

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): TX-503 - Austin/Travis County CoC

CoC Lead Organization Name: Austin/Travis County Health and Human Services Department

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: ECHO Planning and Evaluation

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 80%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Membership and voting in ECHO is outlined in ECHO by-laws. Information on by-laws, membership, and committee meetings is posted on the ECHO website to ensure an open and fair selection process. An individual or agency representative interested in serving on the Planning and Evaluation Committee (P&E) submits a membership form for admission by the general membership at a quarterly meeting. ECHO Executive Committee ensures that P&E members represent a broad spectrum of the community at all levels and actively seeks members from underrepresented areas. P&E prevents members from participating in the vote when they have a conflict of interest. P&E members elect its committee leadership, which is then endorsed by the ECHO Executive Committee.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. The City of Austin is currently designated as the lead entity for the Austin/Travis County CoC and has the capacity to manage federal grants and provide the appropriate oversight and monitoring. The City already does this for several other Federal grants. In addition, during its strategic planning process that was conducted in 2009, ECHO determined that it will become an independent 501 (c) 3 organization. The official filing is scheduled to take place in November 2009. This process will allow ECHO to create the infrastructure that will enable it to serve as the funding and project oversight entity.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Planning & Evaluation Committee	The Planning and Evaluation Committee meets on even-numbered months, and as necessary in order to provide oversight of, and guidance to sub-committees that complete the annual Continuum of Care application, oversee HMIS community data, and conduct the annual homeless count. The Planning and Evaluation Committee is designated as the primary decision making group for the Continuum of Care and also oversees all the planning work of ECHO, including the 10 Year Plan to End Community Homelessness and disaster planning. It	Bi-monthly
Continuum of Care Committee	The Continuum of Care Committee is charged with coordinating the annual HUD CoC application for Austin/Travis County. It reports to the Planning and Evaluation Committee. The subcommittee meets monthly, and more frequently during the application process. It ensures that communications and other relevant information from HUD are distributed, and the community's identified needs are addressed throughout the application process. Throughout the year, the committee identifies the gaps in the continuum so that the priorities can be addressed through the both the HUD CoC application and other funding sources.	Monthly or more
Count and Survey Committee	The Count and Survey subcommittee of the ECHO Planning and Evaluation Committee oversees the annual point- in-time Homeless Count and Survey. The subcommittee: develops the strategies that will be used to identify the homeless; creates the survey; communicates with homeless providers about Count and Survey policies and procedures; conducts training of Count and Survey volunteers; and tallies the results of the Count and Survey. The subcommittee then reconciles the results with HMIS data. The subcommittee also oversees dissemination of the Count and Survey data to the Planning and Evaluation Committee and the community at large	Bi-monthly

Prevention Committee	The ECHO Prevention Committee oversees and coordinates the development of strategies to prevent future homelessness. Members promote the collaboration with and involvement of different public entities, including hospitals, correctional institutions, mental health institutions, and foster care agencies. The Committee oversees four sub-committees:1) Health addresses preventing people with physical and mental health issues from exiting to homelessness; 2) Low Wage Worker addresses issues related to employment opportunities for the homeless; 3) Foster Care Aging-Out focuses on strategies so that those exiting foster care do not exit into homelessness; 4) Ex-offender focuses on the offender population not reentering into homelessness	Bi-monthly
Independent Review Team	In order to ensure that there is a fair process for reviewing and ranking the applicants for the CoC funding, an Independent Review Team (IRT) is established each year. The IRT is charged with reviewing, scoring, and ranking HUD CoC applications and making recommendations to the Planning and Evaluation Committee on the applications to be included in the Continuum of Care application. The IRT members also conduct independent reviews of the recipient organizations throughout the year so that these evaluations can be included in the scoring process. The IRT consists of both appointed members from various institutions as well as interested, independent community members. The membership is reviewed annually by the Planning & Evaluation Cte.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Austin Travis County MHMR Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Ashley Chytil	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bonner Brown	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
United Way Capital Area	Private Sector	Funder...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Family Eldercare	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
Caritas of Austin	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Downtown Austin Alliance	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Front Steps	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Community Action Network	Private Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
Micah 6	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Veterans
Charles Walker	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
SafePlace	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Travis County Criminal Justice Planning	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Austin Independent School District	Public Sector	School...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Austin/Travis County Health and Human Services ...	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	HIV/AIDS

St Edward's University	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Carter Design Associates	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Graves, Dougherty, Hearon, and Moody	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Housing Authority of the City of Austin	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
AIDS Services of Austin	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Ab...
Community Partnership for the Homeless	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
Capital Metro	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
Texas Homeless Network	Public Sector	State g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Vincare Services of Austin	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Texas Department of Family and Protective Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
The Salvation Army	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Foundation Communities	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Austin Travis County Re-entry Roundtable	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Aguirre Corporation	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Youth and Family Alliance dba LifeWorks	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Domes..
Travis County Housing Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Seton Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Travis County Health and Human Services and Vet...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Veterans
Joe O'Neal	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Southwest Strategies	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE

Keep Austin Housed, Americorps	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Goodwill Industries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Westminster Presbyterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
City of Austin Neighborhood Housing and Communi...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Casey Family	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
University of Texas School of Social Work	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Laurie Najjar	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Lew Aldridge	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Beaman Metal Company	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Marti Casco	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Melissa Frederick	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Mike McIntire	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Central Texas Veterans Health Care System	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans, Se...
University of Texas , LBJ School of Public Affairs	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Travis County Mental Health Public Defender's O...	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
Patrick Herndon	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Phil Sanders	Private Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Renee Hopper	Individual	Homeless.	Committee/Sub-committee/Work Group	NONE
House the Homeless	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Veterans, Se...
Family Connections	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth
Austin Area Interreligious Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE

Sabelyn Pussman	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Stuart Wakely	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
Foundation for the Homeless	Private Sector	Non-profit	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Downtown Austin Neighborhood Association	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Susan Szaniszló	Private Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	NONE
Tina Slayton	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Zeta Angelich	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Blackland Community Development Corporation	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Project Transitions	Private Sector	Non-profit	Committee/Sub-committee/Work Group	HIV/AIDS
Legal Aid for the Homeless	Private Sector	Non-profit	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Su...
Sheila Holbrook-White	Individual	Other	Committee/Sub-committee/Work Group	NONE
Steve McKee	Individual	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Religious Coalition to Assist the Homeless	Private Sector	Faith-based	Committee/Sub-committee/Work Group	NONE
Downtown Austin Community Court	Public Sector	Law enforcement	Committee/Sub-committee/Work Group	NONE
Community Voicemail	Private Sector	Non-profit	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Casa Marianella	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Youth, Domes...
Dianna Lewis	Individual	Other	Committee/Sub-committee/Work Group	NONE
Mobile Loaves and Fishes	Private Sector	Faith-based	Attend 10-year planning meetings during past 12 months, C...	NONE
Trinity Center	Private Sector	Non-profit	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Basic Needs Coalition of Central Texas	Public Sector	Local government	Attend 10-year planning meetings during past 12 months	NONE
Sara Chenault	Individual	Other	Committee/Sub-committee/Work Group	NONE

Sabrina Jindra	Individual	Other	Committee/Sub-committee/Work Group	NONE
Blythe Plunkett	Individual	Other	Committee/Sub-committee/Work Group	NONE
Erica Swanholm	Individual	Other	Committee/Sub-committee/Work Group	NONE
Melissa Miller	Individual	Other	Attend 10-year planning meetings during past 12 months, C...	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

- b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

- a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Between 2008 and 2009 there was an overall increase of sixteen emergency shelter beds. The Salvation Army reduced some of its individual beds due to funding restraints, however, this was offset by an increase in the number of beds in their family dorm and the opening of the Casa Marienella shelter for families.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Due to the community plan to increase the number of permanent housing beds, in 2008 the community chose to reallocate funding from transitional housing to permanent housing. The 2009 e-HIC reflects this decision with a reduction of 20 transitional beds. The vast majority of this came from the reduction in the Passages Program, which provides transitional housing through its TBRA funds for the homeless. In 2008 the Passages program was reduced by \$200,000 and reallocated to permanent housing.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Between 2008 and 2009, the community has added 79 units of permanent housing and has an additional 63 units that will be completed within the next 12 months. The additional units in 2008 come from the opening of a new Green Doors facility which is now fully operational and additional units for the homeless that have been made available at Foundation Community sites. In addition, Front Steps added 10 units of permanent supportive housing. In 2010, the reallocation of transitional housing bed funding will provide additional 28 units of permanent housing for the chronically homeless.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	AustinTravisCount...	11/20/2009

Attachment Details

Document Description: AustinTravisCountyHIC2009

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/29/2009
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HUD unmet need formula, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

An ad-hoc group comprised of members of the ECHO Count Committee reviewed the data that was included in the Housing Inventory Chart, Unsheltered and Sheltered Count and Survey, and HMIS. In addition, it surveyed the Continuum of Care providers to determine if their experience matched the collected data. The ad-hoc group then applied the HUD-established formulas for calculating unmet need. The survey data collected during Unsheltered Count indicated that a high percentage of individuals need Permanent Supportive Housing in the community.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: TX-503 - Austin/Travis County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? Unknown/Unsure

Indicate the date on which HMIS data entry started (or will start): 09/06/2001
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, Poor data quality, Inability to integrate data from providers with legacy data systems, Inadequate resources
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

Through the HMIS User Group Sub-committee, ECHO identified that lack of staffing and resources is contributing to poor data quality. In order to address the issue, ECHO is supporting the ATCMHMR application for increased staffing in the 2009 HUD NOFA application. In addition, the ECHO HMIS User Group Sub-committee has agreed to work with ATCMHMR to identify clear community goals for HMIS and to have the Planning & Evaluation Committee monitor HMIS progress. One of the community goals will call for increased training for providers so that data quality can be improved. In addition, the HMIS User Group Sub-committee will monitor the APR and null values of individual agencies so that they can be held accountable for the quality of data that they provide.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Austin Travis County MHMR Center

Street Address 1 1430 Collier

Street Address 2

City Austin

State Texas

Zip Code 78704

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.
First Name Michelle
Middle Name/Initial
Last Name Roberts
Suffix
Telephone Number: 512-445-7743
(Format: 123-456-7890)
Extension
Fax Number: 512-440-4084
(Format: 123-456-7890)
E-mail Address: MJ.Roberts@atcmhmr.com
Confirm E-mail Address: MJ.Roberts@atcmhmr.com

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	11%	19%
* Date of Birth	6%	0%
* Ethnicity	18%	0%
* Race	9%	0%
* Gender	5%	0%
* Veteran Status	26%	3%
* Disabling Condition	35%	4%
* Residence Prior to Program Entry	79%	36%
* Zip Code of Last Permanent Address	36%	33%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? No

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Annually

How frequently does the CoC review the quality of program level data? Annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

The HMIS Lead organization, ATCMHMR provides annual training for partner agencies to meet compliance standards & provide updates. A monthly training is provided for all new & existing users. Trainings are conducted either at MHMR or at the end users facility. E-mail updates are used to provide administrators & users with updates. In 2009 a simple to follow click by click training guide was also created that can be used as reference tool. Both on a quarterly basis and on request, agencies receive data that shows their null values and currently training is underway with HMIS administrators to assist agencies in creating their own reports. The HMIS Committee monitors data quality to ensure agency compliance.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

According to the HMIS Policies and Procedures Manual, which was updated in September 2009, all entries and exits have to be recorded within 5 days of the occurrence. Administrators are expected to check the reports every 30 days for compliance. Beginning in 2009, ATCMHMR began providing individual agencies with Data Quality reports which identify case numbers with null responses. Administrators can use these reports to identify which case managers are having challenges with data input. In 2010, Data Quality reports will be produced monthly for large organizations and bi-monthly for smaller organizations. Templates for periodic reports will continue to be maintained online.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Annually
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Annually
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Annually
Integration of HMIS data with mainstream system:	Annually

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Semi-annually
* Compliance with HMIS Policy and Procedures manual	Semi-annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Quarterly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 09/11/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Annually
Using HMIS data locally	Annually
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/29/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	73	135	7	215
Number of Persons (adults and children)	276	364	23	663
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	594	184	1,129	1,907
Number of Persons (adults and unaccompanied youth)	594	184	1,200	1,978
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	667	319	1,136	2,122
Total Persons	870	548	1,223	2,641

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	179	350	529
* Severely Mentally Ill	190		190
* Chronic Substance Abuse	267		267
* Veterans	136		136
* Persons with HIV/AIDS	32		32
* Victims of Domestic Violence	155		155
* Unaccompanied Youth (under 18)	60		60

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/29/2009

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers; Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS; The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation; The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Prior to the 2009 Shelter Count, the ECHO Count & Survey Committee notified emergency shelters and transitional housing providers of the date and time of the count: January 29, 2009. In preparation, the HMIS staff trained data entry workers on how to enter homeless people into Service Point, including all universal data elements. Sheltered population data was collected by using a point-in-time HMIS snap shot for shelter services on 01/29/2009, and then comparing it to the actual rosters of the emergency shelter and transitional housing providers for same night. The Survey/Count Subcommittee of the ECHO Planning and Evaluation Committee reviewed and compared the two numbers to ensure accuracy and reduce duplication. The information was compiled, with the assistance of a statistician from Seton Hospital, and then sent back out to agencies for confirmation prior to the final report on the count. The Continuum of Care Committee reviewed the compiled data and compared it to the previous year's data and the results from the Stand Down and Women's Fair surveys to determine if the data appeared consistent. The Planning & Evaluation Committee reviewed the final sheltered count data before it was included in the NOFA application. Each year the community learns more about how to effectively conduct the count and over the last year there has been increased understanding and willingness from providers to assist in the process.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The community continues to work on improving its count and creating consistency in the process for reporting numbers. There has not been a substantial change in overall emergency shelter count (594 in 2009 compared to 609 in 2007), although there was a slight increase in the number of families in shelter due to the opening of the new Casa Marienella family facility and a slight decrease in individual beds partially due to increased permanent housing options for individuals. While there has actually been an overall reduction in transitional beds in 2009, the transitional housing count demonstrated an increase of 55 families and an increase of 16 individuals in transitional living reported in the Count. This was due to increased training on how to complete the e-HIC and more accurate reporting of beds within the HMIS system.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	Random Sample
Provider expertise:	X
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

In preparation for the 2009 Count, the HMIS staff trained and reminded shelter data entry staff and case managers about how to input sub-population data into Service Point. Sub-population data was collected using a point-in-time HMIS snapshot for January 29, 2009 and then it was compared to the actual rosters for the Emergency Shelters and Transitional Housing on the night of the Count. For any agency who did not provide actual sub-population data, then the subpopulation percentages from the homeless survey was applied to the population that was in residence on the night of the Count. The survey data was extrapolated to identify the final numbers and then the information was sent back to agencies for verification. The Survey/Count Subcommittee of the ECHO Planning and Evaluation Committee reviewed and compared the two numbers to ensure accuracy and reduce duplication. The information was compiled, with the assistance of a statistician from Seton Hospital, and then sent back out to agencies for confirmation prior to the final report on the count. The Continuum of Care Subcommittee also reviewed the compiled data and compared it to the previous years data and the results from the Stand down and Womens Resource Fair surveys to determine if the data appeared consistent. The Planning & Evaluation Committee reviewed the final subpopulation data before it was included in the NOFA application.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The 2007 Count relied primarily on comparing an extrapolation of survey results & HMIS for subpopulation data. In 2009, the community improved the accuracy of the HMIS data & asked agencies to produce actual sub-population data from the night of the Count based on a review of their client records. An initial comparison demonstrated an under-representation of the sub-populations in the HMIS data. This led to increased training by HMIS staff on how to enter sub-populations & willingness on the part of agencies to be more accountable for entering this data. Participation in the AHAR also increased the awareness of the need to more consistently enter sub-populations. Based on data provided, there was a 30% reduction in the chronically homeless population which is slightly greater than the 23.5 % overall reduction in the 2008 Count. This is due to better training and more consistent identification of the chronically homeless. The 47% decrease in the number of severely mentally ill reported is due to agencies defining severely mentally ill as those meeting the definitions for bipolar, severe depression, schizophrenia, and PTSD & not including those with other mental health issues. The chronic substance abuse percentage decreased from 20% to 18% again due to a clearer and more consistent definition of chronic substance abuser. The number & percentage of veterans and people with HIV/AIDS increased as case managers became more comfortable & consistent in asking questions about status.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

In order to limit duplication, the Unsheltered Count occurred on the same day and at the same time as the Sheltered point-in-time Count. Both the unsheltered count and the sheltered count of emergency shelters and transitional housing occurred between 4:00pm and 9:00pm on January 29th, 2009. More than 180 volunteers and outreach staff were trained and assigned to teams to count teams with experienced leaders who identified specific geographic areas that had distinct boundaries. The team leaders coordinated the detailed logistics and count method with each other before the count. The volunteers handed out socks to homeless individuals who were counted and used the observation method as they count. As part of the training, the volunteers were also instructed to ask the people if they had already been counted or surveyed. If yes, then this was noted. In the survey, volunteers were trained to collect data on basic social and demographic information, including last four digits of SSN and date of birth. At the same time, agency staff counted homeless individuals and families staying in emergency shelters and transitional housing. The Survey/Count Subcommittee then reviewed all the data, including HMIS, and identified matching information to reduce duplication as much as possible.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The CoC utilizes several methods throughout the continuum to outreach and reduce the number of unsheltered households with children. In 2008 and 2009, ECHO supported Women's Resource Fairs, which provide outreach and support to homeless women, many of whom have children. The Austin Independent School District has specialists who identify, outreach and connect homeless children and their families with support services. These specialists participate in the CoC and work with local homeless providers to identify housing and additional support services. Through both CoC supported HUD and local funding, the Salvation Army's Women and Children's Homeless Shelter and the Passages case management program focus their efforts on assisting homeless families and children. Further, through re-allocated funds in 2008, the CoC added 10 units of Shelter + Care housing for homeless families who have an adult with a disabling condition. This housing is in apartment communities that already have established programming for children and comprehensive support services for residents in place. In 2008, the Salvation Army applied for and received one of the National Rapid Re-housing Demonstration Projects. This housing also focuses on housing families with children. ECHO also engages LifeWorks in the continuum which provides services for homeless pregnant & parenting teens. Finally, a collaboration of agencies engaged in the CoC is leveraging HPRP funding to be used to prevent family homelessness.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Through the ECHO Events Committee, ECHO sponsors client outreach and engagement events such as Stand Down and Womens' Resource Fairs every year. The Stand Down event occurs each November and provides an opportunity for the homeless to connect with social service providers. Services provided at the fair include health screening and other basic medical care, employment and housing information, meals, clothing, backpacks, pet care, legal information, and sleeping bags for free. As an incentive to participate in the event, free bus passes are distributed prior to the event. Beginning in 2008, ECHO has also sponsored an annual Women's Resource Fair for the Homeless that takes place in the spring. The Fair includes all the elements of the fall Homeless Resource Fair, but also includes additional resources targeted to homeless women with children such as child care. Both fairs have been very successful. The 2008 Homeless Resource fairs attracted over 850 homeless individuals and over 300 volunteers participated. Outreach for the fairs is conducted through flyers, presentations, and word of mouth at organizations where the homeless congregate. At each fair, surveys are conducted to assess the needs of the homeless individuals and the results are shared throughout the ECHO structure. In addition, to these ECHO activities, the ACCESS/PATH program of the ATCMHMR Center also participates in ECHO and it shares its information re: camp locations with ECHO for outreach & the Annual Count.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The Unsheltered Count that occurred on January 29, 2009 shows a 43% decline (from 2,146 to 1,223) in the unsheltered homeless population from the January 2007 Count. The Count & Survey Committee accounts for this decline in two ways. First the community has added new housing and support programs that have assisted in reducing the number of unsheltered homeless individuals and families. Second, there were some challenges with the timing and methodology of the 2009 Unsheltered Count that likely meant that many unsheltered homeless were not counted in 2009. Since 2007, numerous new programs have been implemented in the community that are designed to meet the housing needs of homeless individuals. There was a total of 79 units of new shelter/housing options added in 2007/2008 and services such as increased psychiatric beds has certainly made an impact on the number of the unsheltered population in Austin, however, it doesn't completely account for the large drop. The main limitations of the 2009 count were the limited number of daylight hours, the unusually cold and wet weather, and the fact that local police had dispersed many camps just prior to the count. In addition, the volunteers conducted a survey with a sample of the homeless that they encountered which they discovered slowed the count process more than anticipated. Additional opportunities for collaboration with local law enforcement agencies will be addressed prior to the 2010 Count and the survey will be separate.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

In 2009, ECHO identified permanent housing for the chronically homeless as its first priority. ECHO will support Front Steps applications to HUD to create permanent housing for the chronically homeless in the NOFA process. In 2009, ECHO partnered with the Reentry Roundtable & the City of Austin & Travis County to identify the number of chronically homeless persons cycling through local jails & prisons. ECHO will support & advocate for the recommendations in the report for more permanent supportive housing in Travis County for the chronically homeless. In 2010, ECHO will create a housing planning committee to focus the community housing planning for special populations, including the chronically homeless. This planning group will engage a variety of stakeholders, including homeless providers, developers, landlords, the Veterans Administration & the faith community. The goal will be to increase housing, especially permanent housing for homeless special populations.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

ECHO will implement the strategies in its 10 Year Plan to build new units for the chronically homeless. Planning & Evaluation will use the AHAR & the annual e-HIC to monitor the number of new supportive housing units for the chronically homeless. Through the Events Committee, ECHO will educate the public about effective housing intervention strategies, especially for the chronically homeless. Through the Housing Committee for Special Populations, ECHO will engage stakeholders and set goals to increase permanent housing for chronically homeless populations. The ECHO Coordinator will continue to identify funding opportunities for permanent supportive housing. The Planning & Evaluation Committee will work with the Partners in the CSH and Financial Modeling process to advocate for additional permanent supportive housing units for the chronically homeless. ECHO will also work with the City and County leadership to identify local strategies to increase units for the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons? 57

How many permanent housing beds do you plan to create in the next 12-months? 86

How many permanent housing beds do you plan to create in the next 5-years? 240

How many permanent housing beds do you plan to create in the next 10-years? 400

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Over the next 12 months, the ECHO Planning & Evaluation Committee will continue to monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons staying in permanent housing. During the annual NOFA application process, the Independent Review Team will also review the APR results as part of the evaluative process for agency projects remaining part of the CoC continuum. If agencies are falling behind on meeting the community goal, then the Planning & Evaluation Committee will request an explanation of the circumstances that caused that to occur. The ECHO Prevention Committee will explore a partnership with the local Basic Needs Coalition to align strategies for preserving financial stability so that people maintain their housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

At the end of 2009, ECHO will release its Plan to End Community Homelessness by 2020. The plan includes a goal to expand on efforts that provide housing and financial stability for populations that are at-risk of becoming homeless. Strategies for promoting financial stability will be implemented with the formerly homeless so that they can maintain their housing. In addition, the plan calls for implementing pilot projects and expanding effective strategies for targeted homeless populations. Part of this includes identifying and adopting evidence-based practices for the most vulnerable and hardest to serve populations. The community is currently exploring options for developing Housing First/Harm Reduction housing for the chronically homeless as currently used strategies have not been as successful in keeping that particular population housed. ECHO will continue to use data from the HMIS system in order to monitor and evaluate the effectiveness of the programs that are in place.

What percentage of homeless persons in permanent housing have remained for at least six months? 95

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 91

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 91

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 92

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Over the next 12 months, the ECHO Planning & Evaluation Committee will continue to monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons moving from transitional to permanent housing. The expanded ECHO Prevention Committee that will focus on housing for special populations will bring together transitional and permanent housing providers to build alliances and ensure smooth transitions and communication. Common forms are being created and better use of HMIS will enhance tracking. During the annual NOFA application process, the Independent Review Team will also review the APR results as part of the evaluative process for agency projects remaining part of the CoC continuum. If agencies are falling behind on meeting the community goal, then the Planning & Evaluation Committee will request an explanation of circumstances that caused that to occur.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

One of the goals of the ECHO Plan to End Community Homelessness by 2020, is that: People who become homeless receive support services and move quickly to appropriate housing. In order to provide opportunities for people to exit transitional housing, ECHO will support efforts to increase permanent housing opportunities as well as learn from and build on the rapid re-housing strategies that are currently being piloted in the community. Through the Continuum of Care Committee, ECHO will also serve as a forum to connect and support efforts to increase connections to mainstream services as well as expand opportunities for the homeless and formerly homeless to find employment. In order to increase stability, the ECHO Prevention Committee is exploring community strategies for increasing financial stability. In addition, the Planning & Evaluation Committee will monitor and the Independent Review Team will review the APR results of agencies in order to ensure progress on this goal.

What percentage of homeless persons in transitional housing have moved to permanent housing? 77

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 71

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 72

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

In 2009, ECHO co-sponsored the initial Let's Get to Work Forum which brought together community leaders, workforce development experts and employers to discuss ways in which the homeless can become successfully employed. In the next 12 months, a sub-committee of the ECHO Prevention Committee will build on the success of the summit and identify a pilot group of homeless individuals who will be provided with job training and employment supports. ECHO will monitor the success of this initiative and will serve as a vehicle to educate the public about its success and lessons learned. The ECHO Planning and Evaluation Committee and Independent Review Team will continue to monitor the results of the APRs to ensure that the community continues to maintain a high percentage of homeless persons employed at exit. In addition, the Continuum of Care Committee will discuss best practice strategies for employing individuals who are experiencing homelessness

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

One of the goals of the ECHO Plan to End Community Homelessness by 2020, is to enhance community collaboration to improve and redesign current programs. While individual organizations have done an excellent job of connecting the homeless with employment opportunities, ECHO realizes that a more systemic approach needs to be taken, and that creative alliances need to be built with the job training and employment communities. Over the next ten years, ECHO plans to build on the success of the Let's Get to Work Forum and learn from the initiative so that the community can more effectively employ homeless individuals. ECHO will create formal partnerships with local workforce centers to serve as a forum to connect and forge alliances to explore best practices. At the ECHO sponsored Homeless Resource Fair, employers will also be encouraged to have a presence. ECHO will continue to monitor the results of the APRs to ensure that the community is on track with this goal.

What percentage of persons are employed at program exit? 43

In 12-months, what percentage of persons will be employed at program exit? 40

In 5-years, what percentage of persons will be employed at program exit? 40

In 10-years, what percentage of persons will be employed at program exit? 40

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

In 2008 & 2009, ECHO sponsored a Homeless Resource Fair for women. This Fair allowed providers to focus on the needs of women, many of whom had children. Due to this outreach, more households with children were identified in the 2009 Count resulting in a false impression that the community has more households with dependent children; while in fact we are now more effectively identifying them. In the next 12 months, ECHO will support prevention strategies to keep at-risk homeless families housed & will support and evaluate rapid re-housing strategies for those who are homeless or at imminent risk of homelessness. The ECHO Prevention Committee is expanding its scope to coordinate HPRP Rapid Re-housing initiatives and the ECHO Planning & Evaluation Committee will be monitoring the results. ECHO will be educating providers on the HEARTH Act requirements & will continue to build relationships with the local school districts & other organizations that serve homeless families with children.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

ECHO's Plan to End Community Homelessness by 2020 includes a focus on preventing homelessness, addressing short-term and long-term homelessness, & creating new permanent affordable housing units. These initiatives all include strategies that will impact the number of homeless households with dependent children. ECHO will learn and build on rapid re-housing strategies that are currently being piloted in the community through both the HUD Rapid Re-housing Initiative that was funded through the 2008 NOFA and the HPRP pilots that are underway. Both of these efforts focus on preventing families from becoming homeless and assisting those that do. The ECHO Continuum of Care Sub-committee will be discussing the results of the rapid re-housing pilots. The ECHO Prevention Committee has expanded its role to coordinate the rapid re-housing pilots. ECHO will monitor community progress on decreasing homeless households with dependent children through the annual NOFA process.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 215

In 12-months, what will be the total number of homeless households with children? 200

**In 5-years, what will be the total number of
homeless households with children?** 190

**In 10-years, what will be the total number of
homeless households with children?** 185

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

In 2009, the ECHO Prevention Committee partnered with the Ready by 21 Youth Aging Out Subcommittee to address the needs of youth aging out of foster care system. The Subcommittee includes members of local foster care-serving agencies, Austin Community College, the Texas Department of Family and Protective Services, the Casey Family Foundation, Travis County Court Appointed Special Advocates as well as the Travis County Juvenile Probation Department. The Subcommittee has established a Transition Plan checklist used by judges, child placing agencies, and case workers to ensure that youth are prepared to leave care. A checklist of safe boarding homes has been created and Austin Community College is exploring the establishment of a boarding house cooperative for youth exiting the foster care system and taking classes at the local community college. LifeWorks, an ECHO member, is contracted to provide Life Skills training to all youth aging out of foster care which includes information about obtaining and maintaining housing. The Subcommittee meets monthly and aims to improve the coordination and communication of all the agencies that impact youth aging out of foster care. A housing workgroup has been established to specifically address the housing needs of youth aging out of the foster care system. ECHO recognized that by partnering with this Subcommittee and creating a cooperative relationship that they could more effectively address the issue and reduce duplication of efforts.

Health Care:

In 2007, the ECHO Exiting Committee identified the need to address the discharge of homeless people from local hospitals. The Committee engaged in dialogue with both local health providers and funders in 2008. A Recuperative Care Pilot Project was funded in 2008 and continues to run successfully in 2009. This pilot project is a collaboration of St. David's Community Health Foundation, Seton Family of Hospitals, Travis County Health Care District, and Front Steps. Through this project, homeless clients stay in a recuperative care facility for 14 days. This program is more cost efficient and program effective than the average 4.5 day stay in a hospital for a homeless person. In order to gather data on how many homeless patients are in hospitals, hospitals refer all homeless clients to the recuperative care program regardless of their eligibility. Front Steps, a homeless services provider, conducts follow up on the eligible clients. For the duration of the project, the recuperative care program is operated at a nursing home. The nursing home provides medical care, and Front Steps provides case management. Clients are connected to appropriate services, including a medical home (area clinic) and, whenever possible, are placed in transitional or permanent housing. The ECHO Exiting Committee receives regular updates on the project and monitors its progress.

Mental Health:

The role of the ECHO Prevention Committee is to improve local discharge planning and prevent homelessness. One of the Co-Chairs of this Committee works for the local mental health authority, Austin Travis County Mental Health and Mental Retardation Center (ATCMHMR), and keeps the group apprised of the discussions and progress. ATCMHMR has been working with the State Hospital system to help ensure that no one is discharged from any State Mental Health Institution directly into homelessness in the Austin/Travis County area. In collaboration with the State Hospital system, protocols and procedures have been designed and implemented to alert ATCMHMR when a homeless person is admitted to the hospital. When this occurs, ATCMHMR then sends a staff member who meets the individual at the hospital and becomes involved in his/her discharge planning. This ensures that the individual is not discharged directly into homelessness, and instead receives a continuity of care. As part of the discussion, the ATCMHMR staff member ascertains where the person stays when they are homeless and, if they do not show up for services, the MHMR PATH team will go to the camp or last known location to provide outreach services. This assistance also reduces the possibility of recidivism. Each of these protocols have been implemented and are in currently in place.

Corrections:

In 2009, ECHO partnered with the Austin/Travis County Re-entry Roundtable to increase its connection to the criminal justice system and to sponsor a CSH funded project to: 1. Establish/Strengthen housing planning partnerships related to persons experiencing reentry, homelessness, disabilities, & lack of housing in Travis County; 2. Determine the scope of the needs for permanent supportive housing for a reentry population in Travis County, and; 3. Design a permanent reentry supportive housing project/strategy for persons leaving correctional settings returning to Travis County. Through the course of this project, which included representatives from local criminal justice agencies as well as the homeless serving and mental health agencies, it was discovered that over 1,100 individuals fit this description in 2008 and were entering from incarceration back into Travis County. The preliminary recommendations from this group call for 100 new units of permanent supportive housing for people who are homeless, with a disability, and reentering from incarceration into Travis County. Other recommendations call for formal partnerships between ECHO and the local jail, from where the majority of homeless exit, to prevent release into homelessness. Both ECHO and Travis County officials support these recommendations and it is planned that formal agreements will be established in 2010. This project has highlighted the scope of the issue & forged new alliances from which to build programming.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The City of Austin FY 2009-2014 Consolidated Plan ranks Homeless & Special Needs assistance as a high priority. In the FY 2009-2010 Action Plan the City of Austin includes the preliminary goals from the ECHO Plan to End Community Homelessness 2010-2020. The goals are: 1) Persons at risk of becoming homeless receive the assistance that they need to maintain appropriate housing; 2) Persons that have become homeless will be able to move quickly to appropriate housing and support services; 3) The most vulnerable populations experiencing long-term homelessness & that may have mental illness, addictions, or other conditions have access to stable housing & effective supportive services including treatment for persistent mental illness & substance abuse; & 4) Highly effective coordination of data management/reporting, policy development, strategic planning and funding coordination occurs at the local level. ECHO is one of the key focus groups when the City creates its annual action plan.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

ECHO has actively worked with the City of Austin and HPRP funded agencies to coordinate HPRP activities. Based on ECHO's preliminary Plan to End Community Homelessness, local HPRP funds will be used to develop the Homeless Management Information System, hire additional Housing Locators to identify available housing for those who are homeless or at-risk of becoming homeless, provide mediation and legal services to keep people housed, and hire Outreach and Intake Specialists who provide broad community outreach as well as targeted outreach to school-based, faith-based, homeless services and HIV communities. Of the \$3 million allocated to the City of Austin, almost \$2 million will be used to provide rent, utility, and other direct financial assistance to prevent homelessness. In addition, several local homeless agencies received TDHCA HPRP funds. All agencies receiving HPRP funding have agreed to participate in the ECHO Prevention Committee, which has expanded its objectives to include HPRP activities. This committee provides a forum for HPRP recipient agencies to coordinate services, prioritize clients, and streamline referrals and forms. HPRP recipient agencies are currently creating a collaborative policies and procedures manual, and have implemented outreach strategies with local schools and social service providers so that eligible clients can be connected with appropriate services. The results of the activities are reported to the Planning & Evaluation Committee.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

Staff from the City of Austin Neighborhood Housing and Community Development department participate on the ECHO Exiting Committee, and staff from the Travis County HHSC CDBG department serve on the ECHO Count Committee and Planning & Evaluation Committee in order to consistently address homeless needs in the community. Through these connections, as federal funds have been released, they have been coordinated with ECHO and the participating agencies. When the 70 HUD VASH vouchers were released to Austin, and the subsequent 35 were awarded to the Austin area from the Waco Housing Authority, a representative from the Housing Authority of the City of Austin, who is a member of ECHO, came to the ECHO Continuum of Care Sub-Committee to announce the voucher availability and to let members know how their clients could access them. A subsequent e-mail was sent out to all ECHO members to inform them on the procedure for accessing HUD VASH vouchers. In addition, a representative from the VA now works with the homeless providers on a regular basis and has weekly appointments at the Austin Resource Center for the Homeless. The City of Austin and Travis County chose to coordinate activities regarding the Neighborhood Stabilization Program (NSP) funds with a goal of creating permanent affordable rental opportunities, an initiative that aligns with ECHO goals. These funds will be used to purchase foreclosed homes, and to leverage General Obligation Bonds to perform rehabilitation or renovation services which will allow people to remain housed. As the affordable rental units come on-line, ECHO members will be made aware of the opportunities for their clients to access these units. A substantial part of the City of Austin ARRA Community Development Block Grant funding is focused on ECHO's goals of providing the support services necessary to keep people housed or move them into housing. One portion of this funding will be used to build ECHO member agency Lifeworks's Youth and Family Resource Center which will provide workforce, education, and mental health services to low-income populations. Through ECHO coordination, Lifeworks will keep members updated on the progress of the Center and how their clients can access services.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	96	Beds	57	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	91	%	95	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	70	%	77	%
Increase percentage of homeless persons employed at exit to at least 19%	45	%	43	%
Decrease the number of homeless households with children.	140	Households	215	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

In 2009, the community added 12 units of permanent supportive housing for the chronically homeless through Shelter + Care. However, the expected additional units were delayed due to a delay in contracts being signed, which subsequently caused a delay in units being filled by the time of the e-HIC completion.

The community increased its percentage of homeless persons employed at exit from 40% (twice HUD's goal) to 43%. The HUD consultant provided by the San Antonio HUD office warned the Austin/Travis County CoC that we may have been too ambitious in setting our formal employment goal (45%), especially as organizations are providing increasing housing for the chronically homeless. So, we have modified our future goals, while still maintaining an emphasis on employment.

The increase in the number of homeless households with children comes from two factors. The first is that in the 2009 Count, an extra effort was created to make sure that the community more accurately counted women and children, and so, through the Women's Homeless Fair, their locations were identified so that the Count volunteers could go and count them. Second, through improved HMIS training, case managers are more accurately inputting data and identifying families within HMIS. ECHO is keeping track of progress.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	258	20
2008	919	45
2009	529	57

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$6,053				
Total	\$6,053	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The number of chronically homeless beds was increased by 12. In 2009, two of the local Shelter + Care locations have designated 12 of their units for the chronically homeless. In addition to these units, by the end of 2009, an additional 28 units of permanent housing will be on-line that were funded in the 2008 NOFA application.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	32
b. Number of participants who did not leave the project(s)	163
c. Number of participants who exited after staying 6 months or longer	31
d. Number of participants who did not exit after staying 6 months or longer	154
e. Number of participants who did not exit and were enrolled for less than 6 months	9
TOTAL PH (%)	95

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	179
b. Number of participants who moved to PH	137
TOTAL TH (%)	77

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 423

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	61	14	%
SSDI	35	8	%
Social Security	13	3	%
General Public Assistance	21	5	%
TANF	14	3	%
SCHIP	0	0	%
Veterans Benefits	20	5	%
Employment Income	182	43	%
Unemployment Benefits	1	0	%
Veterans Health Care	0	0	%
Medicaid	101	24	%
Food Stamps	126	30	%
Other (Please specify below)	8	2	%
family contributions			
No Financial Resources	103	24	%

The percentage values will be calculated by the system when you click the "save" button.

**Does CoC have projects for which an APR Yes
 should have been submitted?**

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

The ECHO Planning and Evaluation Committee oversees the process and hired a Consultant to work with agency members to address issues related to the APR. The Continuum of Care (CoC) Subcommittee of the ECHO Planning and Evaluation Committee is the place for members to meet and to address such issues. The Subcommittee meeting takes place monthly. In 2009, the CoC Committee reviewed the APRs and created some agreed upon definitions so that they are all reporting using the same definitions.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The ECHO Continuum of Care Committee meetings in 2009:
May 27th, 2009
June 10th, 2009
June 24th, 2009
July 8th, 2009
July 22nd, 2009
August 5th, 2009
August 26th, 2009
September 9th, 2009
October 28th, 2009
November 18th, 2009

November 7th, 2008

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? No

If "Yes", indicate training date(s).

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	83%
Case managers include the enrollment in mainstream services as part of the case plan. Case managers usually accompany clients to the office administering the mainstream service. The case manager will also either review or provide assistance to ensure that forms are completed accurately. One organization utilizes the Benefits Enrollment Network screening software to ease completion of applications. All case managers follow up to see if benefits have been provided.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	92%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	0%
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	83%
4a. Describe the follow-up process:	
Case managers meet weekly with clients and formally review service plan once per month to ensure that formal goals, including mainstream services, are being followed and to see if benefits have been received. On occasion, follow ups are conducted over the phone. One organization has implemented a formal benefits tracking process.	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	No
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	No
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>Yes</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>Yes</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>No</p>
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>No</p>

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	Yes
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	Yes
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Permanent Housing...	2009-11-12 16:07:...	2 Years	Project Transitions	394,748	New Project	SHP	PH	X
HACA Shelter Plus...	2009-10-15 16:36:...	1 Year	Housing Authority...	169,608	Renewal Project	S+C	TRA	U
New SHP - PSH for...	2009-10-20 20:24:...	2 Years	Communit y Partner...	247,056	New Project	SHP	PH	X
The Passages Program	2009-11-12 12:12:...	1 Year	The Salvation Arm...	538,081	Renewal Project	SHP	SSO	F
Home Front	2009-11-09 17:23:...	2 Years	Front Steps	120,349	New Project	SHP	PH	F2
First Steps	2009-11-02 14:07:...	1 Year	Front Steps	94,668	Renewal Project	SHP	PH	F
HMIS Expansion	2009-11-16 17:16:...	2 Years	Austin Travis Cou...	80,001	New Project	SHP	HMIS	F3
SafePlace Support...	2009-11-10 11:34:...	1 Year	Travis County Dom...	613,002	Renewal Project	SHP	TH	F
MyHome	2009-10-20 14:48:...	1 Year	Caritas of Austin	303,712	Renewal Project	SHP	PH	F
ATCMHM R HMIS	2009-11-16 17:13:...	1 Year	Austin Travis Cou...	78,533	Renewal Project	SHP	HMIS	F
New SHP - PSH for...	2009-10-20 19:32:...	2 Years	Communit y Partner...	200,000	New Project	SHP	PH	X
ATCMHM R Safe Haven	2009-11-13 11:44:...	1 Year	Austin Travis Cou...	348,007	Renewal Project	SHP	SH	F
Renewal SHP - PSH...	2009-10-20 19:15:...	1 Year	Communit y Partner...	65,985	Renewal Project	SHP	PH	F

SP2 FY 2009	2009-10-19 12:30:...	1 Year	Housing Authority...	168,840	Renewal Project	S+C	TRA	U
SP1 FY 2009	2009-10-19 11:42:...	1 Year	Housing Authority...	475,320	Renewal Project	S+C	TRA	U
Home Front Samaritan	2009-11-10 17:55:...	2 Years	Front Steps	397,770	New Project	SHP	PH	P1
St. Louise House	2009-10-20 14:59:...	2 Years	VinCare Services ...	150,000	New Project	SHP	PH	X
Spring Terrace	2009-10-20 14:57:...	1 Year	Caritas of Austin	196,492	Renewal Project	SHP	PH	F
LifeWorks Support...	2009-10-20 15:05:...	1 Year	Youth and Family ...	212,969	Renewal Project	SHP	TH	F
HACA Shelter Plus...	2009-10-15 16:20:...	1 Year	Housing Authority...	341,964	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$2,651,799
Permanent Housing Bonus	\$397,770
SPC Renewal	\$1,155,732
Rejected	\$991,804

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	AustinTravisCount...	11/23/2009

Attachment Details

Document Description: AustinTravisCounty_CertificateofConsistency