewide CH working group with strategic identified partners. TA: Data and systems analysis; working with PSH providers to ensure that CH units are effectively utilized; developing move-on strategy for clients in PSH who no longer need intensive services, specifically assistance working with PHAs; strategies to identify new CH individuals and families as their CH status changes based on LOT homeless.

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:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

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)

Families in need of homeless assistance are referred to DE's Centralized Intake. The VI-SPDAT is performed with unsheltered families or after 7 days of an ES stay (because national data shows that many families self-resolve in the first 7 days). VI-SPDAT scores are used to create a statewide prioritized list for PSH and RRH. Families that score for RRH are prioritized and referred to RRH providers by CI in bi-weekly meetings. The CoC is leading a TA project with RRH providers to help them develop landlord relationships and rehouse families more quickly to move closer to the 30 day goal. To maximize our resources our RRH standards cap the amount of financial assistance per family (with possible exceptions). RRH funds from DE's Housing Development Fund are used in conjunction with ESG and CoC funds. Utility arrears are a barrier for families in DE and the CoC is working with RRH providers to negotiate with utility companies to give payment plans to RRH families.

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:		29	39	10

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

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	
Coordinated Entry policies prohibit involuntary separation	X
None:	

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:	104	115	11
Sheltered Count of homeless households with children:	102	115	13
Unsheltered Count of homeless households with children:	2	0	-2

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

There was an increase of 11 homeless households with children from the 2014 PIT Count to the 2015 PIT Count. This is due to the fact that we included in our PIT people sleeping in hotels and motels with a state voucher for the first time. There were a total of 41 people counted as sleeping in subsidized motel beds in Delaware on the PIT night.

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?	No
Unaccompanied minors/youth below the age of 18?	Yes

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

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

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:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	
N/A:	

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

		FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:		23	22	-1

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)

The number of unaccompanied youth entering a project from an unsheltered situation decreased by 1. There were no changes in our CoC during this time with regards to changes in youth specific projects or youth specific outreach. A change of 1 is not significant enough to demonstrate a real change in the community with regards to the population or the availability of services.

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):	$277,739.00	$277,739.00	$0.00
CoC Program funding for youth homelessness dedicated projects:	$210,554.00	$210,554.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$67,185.00	$67,185.00	$0.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	0
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	4

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

CoC and ESG funded agencies collaborate with local educational liaisons by ensuring that all children who are homeless are transported to their school without having to change schools because of their homelessness. CoC and ESG projects serving households with children communicate regularly with the homeless educational liaisons in the appropriate school district to ensure educational stability for the youth they serve. A pilot project was implemented in the CoC as a result of collaboration between DSHA and the schools. Households homeless under the DOE definition (those living doubled up and at risk of homelessness) in the Christina School District are identified by school officials. Households are provided with a State Rental Assistance Program (SRAP) housing voucher and voluntary supportive services to help them stabilize in permanent housing of their own. An agency with experience in RRH provides housing location and supportive services to the households.

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

Households identified in any system as being homeless are referred to Centralized Intake for eligibility determination and referrals to CoC and ESG projects. The CoC expects that CoC funded agencies follow all requirements under McKinney Vento. Each year during the CoC funding competition projects are asked to indicate if they follow laws related to providing educational services to individuals and families, and if they have a staff person designated to ensure that children are in school and receive educational services (FY15 Project App 4a.1a. &1b.) If an applicant does not say “yes” to both questions the CoC will not accept their application for CoC funds. In 2016 we will develop a formal policy that outlines the legal obligations of projects under McKinney-Vento and review it with the providers to ensure that they understand their obligations, in case it is not clear.

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:	93	79	-14
Sheltered count of homeless veterans:	89	74	-15
Unsheltered count of homeless veterans:	4	5	1

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 number of veterans homeless in the DE CoC decreased by 15% from 2014 – 2015. During this time the Supportive Services for Veteran Families programs were operational and improving their RRH programs by increasing landlord participation in SSVF RRH, making it possible for them to house veterans more quickly. Also, the number of HUD-VASH vouchers available in the CoC geography increased by 36 from January 2014 – January 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 CoC coordinated a 3-day statewide registry in DE where teams canvased outdoor areas to identify unsheltered veterans, and connected SSVF outreach workers to each veteran. SSVF providers send outreach workers to day centers and non-HMIS projects to identify veterans. Veterans requesting homeless assistance through Centralized Intake are referred to SSVF and they check VA eligibility. At bi-weekly meetings providers of HUD-VASH and SSVF review a statewide master list and VA eligibility is checked for all veterans. Veterans not currently connected to SSVF are assigned to an SSVF team to perform the VI-SPDAT to determine if RRH or HUD-VASH is appropriate. Referrals are made to the VA for HUD-VASH for veterans who score for PSH. 20 State Rental Assistance Program vouchers are set aside for veteran households who are ineligible for HUD-VASH. Non-VA providers assess veterans in their projects using the VI-SPDAT and send to CI for direct referrals to SSVF or HUD-VASH.

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)

When a veteran on the master list is identified as ineligible for VA services CI is informed and makes a referral to CoC resources. The Delaware CoC adopted a prioritization for chronically homeless veterans in its Permanent Supportive Housing Standards. 100% of CoC funded PSH beds are prioritized for the chronically homeless and are required to follow DE's PSH standards. Chronically homeless veterans who are not VA eligible, or for whom HUD-VASH is not available, are prioritized for CoC PSH turnover units. If SSVF identifies a veteran who is ineligible for SSVF RRH services they inform Centralized Intake and a referral is made to CoC/ESG RRH resources in the community. For veterans ineligible for VA services the DE State Housing Authority has set aside 20 State Rental Assistance Program vouchers.

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:	71	79	11.27%
Unsheltered count of homeless veterans:	5	5	0.00%

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

This question will not be scored.

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

In Delaware we coordinate housing for veterans at the state level by holding bi-weekly meetings with SSVF, the VA, and the HMIS lead. A by name Master List of veterans is used to track progress. Veterans seeking homeless assistance in the CoC are identified by Centralized Intake and referred to SSVF for VA eligibility and VI-SPDAT. Outreach workers visit non-HMIS shelter sites to identify veterans on a regular basis. A 3-day registry was held to ensure that DE has identified all unsheltered veterans. The state set aside 20 SRAP vouchers to be used by non-VA eligible veterans. Day centers are visited to identify unsheltered veterans. The CoC PSH has prioritizes non-VA eligible chronically homeless veterans for CoC PSH. Veterans are assessed for severity of need to ensure that the most service intensive housing interventions are used by the veterans who need it most. In DE we have 2 statewide SSVF providers and they work together closely to ensure that they are not duplicating efforts.

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? No

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):	25
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).	20
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	80%

**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)**

DE is a Medicaid Expansion state. The CoC collaborates with the local Federally Qualified Health Center, Henrietta Johnson (HJ), to get uninsured homeless clients enrolled in health insurance. Their homeless outreach coordinator is a certified application counselor for DE's ACA marketplace and they have other on-site certified staff. In the past 12 months, 20 clients entering CoC funded projects without insurance were referred to HJ and enrolled in ACA plans. The CoC collaborates with State Service Centers, DHSS sites for Medicaid enrollment. Clients from CoC projects are referred to any of the 15 statewide sites for enrollment. The YMCA hosts onsite healthcare education sessions with Highmark Delaware monthly, with 10-15 participants attending each session.

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:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

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):	25
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:	25
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):	25
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:	25
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:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	
Not applicable:	

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:		63	68	5

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

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

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

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

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

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

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

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

This response does not affect the scoring of this application.

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

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
On Site Governance	04/24/2015	3
On Site Governance	07/22/2015	3

Submission Summary

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4A. Benefits	11/13/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required