

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

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 HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) TX-503 - Austin/Travis County CoC

Collaborative Applicant Name: Ending Community Homelessness Coalition, Inc.

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Ending Community Homelessness Coalition

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)

ECHO has an open invitation process for new members. Individuals & organizations can join at any time. Each January, existing and potential new members are contacted by mail & email and invited to join. At every ECHO outreach event, including the annual Hunger & Homeless Awareness Week & the Homeless Resource Fair, participants are provided with a simple membership application and an invitation to join. To reduce barriers, membership for homeless & formerly homeless individuals is free. ECHO bylaws include the provision that one homeless or formally homeless individual serve on its Membership Council. ECHO maintains a public website that includes a meeting calendar & membership information. All meetings are open to the public.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Community Advocate

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

In 2012, HUD awarded ECHO TA with CSH to help create a coordinated assessment process. The agreement is in place & a Steering Committee has been selected to oversee the process. Work begins in late January with a target completion date of December 2013. Throughout 2012, work was done to prepare for the TA, including a thorough assessment of all intake forms used by CoC organizations & discussions with providers about the opportunities & concerns created by coordinated assessment. The Membership Council has reviewed best practices and is communicating with providers about potential improvements. ECHO & the City of Austin have also begun discussions about creating a more robust role in ESG monitoring. Currently, the City uses HMIS data to monitor ESG projects & shares the results of its funding decisions with ECHO. In 2012, ECHO was included as a sub-recipient of ESG funding and both parties have committed to identify clear roles, and further integrate ECHO into the ESG monitoring process.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

ECHO incorporated as a 501c3 in 2011 & instituted a governance process. The board has bylaws & formal board member selection. It convenes a Governance Committee to identify, review, & nominate new members. The board votes on all members and policies. The bylaws state that each board member must sign an established code of conduct. Before ECHO was established as 501c3, the full ECHO membership reviewed & approved the structure and bylaws. The bylaws establish board committees, Membership Council, and allow for work group creation. They define ECHO's role in homeless planning, goal setting, & gap analysis. In 2012, HMIS administration was transferred to ECHO & a governance charter was created between ECHO & the participating agencies. The charter is attached to this application. CoC policies & procedures are constantly under development. All meetings have agendas & minutes which are posted to the ECHO website. Established procedures for the NOFA application process are also defined.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Membership Council	The Membership Council, consisting of community leaders elected by the membership, provides oversight and guidance to the work groups who implement the Plan to End Community Homelessness. Under Council direction, these work groups complete the annual CoC application, oversee HMIS & community data, review and take action on housing needs, initiate policy changes, and conduct the annual homeless count. The Membership Council develops and recommends CoC priorities for board approval, and provides updates on planning processes and community accomplishments. The Membership Council engages community leaders to advocate for the increased availability of safe and stable housing in Austin.	Monthly or more
Continuum of Care Work Group	This group is charged with coordinating the annual CoC application for Austin/Travis County. It reports monthly to the Membership Council. The Work Group ensures that communications and other relevant information from HUD are distributed, and that the community's identified needs are addressed throughout the application process. Throughout the year, the Work Group reviews data from the APRs, the housing inventory chart, and other HMIS reports to identify the gaps in the continuum so they can be addressed proactively. The Work Group also conducts trainings and educates members on HUD terms, policies, and strategies to ensure that members use current and consistent definitions when evaluating and submitting information.	Monthly or more
Point-In-Time Count Committee	This committee organizes the annual Point-In-Time Count and survey of both sheltered and unsheltered homeless persons. The committee develops strategies that will be used to identify the homeless, creates the survey, communicates with homeless providers and emergency-services representatives about policies and procedures, and conducts volunteer trainings. Participants reach out to the police department in order to ensure a coordinated effort. The committee reconciles the results within HMIS and reports the data to the Data Work Group and Membership Council. The committee releases an annual report via our newsletter, whose readership includes our City Council, County Commissioners, and other community leaders.	Monthly or more

Housing Work Group	The group monitors progress in increasing the number of safe and stable housing units for homeless individuals & families. Additionally, it implements housing and discharge planning strategies included in the Community Plan to End Homelessness. It focuses on increasing opportunities for PSH, coordinating homeless prevention efforts, and increasing housing stability. The Work Group includes developers, downtown business representatives, service providers, corrections staff, & community members. In 2011, it focused on coordinating housing for veterans & in 2012 coordinated with local advocates to create a task force on the housing needs of homeless women.	Monthly or more
Independent Review Team	In order to ensure a fair process for reviewing & ranking applications for CoC & other homeless funding, an Independent Review Team (IRT) monitors and reviews project performance, suggests improvements, and makes recommendations to the Board about project inclusion & prioritization for the HUD application. The IRT conducts independent reviews of the renewal agencies, including site visits, throughout the year so that these evaluations can be included in the scoring process. The IRT consists of appointed members from various non-HUD funded institutions (United Way, et. al) and independent community members. The IRT strives to improve local outcomes by funding programs that demonstrate the most strategic and cost effective use of resources.	Bi-monthly

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

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Individual
Private Sector

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	3	4	1	2	4	1	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill							
Substance abuse		1					1
Veterans		1					1

HIV/AIDS							
Domestic violence							
Children (under age 18)			1		1		
Unaccompanied youth (ages 18 to 24)			1				

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	3	4	1	2	4	1	1
Authoring agency for consolidated plan	0	2	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	2	4	0	2	2	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	2	4	1	2	2	1	1
Lead agency for 10-year plan	0	0	0	0	2	0	0
Attend 10-year planning meetings during past 12 months	2	4	1	2	3	1	1
Primary decision making group	0	0	0	0	2	0	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	1	5	13

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	5	13
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	1	2	5
Attend consolidated plan focus groups/ public forums during past 12 months	1	2	5
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	1	2	9
Primary decision making group	0	0	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.
 Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.
 Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	6	3	2	5	28	3

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill				2	3	
Substance abuse				2	1	

Veterans					2
HIV/AIDS				1	2
Domestic violence					2
Children (under age 18)				1	2
Unaccompanied youth (ages 18 to 24)					2

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	6	3	2	5	28	3
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	3	2	2	3	20	1
Attend Consolidated Plan focus groups/ public forums during past 12 months	3	2	2	3	24	1
Lead agency for 10-year plan	6	0	0	1	2	2
Attend 10-year planning meetings during past 12 months	6	2	2	3	24	2
Primary decision making group	6	0	0	1	2	2

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

Instructions:

The CoC solicitation of project applications and the project application selection process 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 the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

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

Rating and Performance Assessment Measure(s) (select all that apply): g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), a. CoC Rating & Review Committee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

ECHO emails CoC members, announces the application process at meetings & posts the application online. Notices are sent by email & announced via the Community Action Network, the Religious Coalition, and various other networks. A bidders conference is held for all interested parties. The Independent Review Team (IRT) conducts site visits and meets to review scoring, community priorities, & HUD guidance. The IRT reviews project applications using the rating & performance measures selected above. The IRT meets with each applicant to discuss their application & APR data. The IRT scores & ranks applications with particular focus on project performance and community priorities & makes a recommendation to the ECHO board for final approval.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

ECHO actively outreaches to providers interested in receiving HUD funds. ECHO trains potential stakeholders on HUD terms, requirements, & funding availability. Specific invitations are sent to housing & service providers who have the capacity to serve the homeless. In 2012, ECHO sponsored 2 trainings on the HEARTH Act. All organizations serving the homeless were invited & several non-COC organizations participated. HMIS staff continually encourage non-HUD funded agencies to include their data in HMIS. In 2012, 14 non-HUD funded agencies participate in our HMIS. In 2012, the Housing Work Group sponsored 2 meetings with apartment complex owners & managers to discuss PSH & successfully placed several veterans with VASH vouchers. ECHO sponsors a public Bidders Conference to review HUD & local requirements. Following the completion of the review & ranking process, all applicants are provided the average score, their project scoring, & specific feedback from the IRT on their application.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

There was an increase of 20 emergency shelter beds in 2012. This was due to larger family sizes seeking units at the SafePlace emergency shelter. The community has seen an overall increase in family size in shelters and working to identify alternatives. Some of this may be ameliorated by additional capacity at the Salvation Army Women & Children's Shelter. Additional funding for the shelter will be available due to a successful 2012 City of Austin bond election.

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

CoC did not use HPRP funding for beds.

Safe Haven: No

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

There were no changes in Safe Haven beds, they remained at 16.

Transitional Housing: Yes

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

The CoC experienced a reduction of 44 transitional housing units between 2011 and 2012 (from 608 to 564 units). Three programs, Alameda House, Green Doors TBRA, and Project Recovery were removed from the 2012 Housing Inventory as they stated that while they serve homeless individuals they do not designate units for homeless individuals. This resulted in the loss of 30 units. In addition, Caritas transferred its My Place program (8 units) from transitional housing to permanent housing. The other units lost were a result of fewer TBRA vouchers being used at the time of reporting.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? Yes

If yes, how many transitional housing units in the CoC are considered "transition in place": 43

Permanent Housing: Yes

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

The number of permanent housing beds increased from 1,042 in 2011 to 1,167 in 2012 for a net gain of 125 units. While there were some minor fluctuations both positive (13 new units at St Louise House, 8 new units at Green Doors & 5 at Caritas of Austin) and negative (loss of 12 HACA Shelter+Care), the vast majority of new units came through an infusion of approximately 110 VASH vouchers. ECHO is actively advocating for more PSH capacity, and our Executive Director is working with the Austin City Council on a possible 2013 bond campaign for affordable housing.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (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 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

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

Specify "other" data types:

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

ECHO HMIS staff reviewed the number of beds included in the Housing Inventory Chart and unsheltered count data, and applied the HUD unmet needs formula to the information. Providers were surveyed on the percentages of their populations in need of various housing types. Results were discussed at a public stakeholder meeting, and participants reviewed HMIS data and a community report on the status of PSH units Austin. The final unmet needs calculations were based on this discussion.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

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

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: ServicePoint

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): (format mm/dd/yyyy) 09/06/2001

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Inability to integrate data from providers with legacy data systems

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)

HMIS CoC provider surveys identified 2 key challenges: no or low participation by non HUD funded providers & the inability to integrate data from providers with legacy systems. The HMIS Director has systematically identified organizations that could be part of the HMIS system & meets with them individually to discuss potential partnerships. This strategy is proving successful as 1 new organization was added in 2012 and 3 more are interested. In addition, the City of Austin has mandated that all recipients of their basic needs funding participate in the HMIS system. In 2012, ECHO began sending weekly updates to community leaders on the number of people in shelter & receiving homeless services. The regular sharing of data has improved data quality and increased community awareness about HMIS. The HMIS Director is working with Bowman Systems to identify core issues that prevent the easy migration of data from legacy systems to HMIS.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	January	2013
Operating End Month/Year	December	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$150,234
ESG	\$13,000
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	\$163,234

Funding Type: Other Federal

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

Funding Type: State and Local

Funding Source	Funding Amount
City	\$64,500
County	
State	
State and Local - Total Amount	\$64,500

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$93,860

Total Budget for Operating Year	\$321,594
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

While the funding for HMIS has increased and diversified over the last 18 months, the CoC wants to expand the number of organizations included in HMIS. We are also focused on continuing to improve our data quality. ECHO working to ensure that there is adequate infrastructure support and is continually looking for new revenue sources.

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

From 2001, the HMIS system had been managed by ATCIC. In 2011, the members of ECHO, including the Executive Directors of the CoC funded agencies, recommended that the administration of HMIS be moved to the Ending Community Homelessness Coalition (ECHO) as it had become an independent nonprofit and was designated as the planning entity for the community. The move of HMIS was accomplished in March 2012.

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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%+
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	65-75%

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	60%
Rapid Re-Housing	100%
Supportive Services	55%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	8
Safe Haven	5

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	4%	4%
Date of birth	0%	0%
Ethnicity	1%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	3%	1%
Gender	0%	0%
Veteran status	1%	3%
Disabling condition	3%	2%
Residence prior to program entry	1%	3%
Zip Code of last permanent address	1%	0%
Housing status	9%	2%
Destination	3%	2%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Semi-annually

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

ECHO HMIS has made great progress in improving data quality. It began with making universal data elements mandatory before client assessments could be saved. In 2012, extensive training was undertaken with all new & existing users to impress upon them the importance of good data quality. Each provider is required to submit a data completeness report card to HMIS staff monthly. This report calculates null values and don't know/refused percentages. HMIS also utilizes a data incongruity report that looks for inconsistencies & another report that identifies various data entry errors. These reports are run periodically by HMIS & the program HMIS administrators.

How frequently does the CoC review the quality of client level data? At least Monthly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

HMIS staff has undertaken extensive training with the provider agencies to improve their program level data, including entry and exit dates, and ensure accuracy. Agency HMIS administrators have also been trained to make updates as necessary. Agencies regularly consult with HMIS before making changes to their program level data. The frequency of contact has meant that formal review of program level data at the time of the HIC and again near the end of the fiscal year in preparation for accurate bed counts for the AHAR has been sufficient. In 2013, HMIS staff plan to do quarterly checks for AHAR data, including bed counts.

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** At least Monthly
- Point-in-time count of sheltered persons:** At least Monthly
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Monthly
- Using data for program management:** At least Monthly
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Quarterly
* Secure location for equipment	At least Quarterly
* Locking screen savers	At least Quarterly
* Virus protection with auto update	At least Quarterly
* Individual or network firewalls	At least Quarterly
* Restrictions on access to HMIS via public forums	At least Quarterly
* Compliance with HMIS policy and procedures manual	At least Quarterly
* Validation of off-site storage of HMIS data	At least Quarterly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

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

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

If 'Yes', indicate date of last review or update by CoC: 09/14/2012

If 'Yes', does the manual include a glossary of terms? Yes

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Monthly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Monthly
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: Monthly or more

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 11/24/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	0%	100%	100%
Transitional Housing	0%	0%	100%	100%
Safe Havens	0%	0%	100%	100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

In 2012, the overall number of homeless individuals in shelter changed very little, with a 2% overall increase (31 individuals). There was a decrease of 6 individuals (less than 1%) in emergency shelter and an increase of 37 individuals (7%) in transitional housing. The increase in transitional housing beds is primarily due to increases in family size as the number of overall transitional housing units has declined. There has been virtually no change in emergency shelter capacity in several years. HMIS has demonstrated that emergency shelters run at capacity almost every night and that the transitional housing programs also operate with a very high occupancy rate.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	The sheltered point in time count identified the need for additional permanent supportive housing and other affordable housing options. The sheltered count identified the need for over 600 units of affordable housing with at least 279 units of permanent supportive housing. Over 20% of the individuals in shelter are classified as chronically homeless and in need of permanent supportive housing
* Services	The 2012 sheltered count identified that 29% of individuals in shelter report that they are victims of domestic violence which means that the community needs to ensure that there are services available specific to their needs. Over 16% of sheltered individuals indicated that they have a mental illness or substance abuse problem. These results demonstrate the need to ensure even closer relationships and collaboration with organizations that provide this support. 11% of sheltered individuals reported that they were veterans which also means that the shelters and transitional housing providers need to maintain a strong relationship with the veteran's administration
* Mainstream Resources	While the shelters are doing a good job at intake of identifying the types of mainstream services for which individuals are eligible, the high numbers of individuals who are chronically homeless, have a mental illness or substance abuse issues, and are veteran's means that shelters need to have a holistic understanding of all eligible mainstream benefits and provide assistance in accessing them. Caritas and Front steps have started to use the Benefit Bank with clients at the ARCH shelter ECHO plans to partner with the Benefit Bank and make its services available to all COC agencies which will impact other shelter clients. ECHO also is receiving SOAR TA to help agencies increase and quicken access to benefits for all eligible clients.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 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 the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

Months in advance, the ECHO Count Committee notified emergency shelters and transitional housing providers of the date and time of the count. HMIS staff trained data entry workers on how to enter homeless data 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 01/23/2012, and then compared, via survey, to the actual rosters of the emergency shelter and transitional housing providers for same night. At the same time, a survey of every sheltered individual was conducted. The Count Committee and the Data Work Group reviewed and compared the two numbers to ensure accuracy and reduce duplication. The information was compiled by a statistician from Seton Hospital, and then sent to agencies for confirmation prior to the final count report. The Continuum of Care Work Group reviewed the compiled data and compared it to the previous year's data and the results from the Homeless Resource Fair surveys to determine if the data was consistent. The ECHO Board reviewed the final sheltered count data before it was submitted to HUD. Each year the community learns more about how to effectively conduct the count and over the last year there has been increased willingness from providers to assist in the process.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	<input type="checkbox"/>
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

In preparation for the 2012 PIT count, the CoC Work Group reviewed subpopulation definitions to ensure that all volunteers count in the same manner. HMIS staff trained 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 23, 2011. On that same night, a survey was conducted by trained volunteers of everyone in the sheltered settings. The survey asked questions which related to their subpopulation status. The survey data was reviewed and compared to HMIS numbers. The information was compiled by a statistician from a local health care research consulting firm, and then sent back out to agencies for confirmation and review based on a review of client records. The Count Committee reviewed the reports and compared the HMIS and survey sample numbers and verified that these matched to ensure accuracy. The Continuum of Care Work Group reviewed the compiled data and compared it to the previous year's data and the results from the Homeless Resource Fair surveys to determine if the data was consistent. The ECHO Board reviewed the final sheltered count data before it was submitted to HUD.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (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:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

HMIS staff provided written instructions and training for both individuals who were entering data on the sheltered homeless subpopulations and for individuals who were conducting the surveys. The HMIS Committee reviewed these instructions prior to training. On the day of the count, HMIS staff were deployed to the shelter and transitional housing sites to provide support and technical assistance. Following the count, HMIS staff reviewed the data and provided both written and verbal follow ups to ensure that the data was entered and met quality standards. The HMIS Committee reviewed the results and then delivered the information to the Data Work Group and the ECHO Board. The ECHO Board provided final approval for the information to be submitted to HUD and created a community report for public release.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/22/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

N/A

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

In 2012, there were 135 (13.5%) less unsheltered individuals counted in Travis County (1004 to 869). The unsheltered count was conducted with approximately the same number of volunteers as 2011 & we slightly expanded geographic coverage. The count included only those individuals that were physically seen by volunteers. The 2012 count began slightly earlier than in 2011, in an attempt to count individuals who were still at their campsites. We are confident that increases in permanent supportive housing, while targeting chronically homeless individuals, is having a positive impact.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Prior to the count, the Count & Survey Committee reviewed HUD guidance on homeless definitions and sub-populations. They then designed the survey and count forms according to this guidance. Volunteers only counted unsheltered homeless individuals that they physically observed and who respond affirmatively to the brief screening questions to assess if they are homeless. Volunteers surveyed every ninth unsheltered homeless individual to determine subpopulation status. All collected data was entered into HMIS and checked against data entered for the sheltered count so that duplication was reduced.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

The Count Committee reviewed 2011 results, campsite locations, and demographic information. The committee divided Travis County into sections for volunteer teams to count. They then designed the public place count to include the locations where homeless individuals were located in 2011 as well as other locations that were identified by outreach staff and public safety officials. Volunteers also worked with homeless individuals to locate campsites. In order to prevent duplication, coverage was conducted in the downtown area once the shelters had closed their intake for the night. Team Leaders worked with the Austin Police Dept. to identify known campsite locations in the City of Austin and in the more rural parts of Travis County.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. 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 persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

To limit duplication, the unsheltered PIT count occurred on the same day and at the same time as the sheltered PIT count. Both the unsheltered count and the sheltered count of emergency shelters and transitional housing occurred between 3 – 9 pm on January 22nd, 2012. 200 volunteers were trained and assigned to count teams with experienced team leaders who counted in specific geographic areas that had distinct boundaries. The team leaders finalized logistics and count methodology prior to the count. Volunteers handed out socks to individuals & briefly screened everyone they counted to determine homeless status. As part of the training, the volunteers were instructed to ask people if they had already been counted or surveyed. If yes, then the screening was ended. In the survey, volunteers were trained to collect basic social and demographic information, including last four digits of SSN and dates of birth. For enumerator observation, volunteers were trained with strict criteria for identification of certain subpopulations such as severe mental illness or substance abuse. Simultaneously, agency staff counted homeless individuals and families staying in emergency shelters and transitional housing. The Count Committee then reviewed all the data, including HMIS, and identified matching information to ensure accuracy.

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

ECHO primarily focuses on homeless prevention to reduce the number of unsheltered households with children. A collaboration of agencies engaged in the CoC is leveraging HHSP funding to prevent family homelessness &, since success was demonstrated with HPRP funds, the City of Austin has funded the BSS collaboration which provides rental, utility, & case management assistance primarily to families. ECHO partners with the Austin School District specialists who identify & connect homeless children & their families with support services. The specialists participate in the CoC and work with local homeless providers to identify housing & additional support services. ECHO member agency, LifeWorks, provides services for homeless pregnant & parenting teens. The Salvation Army's Women & Children's Homeless Shelter, the Passages case management program, & SafePlaces domestic violence shelters focus their efforts on assisting homeless families & children. Saint Louise House repurposed their transitional housing for women and children into permanent housing. ECHO monitors the number of homeless families using HMIS & advocates for additional resources on their behalf. In 2012 there were three unsheltered families counted. In 2012, ECHO successfully advocated for a bond initiative that will increase capacity at the women's & children's shelter.

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)

The ECHO Plan to End Community Homelessness includes strategies to identify and engage homeless individuals & families that routinely sleep on the streets or in places not meant for human habitation. In addition to coordinating the annual homeless count, an ECHO work group coordinates the Homeless Resource Fair & Hunger & Homelessness Awareness Week activities. Services provided at the fair include health screening, basic medical care, employment, housing & services referrals, meals, clothing, backpacks, pet care, legal information, & free sleeping bags. Free bus passes are distributed prior to the event. The 2012 Homeless Resource Fair attracted over 650 homeless individuals & engaged over 200 volunteers. Outreach 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 & the results are shared throughout the ECHO structure. The six homeless individuals trained through the Speakers Bureau now speak publicly about their experiences. Partners also conduct street outreach including: ACCESS/PATH program outreaches to camp locations and provides ECHO with information for outreach & the annual PIT count & LifeWorks outreaches to youth on the street. In 2011, ECHO conducted a Registry Week as part of the 100,000 Homes Campaign & identified individuals most at risk for dying on the street. 13 of these individuals are now housed.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	305
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	332
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	350
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	500

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

ECHO, with the City of Austin, will undertake a community awareness initiative in the next 12 months focused on the need for new permanent housing beds for the chronically homeless. This includes distribution of a video about PSH as well as individual meetings with public leaders who control resources that could build PSH & testimony at public hearings. ECHO will provide support and advocacy for a bond election for housing that may be held in November 2013. The ECHO Executive Director is responsible for leading these efforts. In 2013, the ECHO Housing Committee, comprised of developers, service providers, & community members, will provide a forum for landlords to learn more about PSH & the services support that can be provided. The goal is to increase the stock of affordable housing stock by partnering with more providers. ECHO will also support housing authority requests for more VASH vouchers & support PSH applications from local providers to community funders.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

ECHO will continue to implement the strategies in its Community Plan to End Homelessness to create new units for the chronically homeless. The ECHO Board will use the AHAR & the annual HIC to monitor the number of new PSH units for the chronically homeless. ECHO has partnered with the city to engage in a PSH community outreach campaign. The Education Work Group will continue to educate the public about effective housing intervention strategies, especially for the chronically homeless. ECHO will engage stakeholders and set goals to increase permanent housing for chronically homeless populations. ECHO's Executive Director will continue to identify funding opportunities for PSH. The ECHO Board will work with community partners to advocate for additional PSH units for the chronically homeless. The ECHO Board will work with the City's Bond Committees to ensure that housing for the chronically homeless is included in the housing bonds that are placed on the ballot.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

Through a concerted effort, there has been a 25.4% reduction in the number of chronically homeless from a high of 982 in 2010 to 733 in 2012. This has been achieved through a focused effort of increasing permanent supportive beds for the chronically homeless, outreach through the 100 Homes Campaign, and on-going community awareness and dialogue about the need for these beds. ECHO will continue to engage community leaders in conversation about the needs of the chronically homeless. ECHO will engage landlords in discussion about how to integrate these types of beds into their structure, and will advocate for additional funding for these beds. ECHO will use data in the HMIS system to monitor progress on reducing the number of chronically homeless and share the results through its weekly community email updates. ECHO will also provide access to best practice research to ensure that services provided are appropriate and support success.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 89%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 92%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Over the next 12 months, the CoC will strive to continue to exceed the target. The Housing Work Group will work to align strategies for preserving financial stability to help maintain housing. This includes ECHO sponsored SOAR training. In addition, Family Eldercare will provide enhanced guardianship services. The Housing Work Group will explore ways to increase peer to peer support which assists residents in staying in their homes. The CoC Work Group will promote opportunities to engage stakeholders in Mental Health First Aid trainings. The HMIS Committee will monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons staying in permanent housing. If agencies fall behind on meeting the community goal, then the Membership Council will request an explanation of the circumstances that caused that to occur. The Independent Review Team will consider this percentage as they review renewals & new project applications.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Over the next 12 months, the CoC will strive to continue to exceed the target. The Housing Work Group will work to align strategies for preserving financial stability to help maintain housing. This includes ECHO sponsoring SOAR training & Family Eldercare providing enhanced guardianship services. The Housing Work Group will explore ways to increase peer to peer support which assists residents in staying in their homes. The CoC Work Group will promote opportunities to engage stakeholders in Mental Health First Aid trainings. The HMIS Committee will monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons staying in permanent housing. If agencies fall behind on meeting the community goal, then the Membership Council will request an explanation of the circumstances that caused that to occur. The Independent Review Team will consider this percentage as they review renewals & new project applications.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 91%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 92%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Over the next 12 months the COC will continue to strive to exceed the target. The Housing WG will focus on housing for special populations & bring together transitional & permanent housing providers to build alliances & ensure smooth transitions & open communication. The City of Austin & Caritas of Austin will hire 3 housing locaters that can be used by transitional housing programs to locate appropriate affordable housing. The Housing Work Group will maintain an active list of permanent housing options that will be available to transitional housing providers. ECHO will work with CSH to create a coordinated assessment system so that individuals are appropriately placed. The IRT will review the APR results & request an explanation if the community goal is not met. The ECHO Board 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.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

One of the goals of the ECHO Plan to End Community Homelessness is that people who become homeless will be able to move quickly back into housing & receive support services to maintain their housing. The ECHO Executive Director will lead efforts to create a coordinated assessment which will ensure that individuals are appropriately placed. To provide opportunities for people to exit transitional housing, the ECHO Board will support efforts to increase permanent housing opportunities & the Housing Work Group will learn from & build on the rapid re-housing strategies that are currently being piloted in the community. The Housing Work Group will support efforts to increase financial stability through connections to mainstream services and expand opportunities for the homeless and formerly homeless to find employment. In addition, the Independent Review Team will review the APR results of agencies to ensure progress is made on this goal.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

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. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 44%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 44%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 44%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 45%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

The current percentage of participants in all CoC-funded projects that are employed at program exit exceeds HUDs goal by more than 100%. In 2011, ECHO established an Employment & Income Stability Task Group (EISTG). In the next year, this group will host a forum to connect to employers with homeless individuals. Employers are also included in the annual Homeless Resource Fair held each fall. In 2013, Goodwill will further integrate job coordinators on site at several CoC funded agencies. EISTG will monitor the success of this program & serve as a forum for problem solving & discussion about lessons learned. The TX Pie Company will create opportunities for homeless individuals to learn culinary & restaurant skills & TWC will provide training & employment for 10 homeless youth. The ECHO Board, HMIS Committee, and Independent Review Team will continue to monitor the results of the APRs to ensure that the community maintains a high percentage of homeless persons employed at exit.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

The current percentage of participants in all CoC-funded projects that are employed at program exit exceeds HUDs goal by more than 100%. One of the ECHO goals in the Community Plan to End Homelessness is to expand job training, employment, and access to mainstream services. While individual organizations have done a good 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. The Housing Work Group will implement an outreach plan to employers & then engage the Board & organizational leadership in contacting employers to discuss providing opportunities for the homeless. The focus will be on identifying training and job opportunities that lead to a living wage. The HMIS Committee will continue to monitor the results of the APRs to ensure that the community is on track with this goal.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources 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. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 72%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 73%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 75%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 80%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

Over the next 12 months, ECHO will strive to continue to exceed this target. The ECHO Program Manager is spearheading the effort to increase access to mainstream benefits which includes holding two SOAR trainings for CoC funded agencies and their staff in 2013. In addition, Caritas of Austin and Front Steps will begin to implement use of the Benefit Bank which identifies services for which clients are eligible and provides enrollment forms. ECHO is exploring the purchase of licenses for the Benefit Bank that can be used for all CoC participants. Caritas of Austin will also use ESG funding to hire a Benefits Coordinator who can also serve as a client advocate. The ECHO Executive Director will advocate for SNAP streamlined eligibility during the Texas legislative session. The HMIS Committee & IRT will continue to monitor the results of the APRs to ensure that the community is on track with this goal.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

One goal of the ECHO Plan to End Community Homelessness is to increase the percentage of individuals who increase their income through access to mainstream services. This is measured through the CoC APRs. The ECHO plan calls for increased training for staff about how to access mainstream resources, which is being accomplished through SOAR training and the Benefit Bank. The ECHO plan identifies the need for highly effective coordination and advocacy and the ECHO Executive Director will continue to advocate with governmental agencies and address systemic issues related to accessing mainstream services as they are identified. The HMIS staff will continue to monitor program and community achievement toward this goal and share with the Data Work Group, community leaders, and ECHO Board. The IRT will review a comparable analysis of programmatic achievement and ECHO will work with any program that is falling short of meeting the goal to identify barriers and core issues.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 252%
- In 12 months, what will be the total number of homeless households with children?** 250%
- In 5 years, what will be the total number of homeless households with children?** 200%
- In 10 years, what will be the total number of homeless households with children?** 150%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

ECHO believes there will not be a significant decrease in the number of homeless families identified due to the HEARTH Acts expanded homeless definition. Additionally, improved coordination with local school districts has led to increased identification of homeless households with children. In 2012, ECHO successfully advocated for a bond that included an additional \$2M for the Austin Shelter for Women & Children. The City of Austins BSS program will fund rent and utility assistance and CoC programs serving families are part of the BSS collaborative. The ECHO Board will advocate with local, state, and federal officials to expand funding for prevention, rapid re-housing, & more affordable housing. Our Executive Director will convene providers who serve homeless families to discuss their unique needs for housing and services. HMIS will monitor the number of homeless households with children & include this information in their weekly report.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

ECHO's Plan to End Community Homelessness includes goals for preventing homelessness, addressing short-term & long-term homelessness, & creating new permanent affordable housing units for households with children. ECHO will continue to engage ISD staff to explore opportunities for homeless children in the school systems. For prevention, the plan calls for increases in both PSH & affordable housing units for families. The Housing Work Group monitors this progress & asks the Board for support & advocacy at the local, state, & federal levels. Our Executive Director will lead the effort for a coordinated intake system so that homeless families can be appropriately placed. The Outreach & Education Work Group will continue to sponsor women & family focused events. ECHO will continue to monitor progress toward decreasing homeless households with children through our HMIS weekly community data report. At its bi-annual meetings, ECHO will update the community on its progress.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

Currently, all HUD COC funded programs in the continuum are performing well for the population that they serve. The IRT and COC reviewed the current SSO project and determined that it was exceeding performance goals and leveraging additional TBRA housing resources. The continuum will continue to monitor the SSO project and all COC funded projects annually to determine the best use of HUD COC funds.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

The COC evaluated TH projects and determined that they are performing at a high standard and serving populations for whom transitional housing is appropriate. The CoC will continue to monitor all CoC funded projects annually to determine the best use of HUD COC funds.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" Other mandated policy or "CoC" adopted policy?

If "Other," explain:

ECHO partners with the Ready By 21 Coalitions Aging Out of Foster Care Committee to oversee the success of foster care discharge planning. ECHO staff attend the meetings and connect participants with other homeless services providers. In 2012, we successfully established a partnership with the Ausitn Children’s Shelter in order to their data in our weekly report to community leaders. In 2013, ECHO will explore whether to create formal policies for youth aging out of foster care.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

ECHO reports on the needs & gaps in discharge planning for foster care youth in our community data report. The state provides the Housing Authority of the City of Austin (HACA) & LifeWorks Family Unification Program vouchers to assist youth transitioning out of foster care. They receive support in obtaining housing, case management & life skills services. LifeWorks provides case management & life skills training. Our community has an established transition plan checklist used by judges, child placement agencies, & case workers to ensure that youth are prepared to leave care. Ready by 21 works with DFPS, the court system, CASA and others to assure that youth aging out have all their necessary documents (e.g. birth certificate) prior to exiting the system. In order to ensure that there is the greatest level of success, the coalition also ensures that foster care youth have access to employment, education, & mental health care.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

As mentioned above, ECHO participated on the Ready By 21 Coalitions Aging Out of Foster Care Committee who implements the discharge plan. ECHO uses the data and experiences that they provide to try and continually improve the system. ECHO engages City Council and the Travis County Commissioners on an ongoing basis, communicating the need for an affordable housing continuum. In 2013, ECHO will explore creating a committee that will develop a formal discharge policy.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Ready By 21 Aging out of Foster Care Committee consists of LifeWorks, Ethan's House, Casey Family Programs, Child Protection Court of Central Texas, Department of Family & Protective Services, Goodwill, the Texas Higher Education Coordinating Board, Austin Community College, Texas Association of CPAs, AISD, Texas Youth Commission, City of Austin, Region XIII Homeless Education, Texas Foster Youth Justice Project, Partnerships for Children, CASA, Settlement Home, ECHO, & Travis County Juvenile Probation

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Youth aging out of foster care have several options. Lifeworks currently provides transitional housing for those aging out of foster care and in 2013 will begin to provide affordable permanent housing. Youth can also go to the Austin Childrens Shelter or Settlement Home which have programs specifically designed to meet their needs through the provision of independent living skills. Youth are also provided with a list of boarding homes that have been vetted.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

ECHO membership includes the Recuperative Care and ETC ER collaborations and ECHO works to assist with and oversee the impacts of established discharge policies from healthcare institutions. As ECHO becomes further established as the CoC planning entity, it will build on the strategies in place and work with the providers to adopt more formal community policies regarding discharge planning.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

ECHO members have taken a two pronged approach to ensuring that persons are not routinely discharged from health care settings into homelessness. The Central Texas Recuperative Care Program identifies clients who are homeless & too sick to be discharged to a shelter or the streets, but not sick enough to warrant acute hospital placement. They are placed in a nursing home for the duration of their illness. Front Steps provides intensive case management to address income, housing, & self-care needs. The EMS ER Community Collaboration Coalition meets monthly to discuss "high alert" patients & identify safety net services and plans. Seton hospital identifies individuals who are homeless during the intake process and flags them as high alert. Case managers are trained in service and housing options. Front Steps collaborates with the high alert program at Seton & contacts them when it is felt there have been "unsafe" discharges to the shelter to improve future outcomes.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

As mentioned above, the CoC works with all the stakeholders who implement the discharge plan and uses the data and experiences that they provide to try and continually improve the system. ECHO coordinates with EMS and regularly publishes public cost data in order to advocate for additional PSH units for medically vulnerable individuals. In 2012, ECHO convened 2 meetings to explore expanding recuperative care in cooperation with the local Catholic Diocese. This conversation continues. Also, Central Health, responsible for indigent healthcare stated that PSH is needed to improve the mental health of many clients, especially upon discharge. In 2013, ECHO will explore creating a committee that will develop a formal discharge policy that codifies and possibly improves on the current practices.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Central Texas Recuperative Care Program is a collaboration between Front Steps, Central Health (the local healthcare district), and the Religious Coalition for the Homeless. The EMS ER Community Collaboration includes Seton Hospital, the Salvation Army, Austin Travis County Integral Care, Front Steps, SafePlace (domestic violence shelter), St. Davids Hospital, Community Care (local clinic system), Central Health Foundation for the Homeless, Department of Family and Protective Services, and the Austin Travis County Emergency Medical Services. ECHO will engage Central Health, Seton and St. David's Foundation as leaders responsible for improving discharge policy. This conversation will be part of our community work on coordinated assessment. In 2012, our CoC was successful housing 13 of our most medically vulnerable individuals identified through our local 100,000 Homes Campaign.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

In the Recuperative Care Program, following nursing home placement, clients are moved to transitional housing, with ongoing support to assist them in obtaining permanent housing and maintaining their health. Participants are provided assistance in accessing mainstream services that help them become eligible for low income housing. Housing options include boarding homes, group homes, and publicly funded low-income housing. Despite long periods of homelessness and lack of involvement in the social service system prior to entering the program, the Recuperative Care clients have demonstrated great success in achieving goals, such as obtaining government disability benefits, becoming clean and sober, re-establishing contact with family, and have largely been able to remain housed and out of the hospital systems. The case managers in the ES ER community collaboration coalition have a list of local low-income housing options that includes boarding homes, group homes, and halfway houses.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

The State of Texas & Austin Travis County Integral Care (ATCIC), the local mental health authority, developed a discharge planning protocol to reduce the number of persons discharged into homelessness from the Austin State Hospital (ASH), a state-funded psychiatric hospital. Alan Isaacson, VP of Seton Shoal Creek Hospital, serves on the ECHO Board of Directors.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

ECHO provides advocacy to ensure that housing & services are available to clients leaving ASH. At discharge, the individual is offered treatment at the Inn, a 16 bed facility which provides short-term community based residential crisis treatment. The Inn is open 24/7 & is co-located with Psychiatric Emergency Services, the Mobile Crisis Outreach Team & the 24/7 Crisis Hotline. If individuals need more time to recover & stabilize, they are offered an opportunity to stay at ATCICs crisis respite program, Next Step, which provides short-term respite services for adults recovering from a psychiatric crisis. Those who choose not to participate are provided with options for boarding homes & transitional living facilities. The COC Work Group provides annual Mental Health First Aid trainings for landlords to mitigate and prevent evictions. The Housing Work Group reviews the implementation & effectiveness of discharge planning policies.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

While there is a discharge plan in place, there is not the capacity to house all the homeless individuals that leave the state hospital. ECHO is advocating for more units of permanent supportive housing and supportive services. ECHO is exploring how to formalize the ATCIC plan into our community plan while working to engage more community stakeholders.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The following stakeholders are responsible for ensuring that individuals are not routinely discharged into homelessness. ECHO, the Texas Department of State Health Services, the Austin State Hospital, Austin Travis County Integral Care, Seton Shoal Creek Hospital, and NAMI Austin.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Individuals exiting the state mental health facility in Travis County routinely go to The Inn which provides short-term community-based residential crisis treatment to adults who are residents of Travis County, Next Step, which provides short-term psychiatric respite services for adults residing in Travis County who are recovering from a psychiatric crisis, boarding homes, or other transitional living facilities. ATCIC receives SAMHSA funding for its PATH program, designed to actively provide outreach to areas where individuals who are homeless and disenfranchised. The program has six outreach and engagement specialists, two psychiatrists, a certified medical assistant and a licensed clinical supervisor, who work with the consumer to formulate and implement a plan to assist the individual to change their life and successfully link them with established mainstream services and resources.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other
mandated
policy or "CoC" adopted policy?**

If "Other," explain:

ECHO has actively collaborated with the Reentry Roundtable and criminal justice officials to create a policy so that individuals are not discharged into homelessness from correctional facilities. It is anticipated that a formal policy agreed to by all parties will be in place by the end of 2013.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

ECHO has made significant progress in the effort to reduce the number of people discharged from corrections settings into homelessness. ECHO has co-hosted 2 planning sessions with correctional representatives to increase coordination and identify solutions. As a result of this dialogue, correctional facilities are now identifying individuals as homeless at intake. The Re-entry Roundtable has created a list of housing units that will accept individuals with criminal backgrounds that is provided to individuals upon release. Travis County Criminal Justice Planning has launched a reentry program at the Travis State Jail that will provide reentry planning services prior to exit & case management services after release. The county jail is contemplating hosting resource fairs & inviting service providers to share resources prior to release. ECHO has successfully advocated for fewer restrictions on people with criminal backgrounds to housing providers and our local housing authorities.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

As mentioned above, it is anticipated that a formal policy will be in place by the end of 2013. We will focus on improvement in the following areas: identification of homeless individuals at intake, the ability to transfer data, the ability to connect and integrate services, and increase housing units that will accept people with criminal backgrounds. These are now being addressed through a committee that is charged with identifying solutions and the creation of a community policy. The cooperation of the correctional institutions has been encouraging, and we look forward to more progress in 2013.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The following entities have been represented in the planning and will be included as part of the final policy. ECHO, Austin Travis County Reentry Roundtable, Austin Travis County Integral Care, Downtown Austin Community Court, Goodwill, NAMI Austin, The Salvation Army, Soberhood, Travis County Sheriffs Office, TDCJ Parole, TDCJ-Travis State Jail, Travis County Adult Probation, Travis County Criminal Justice Planning, Travis County District Attorneys Office, Travis County Mental Health Public Defenders Office, The University of Texas, and the Department of Veterans Affairs

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The Veterans Administration has created a transitional housing program, A New Entry, for veterans exiting the correctional system. The program supports individuals with education, resources, case management and recovery supportive housing. Our HMIS Director successfully recruited this program to participate in HMIS. In 2012, we trained corrections representatives in SOAR to increase financial resources available to individuals exiting corrections systems. Goodwill Industries, an ECHO member, has an employment-training program targeted to this population. In addition, Travis County publishes an annual Guide to Resources for People Leaving Jail or Prison. Texas Rio Grande Legal Aid also publishes a Texas Legal Guide to Re-entry which list private boarding homes and apartment complexes open to people with criminal histories. Finally, anyone can call 2-1-1 toll free for information and referrals to services in our community.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, 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 local needs.

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 plan includes the promotion of affordable housing with deeper levels of affordability, , Objective 1: Assist persons experiencing homelessness or who are at risk of becoming homeless.Strategy 1.1: Help low-income households avoid homelessness. Strategy 1.2: Develop permanent and transitional housing for households earning at or below 30 percent of the Median Family Income (MFI). Strategy 1.3: Provide financial support to organizations that work with persons experiencing homelessness and persons that are at risk of becoming homeless, including providing rental assistance under the Tenant Based Rental Assistance (TBRA) Program.Strategy 1.4: Support Homeless Management Information System (HMIS) data entry,technology implementation and communications for enhanced coordination In addition, both the City of Austin and Travis County consolidated plans include support for home repair so that individuals can maintain in their homes

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The ECHO 10 Year Plan includes strategies for both preventing homelessness & addressing short-term homelessness that are consistent with successes learned from HPRP. Over 20 providers participate in a collaborative called Best Single Source Plus (BSS+) that focuses on those at-risk for homelessness, facing eviction or loss of utilities, or who have recently lost their housing but have some resources in place to regain stable housing within a few months with such support. BSS+ provides access to funding for short-term rental assistance, utility debts, financial literacy classes, representative payees, security deposits, bus passes, etc. ECHO recognizes that case management is critical to supporting families & individuals in both situations & has approached local funders to provide for more case management in this program. In 2012, ECHO advocated for more local funding to increase organizational representative payee programs to help clients gain financial acumen. This successful effort led to Travis County funding 2 additional FTEs in our community.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The majority of federal funds are directed by the City, County departments, 2 local housing authorities & the Veterans Administration. ECHO has ensured that decision making representatives from all these entities are integrated into the ECHO structure so that coordination & leveraging can occur. For example, the Director of the City of Austin Health and Human Services Department, the County Executive for the Travis County Health & Human Services & Veterans Services Department & high level executives from the Housing Authorities all actively serve on the ECHO Membership Council. Staff members from these entities participate on the ECHO Housing, Data and CoC Workgroups, & Independent Review Team. This integration allows for constant communication & the ability to consistently address homeless needs in the community. As federal funds have been released, their use has been coordinated with ECHO & its member agencies. When HUD VASH vouchers were released to Austin in the summer of 2012, a representative from the Housing Authority of the City of Austin came to the CoC Committee to announce voucher availability & let members know how their clients can access them. A subsequent e-mail was sent out to all ECHO members to inform them on the procedure for accessing HUD VASH vouchers. A VA representative now works with the homeless providers on a regular basis & offers weekly appointments at the Austin Resource Center for the Homeless. The City of Austin & 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 of preventing homelessness. 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. Foundation Communities is using NSP funds to renovate a motel into an SRO that will include set-asides for the homeless & chronically homeless & LifeWorks is using \$3.6 million of NSP funds & CDBG funds to build a new low income apartment complex that will include 20 PSH units. As affordable rental units come on-line for these programs, ECHO members will be made aware of the opportunities for their clients. ECHO also notifies & encourages member participation in the public hearings regarding the use of federal funds as well as providing input on community needs at these meetings.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: All CoC recipients that serve children have to provide to ECHO a signed educational assurance policy that states that they meet all HUD guidelines regarding homeless children and their education. The IRT reviews this document as part of the annual performance review for each organization

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

Within the CoC geographic area, there are 15 school districts & 5 charter schools that all have homeless education offices & liaisons. The largest is Austin ISD & its homeless education office staff at Project Help actively participate in our COC. The focus has been on identification, increasing shelter & housing for families with school aged children, sharing data & improving coordination between involved partners. ECHO continues to pursue using HMIS for this purpose. The staff of Project Help has used ECHO Committees, especially the CoC & Housing Committee, & the ECHO listserve when they have identified homeless families that need additional resources. ECHO requires that all COC funded agencies have an established policy that ensure that every homeless child remains enrolled in the school of their original primary residence prior to becoming homeless or becomes enrolled in another school in accordance with school district policy governing the attendance area of the COC provider. Every service provider has also established & shared with ECHO a written policy that demonstrates their commitment to ensure the consideration of the educational needs of children of families placed in emergency or transitional shelter & has designated an advocate to ensure children are enrolled in school & are receiving entitled benefits. ECHO plans to hold a training for agencies regarding the expectations of HEARTH & will invite homeless liaisons from all 15 school districts in Travis County.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

ECHO has provided training on the HEARTH Act & the requirement to ensure families stay together. Through examination of the homeless sub-population data & conversations with providers ECHO has identified a lack of capacity to shelter & house all families & a specific challenge of housing a teenage male in an otherwise all female or mothers & young children only residential setting. The same challenge comes when the only parent present is a father. ECHO is engaging the providers in solution focused discussions. In 2012, ECHO helped establish an emergency safe sleep shelter for women in response to local incidences of violence against homeless women. It was agreed that any woman with children seeking shelter would be sheltered at the Salvation Army in downtown Austin where families can be accommodated on short notice. In November, voters approved \$4M to improve and expand shelter for women and children at a more suburban shelter, as it is our COC goal to not shelter children in downtown facilities. ECHO was a strong advocate for the bond. Within the CoC there are specific transitional housing programs for families who have experienced domestic violence and for homeless youth, including homeless youth with children. ECHO is identifying the unique situations where families are not able to stay together due to existing rules and structures and these are handled on a case by case basis. ECHO to continually advocates for increased affordable housing capacity.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

ECHO focuses on combating homelessness among veterans in alignment with strategic planning goals to develop & expand PSH & rapid re-housing strategies & address needs of special populations. In 2012, ECHO sponsored a veterans housing workshop to map the system for veterans to access housing & identify barriers. ECHO & the VA then sponsored 2 housing fairs which connected landlords interested in serving veterans with veterans in need of housing. The Housing Authority of the City of Austin successfully applied for & received over 100 VASH vouchers. The Salvation Army has 1 of 5 HUD funded Veterans Homeless Prevention demonstration projects providing housing assistance, employment, & supportive services. It has served over 240 veterans found employment for 71% & placed 85% in unsubsidized rental housing. ACC received a \$300,000 DOL grant to train homeless veterans & ECHO members are coordinating with them to connect homeless veterans & training. Green Doors has project-based VASH vouchers, a VA GPD transitional reentry program & a TDHCA veterans rental assistance voucher program. The VA has a co-located case manager at the ARCH emergency shelter & right next door to the Salvation Army. Caritas of Austin has a Supportive Services for Veterans Families federal grant which supports homeless prevention & rapid re-housing services. The ECHO Housing Group has a Veterans Housing Task Group charged with identifying & aligning all the services available to veterans.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)**

ECHO has a goal of engaging community planning groups representing special needs populations to ensure coordinated strategies are developed and implemented. For homeless youth, work is done in collaboration with the Ready by 21 Aging Out of Foster Care collaboration which focuses on preventing homelessness. This collaboration has created a housing & services guide for youth aging out of foster care. In 2012, the group worked on strategies to outreach to employers of youth, address education completion, & address mental health issues. These are consistent with ECHO's prevention goals of increasing employment & income opportunities for individuals & providing services for those most at-risk for homelessness. The primary organization that serves homeless youth up to age 25 years is ECHO member LifeWorks. They operate an outreach program with a drop-in facility for homeless youth, a 20 bed emergency shelter (0-19 years), a Young Moms & Babies program (18-24 years), & transitional housing. In this application, ECHO is supporting a project application from LifeWorks to provide permanent supportive housing for chronically homeless youth. This aligns with ECHO's goal of developing a community wide strategy to expand affordable housing & address needs of special populations. ECHO will continue to monitor progress on addressing youth homelessness through the annual count, support best practice implementation, & convene stakeholders as necessary.

Has the CoC established a centralized or coordinated assessment system? No

**If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)**

**Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year
(limit 1000 characters)**

ECHO partners with the State of Texas & City of Austin for ESG programming & coordinates with the City as to how ESG funds are allocated. ECHO & the City work together to ensure that funding addresses agreed upon priorities to prevent & end homelessness. The City's Consolidated Plan tracks this planning & results. In 2012, City staff that oversee ESG participated in many ECHO Workgroups & committees. ECHO staff brief City staff regularly to promote increases in housing, shelter, outreach & prevention programs. ESG funding was directed to COC funded agencies & complemented the continuum of homeless services. City staff supports increased use of HMIS & plans to adopt outcome goals for City funded programs that are consistent with COC goals for housing chronically homeless, length of time homeless, exiting to permanent housing & income at time of exit. In response to HEARTH changes, ECHO plans to take responsibility for increased ESG collaboration with both the City & the State.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

ECHO members actively market housing and services to clients who are least likely to seek or receive them. During our annual count, volunteers provide every unsheltered individual with a list of contact information for local service providers. In 2012, ECHO hosted 2 housing fairs to connect veterans with VASH vouchers to property managers interested in providing supportive housing. 660 homeless individuals attended the annual Homeless Resource Fair & 450 reported they had not received case management services in the last 6 months. Over 200 reported that they slept outside or in a car the night before the fair. At the fair, over 50 service providers met with attendees & provided them with services and referrals. From Sept. to Dec., 200 women slept in the 12 week pilot Safe Sleep Shelter for Women. Most women were not connected to current case management or in HMIS. New funds were secured to increase case management for the women & begin to work towards permanent housing for them.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

ECHO coordinates the housing and services needed to end homelessness in Travis County. ECHO focuses on prevention, short-term and chronic homelessness and effective collaboration for both individuals & families. ECHO assesses need for services & housing by robust collection, reporting and analysis of data thru HMIS. The expansion of HMIS allows us to capture more detail about both need and capacity, but we recognize that the system needs improving. Shortly, ECHO will launch TA for coordinated access, assessment & assignment to build a better integrated continuum of care. At monthly board, membership council, workgroups and committee meetings, we discuss data, & share program experiences. At the community meetings, with representatives from all COC funded agencies & others also working to end homelessness, our 'system' is evident. The realized synergy often leads to new partnerships, shared information and system improvements.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

Thru ECHO, the COC has built strong partnerships with city and county leadership engaged in housing and services. ECHO staff participates in City meetings related to neighborhood housing and human services and community safety. City staff participates in ECHO discussions about housing, prevention, awareness, data and COC funding. The same is true for working with Travis County. City and County staff chair multiple ECHO committees, including the Membership Council. Agenda items can address both con plan and COC work. Email distribution lists allow access to citizens when stakeholder meetings are needed & ECHO members are encouraged to testify. Thru these relationships and discussions, the COC provides information to complete the local Con Plans. Also, the vast amount of HMIS data and PIT Count/Survey information are shared throughout the county to help implement services to effectively address needs and strategies identified in the Consolidated Plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

In the first 2 years of the plan, the COC reviewed annually the 10-Year Plan and updated the action plans for COC workgroups and committees. This review occurred at the committee, workgroup and membership council levels, and included participation from jurisdictional partners, the City and County. As we launch the 3rd year of the plan, ECHO staff reviewed the 10-Year Plan to create a more concise version that focuses on strategies requiring community engagement, policy changes, funding and systemwide improvement. This analysis will be discussed later in January at Membership Council and serve as a foundation for devising COC work plans for years 3 and 4 of the 10-Year Plan. The Membership Council has been expanded to include additional community partners including criminal justice, housing authorities, hospitals and churches. Following the Membership Council discussion, ECHO staff will draft suggested workplans for workgroups, which will then assign activities to ECHO committees.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

Opening Doors' goals have provided guidance to the ECHO, City of Austin, & Travis County plans. ECHO has a goal of highly effective coordination which ties with the federal theme of increasing leadership, collaboration, & civic engagement. ECHO has taken the lead in retooling the homeless response system by exploring coordinated intake & convening groups to address other parts of the continuum. The City of Austin & ECHO plans focus on increasing access to stable & affordable housing, with both the City and County including a goal of 1,800 new PSH units by 2020. Both the City and Travis County address increasing access to stable & affordable housing & preventing homelessness by providing support for home repair programs & rent & utility support. ECHO & the City of Austin have prioritized housing for the chronically homeless & veterans. ECHO's vision is to be fiercely committed to ending homelessness & its plan helps set a path to ending homelessness.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

As both the COC and HMIS lead agency, ECHO is engaged in helping develop standards for evaluating the outcomes of activities assisted by ESG funds. The City of Austin works closely with ECHO Executive Director to ensure that the standards used for evaluation are consistent with ECHO goals and HUD standards. All ESG funded organizations are required to use HMIS. ECHO is the organization responsible for administration, oversight, operation, creation of the policy manual, and training for HMIS. ECHO does this in partnership with the HMIS work group and the City of Austin representative who oversees ESG participates in the meetings and helps problem solve issues as they arise. ECHO is also a subrecipient of ESG funding to improve data collection by implementing scan cards for use by downtown COC partners. This additional partnership strengthens the flow of information between the ESG and COC programs.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	265	Beds	305	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	89	%	89	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	84	%	91	%
Increase the percentage of homeless persons employed at exit to at least 20%	43	%	44	%
Decrease the number of homeless households with children	250	Households	252	Households

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

This can be attributed to progress in identifying homeless households with children through strengthening the relationships with the school district & providers who serve unsheltered & sheltered households with children who are often difficult to locate in the unsheltered count. ECHO has successfully engaged the faith community in identifying and providing support for homeless families. The CoC hopes to continually improve our counting methods to ensure that all homeless families with children are identified. Emergency shelters and transitional housing providers are reporting two phenomenon related to homeless families. First, more families are becoming homeless due to financial pressure, especially as it relates to loss of a job. Second, the size of the families that are entering shelter are larger. These factors contributed to the overall increase in the number of homeless households with children. While homeless serving agencies used previously used HPRP and HHSP as well as local emergency funds to keep as many families housed as possible, these resources were reduced or eliminated in late 2011 and 2012 and could not support all the families that requested assistance. ECHO is prioritizing housing & services for individuals who have experience family violence & hopes that as housing & services increase the population size will decrease.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC monitors performance in several ways. The ECHO HMIS staff trained program administrators to create their own reports, which allows them to monitor their own performance at any time. HMIS staff run monthly APR reports for all CoC funded organizations and the results are shared quarterly with the HMIS and Data Work Groups. Annually, the CoC Work Group reviews the results of both the HMIS APR results and the APRs that were submitted to HUD by organizations to compare results & identify any data entry errors. The Independent Review Team receives a comparison of CoC funded performance results and this data is used when evaluating CoC projects for inclusion in the annual NOFA.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

ECHO facilitates the Community Plan to End Homelessness & and develops annual action plans based on its goals. ECHO, its members, staff, and Board has successfully advocated with local officials for additional permanent supportive housing and emergency shelter capacity for women and children. This includes the passage of a \$2M bond for additional shelter capacity for women and children. ECHO produces reports and convenes providers and community stakeholders to share best practices and problem solve community challenges. ECHO is the HMIS Lead Agency, and HMIS staff is responsible for training, oversight of data quality, and providing data to the community that can be used for community planning.

**How does the CoC assist poor performers to increase capacity?
 (limit 750 characters)**

The Independent Review Team (IRT) conducted a comparative review of all CoC funded projects in 2012. It determined that all projects are meeting designated goals. Each year the IRT reviews project performance & provides specific feedback on the quality of the application & areas in which performance needs to be improved. If the project is clearly not meeting performance targets or utilizing best practices, then the IRT will not recommend inclusion in the NOFA. If the project has challenges in one or two areas then ECHO provides time to make adjustments. ECHO staff will meet individually with the organization & identify best practices or mentors that could assist. HMIS will monitor performance monthly & COC determines if progress is made.

**Does the CoC have any unexecuted grants No
 awarded prior to FY2011?**

If 'Yes', list the grants with awarded amount:

Project Awarded	Competitio n Year the Grant was Awarded	Awarded Amount
NA	0	\$0
NA	0	\$0
NA	0	\$0
NA	0	\$0
NA	0	\$0
	Total	\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
 (limit 1000 characters)**

ECHO conducted two HEARTH trainings in 2012 to inform CoC funded organizations of the requirement to track the length of time individuals & families remain homeless. HMIS staff reviewed the capacity of Service Point to create reports that capture this data. It can be done but de-duplication efforts currently underway will need to be completed as the use of 1 ID will help determine the length of homelessness. HMIS staff is working with emergency shelters to standardize entry/exit data. HMIS staff trained administrators on how to create their own reports & end users on the technical requirements for submission. HMIS staff continually recruits new providers to get a more complete picture of the length of time someone is homeless. HMIS staff will begin to provide comparative reports in 2013 to programs, the IRT, & Data Work Group members. In 2013, HMIS staff will work with providers to ensure data accuracy and address any technical issues that emerge.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

In 2012, ECHO's HMIS has undergone a rigorous de-duplication process, with plans for completion in early 2013. This entailed both an electronic de-duplication in addition to a manual review of individual records. Once this is complete and the system is clean, then it will be easier to track additional spells of homelessness. The HMIS Director has actively reached out to all organizations that serve homeless or at-risk individuals, including those not currently in the HMIS, in an effort to ensure that as many individuals as possible can be tracked in the HMIS system. HMIS staff also trains individuals on entry and exit data entry to ensure accurate tracking. HMIS staff is working with Bowman Systems to create reports that provide more accurate information on additional spells of homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1500 characters)

The ECHO Plan to End Community Homelessness includes strategies to identify and engage homeless individuals & families that routinely sleep on the streets or in places not meant for human habitation. In addition to coordinating the annual homeless count, an ECHO coordinates the Homeless Resource Fair & Hunger & Homelessness Awareness Week activities. Services provided at the fair include health screening, basic medical care, employment, housing & services information, meals, clothing, backpacks, pet care, legal information, & free sleeping bags. Free bus passes are distributed prior to the event. The 2012 Homeless Resource Fair attracted over 600 homeless individuals & engaged over 200 volunteers. Outreach 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 & the results are shared throughout the ECHO structure. In 2011, ECHO began a Speakers Bureau which trained 6 homeless individuals in how to speak publicly about the challenges associated with homeless. Partners also conduct street outreach including: ACCESS/PATH who provide outreach to mentally ill individuals, and LifeWorks, who outreach to homeless youth. In 2011, ECHO conducted a Registry Week as part of the 100,000 Homes Campaign & identified individuals most at risk for dying on the street. 13 of these individuals are now housed.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The ECHO Community Plan to End Homelessness has 4 goals to prevent homelessness. 1. Develop community-wide strategies for affordable housing across the community. 2. Identify & provide services for those most at-risk of becoming homeless in our community using a triage model. 3. Increase employment and income opportunities for people at-risk of losing their homes 4. Educate the community about homelessness and advocate for evidence-based practices and solutions. These are in alignment with the City of Austins Consolidated Plan which includes 2 prevention objectives: Objective 1: Assist persons experiencing homelessness or who are at risk of becoming homeless. Objective 2: Assist persons living with HIV/AIDS to achieve stable housing and increase access to medical care and supportive services. The strategies to meet these goals have been done in partnership with the City of Austin. ECHO has advocated with City leadership for low-income housing, specifically PSH and the City of Austin has directed TBRA, GO Bonds and NSP funding to create new units. Based on ECHO data, in its 2010 RFP process, the City of Austin created substantial funding for a program that is designed to provide rental and utility assistance to individuals and families at risk of homelessness. In 2013, ECHO will be receiving TA assistance from CSH to create a coordinated assessment system which will more clearly identify those at risk for homelessness. The city has also supported development of HMIS.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)**

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)**

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	982	123
2011	793	260
2012	733	305

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

ECHO held 2 HEARTH Act trainings in 2012 that included a review of the HUD requirements for determining chronic homeless eligibility. In 2012, as preparation for exploring a coordinated intake system, a University of Texas graduate class reviewed the intake forms for all CoC funded organizations. This included reviewing the questions asked to determine chronic homelessness. The results of this study will lead to a more consistent eligibility determination process. When the ECHO HMIS staff conducts trainings, they review the eligibility requirements & how to enter them into the HMIS system. Data is collected through the HMIS system. All organizations enter the chronic homeless designation into the system & the HMIS administrators conduct periodic reviews to confirm that the individuals who have been identified as chronically homeless also meet eligibility criteria such as disability entered in the client profile. Staff work with case managers to resolve any data discrepancies.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 45

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)

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$100,471	\$866,255			\$75,559
Total	\$100,471	\$866,255	\$0	\$0	\$75,559

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	63
b. Number of participants who did not leave the project(s)	361
c. Number of participants who exited after staying 6 months or longer	57
d. Number of participants who did not exit after staying 6 months or longer	321
e. Number of participants who did not exit and were enrolled for less than 6 months	40
TOTAL PH (%)	89

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	144
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	131
TOTAL TH (%)	91

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 275

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	120	44%
Unemployment insurance	6	2%
SSI	54	20%
SSDI	34	12%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	13	5%
General assistance	1	0%
Retirement (Social Security)	0	0%
Veteran's pension	2	1%
Pension from former job	0	0%
Child support	22	8%
Alimony (Spousal support)	3	1%
Other source	18	7%
No sources (from Q25a2.)	65	24%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 275

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	171	62%
MEDICAID health insurance	100	36%
MEDICARE health insurance	13	5%
State children's health insurance	1	0%
WIC	25	9%
VA medical services	6	2%
TANF child care services	2	1%
TANF transportation services	1	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	15	5%
Other source	23	8%
No sources (from Q26a2.)	76	28%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. 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 the Energy Star Initiative go to: 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 services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more?

4G. 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:

ECHO HMIS staff require each CoC-funded program to provide a copy of its APR within 15 days of submission to ESNAPS. This allows for real-time analysis of performance outcomes. HMIS calculates the percentage of clients exiting with mainstream resources, compares this to the HUD goal, and tracks achievement across programs. This data is considered as part of the scoring & ranking process for renewals. The Data & CoC Work Groups also review the community and agency results quarterly. HMIS is investigating ways to compare non-cash benefits with income at entry and exit as well as considering integration with SOA and the Benefits Bank of Texas to further increase access to mainstream programs.

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:

12/7/2011
01/4/2012
02/01/2012
03/07/2012
04/04/2012
05/02/2012
06/06/2012
07/11/2012
08/01/2012
09/05/2012
10/03/2012
11/07/2012
11/19/2012
12/05/2012

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 (every year)

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:

While HMIS is not used for mainstream benefit eligibility, ECHO is exploring purchasing a membership to the Benefit Bank and offering access to it to its members. Additionally, in 2012 ECHO was awarded a competitive SAMHSA technical assistance grant in order to establish a community-wide SOAR process. We have set up a steering committee in order to facilitate the implementation of this goal. We have 2 SOAR trainers in our CoC who will conduct 2 trainings for case managers next year. We have more than 100 case managers in Austin that have been SOAR trained.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

October 30th 2012 ECHO held its first SOAR training with others scheduled in 2013

4H. 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:	78%
At intake all clients are asked which mainstream benefits they are already receiving and are assessed on income eligibility. Case managers meet with clients on a regular basis & develop an individualized case plan, which includes short-term and long-term goals related to securing mainstream benefits. Case managers assist in form completion to ensure accuracy & usually accompany clients to the office administering the mainstream service. All case managers are trained to connect clients to mainstream programs for TANF, SNAPs, Choices, Medicaid and Medicare and MAP assistance. Two agencies are using the benefit bank to assess eligibility. ECHO will be sponsoring SOAR training for all CoC organization case managers.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	89%
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:	22%
Front Steps and Caritas of Austin have started using the Benefit Bank to apply for: TANF, SNAP, DD214, Voter's Registration, & CHIP. ECHO is pursuing a membership to the Benefit Bank which will allow access to COC members.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	67%
4a. Describe the follow-up process:	
Case managers meet regularly 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. If benefits are denied, then case managers will often assist with preparation for and are present at the appeal hearing. Annually, case managers review which mainstream benefits the client is receiving and identify if they are eligible for additional benefits. As we prepare to implement SOAR applications, we are considering sharing the writing and reviewing of applications across agencies. An appeals expert from Legal Aide has offered to lead on this which will help ensure efficiencies throughout the process.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area? Yes

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area? Yes

What experience does the CoC have with managing federal funding, excluding HMIS experience? (limit 1500 characters)

ECHO is not applying to be the unified funding agency in 2012 but is exploring the guidance and requirements so that is can determine if this is an appropriate option for future applications.

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects? (limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD. (limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	City of Austin an...	01/16/2013
CoC-HMIS Governance Agreement	No	COC HMIS Governan...	01/07/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: City of Austin and Travis County certificates of consistency

Attachment Details

Document Description: COC HMIS Governance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/08/2013
1D. Member Organizations	12/31/2012
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	01/16/2013
2A. HMIS Implementation	01/16/2013
2B. HMIS Funding Sources	12/27/2012
2C. HMIS Bed Coverage	11/29/2012
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	11/29/2012
2F. HMIS Data and Technical Standards	01/16/2013
2G. HMIS Training	11/29/2012
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	01/16/2013
2J. Sheltered Data - Collections	01/16/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/16/2013
2M. Unsheltered Data - Methods	01/16/2013
2N. Unsheltered Data - Coverage	01/13/2013
2O. Unsheltered Data - Quality	01/16/2013
Objective 1	01/16/2013
Objective 2	01/16/2013
Objective 3	01/16/2013
Objective 4	01/16/2013

Objective 5	01/16/2013
Objective 6	01/16/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/16/2013
3B. CoC Discharge Planning: Corrections	01/16/2013
3C. CoC Coordination	01/16/2013
3D. CoC Strategic Planning Coordination	01/16/2013
3E. Reallocation	01/07/2013
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/15/2013
4C. Housing Performance	11/29/2012
4D. CoC Cash Income Information	01/02/2013
4E. CoC Non-Cash Benefits	01/02/2013
4F. Section 3 Employment Policy Detail	11/30/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/08/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/14/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/16/2013
Submission Summary	No Input Required

2012 Austin/Travis County CoC Consolidated Application

Rank	New or Renewal	Project Type	Organization	Project description	# of Housing beds	Amount Requested
1	Renewal	HMIS	ECHO	HMIS - Contract Research Analyst	0	\$29,443
2	Renewal	HMIS	ECHO	HMIS -Trainer	0	\$40,762
3	Renewal	HMIS	ECHO	HMIS - Project Manager & Bowman Support	0	\$80,029
4	Renewal	Transitional Housing	SafePlace	Transitional housing for families who are survivors of domestic violence provided at the SafePlace location onGrove Blvd.	40	\$624,678
5	Renewal	Transitional Housing	Life Works	Transitional housing for homeless youth provided at Foundation Communities Sierra Ridge location	15	\$217,027
6	Renewal	Permanent Supportive Housing	Front Steps	Home Front:100% Focus on Chronically Homeless. Housing First, scattered site approach.	6	\$61,320
7	Renewal	Permanent Supportive Housing	Front Steps	Samaritan: 100% Focus on Chronically Homeless. Housing First, scattered site approach.	20	\$202,673
8	Renewal	Permanent Supportive Housing	Front Steps	First Steps: PSH leased at Foundation Communities' Garden Terrace; for persons who are chronically homeless.	10	\$96,471
9	Renewal	Supportive services	Salvation Army	Passages Program; a six-agency collaboration providing comprehensive, long term case management for all homeless populations; CoC pays for case management, HOME TBRA pays for housing.	0	\$548,330
10	Renewal	Permanent Supportive Housing	Green Doors	PSH at Glen Oaks Corner for homeless single head-of-household parents, with a disability, and their children	6	\$67,242
11	Renewal	Permanent Supportive Housing	HATC & ATCIC	Permanent housing program for homeless persons with severe & persisten mental illness &/or substance abuse. Provided TBRA vouchers	20	\$203,376
12	Renewal	Permanent Supportive Housing	HACA, ATCIC, AIDS Services of Austin	PSH for homeless persons with mental illness and/or HIV/AIDS. Provided TBRA vouchers	35	\$370,776
13	Renewal	Permanent Supportive Housing	Caritas of Austin	Terraza: Focus on ARCH/Front Steps clients. Caritas provides case management, housing at Arbor Terrace or other Foundation Community site. 25 units set-aside for chronically homeless	40	\$422,345
14	Renewal	Safe Haven	ATCIC	Housing & support services for people with severe mental illness who are homeless located at the Safe Haven on East Riverside Drive	16	\$354,636

2012 Austin/Travis County CoC Consolidated Application

15	Renewal	Permanent Supportive Housing	Caritas of Austin	Downtown Austin Court Housing Partnership targeting DACC clients with severe & persistent mental illness & substance abuse who are at risk of dying on the streets. Placed in Foundation Community sites.	20	\$206,408
16	Renewal	Permanent Supportive Housing	HACA & ATCIC	PSH for homeless persons with mental illness. Provided TBRA vouchers	18	\$183,888
17	Renewal	Permanent Supportive Housing	HATC & ATCIC	Permanent housing program for homeless persons with mental illness. Provided TBRA vouchers	54	\$561,996
18	Renewal	Permanent Supportive Housing	Caritas of Austin	Spring Terrace: PSH leasing units at Foundation Communities' Spring Terrace for chronically homeless.	20	\$200,235
19	Renewal	Permanent Supportive Housing	Caritas of Austin	My Home: PSH primarily for people who have a disabling condition. Units at three different properties.	32	\$309,657
20	Renewal	Permanent Supportive Housing	Caritas of Austin	My Home II: Chronically homeless single adults with mental health disorders. Units located at Foundation Communities Skyline Terrace	21	\$208,743
21	NEW	Community Planning	ECHO	Funding to support ECHO's homeless planning activities	0	\$65,659
22	NEW	Permanent Supportive Housing	Life Works	The Works: Focus on chronically homeless young adults, especially those who have aged out of foster care. Units provided at the LifeWorks location on Pleasant Valley	10	\$138,352
23	NEW	Permanent Supportive Housing	Front Steps	Pathway Home: Focus on chronically homeless frequent users of ARCH. Scattered site housing with support services from ATCIC	24	\$245,160
24	Renewal	Rapid Rehousing/Transitional Housing	Salvation Army	Rapid re-housing Demonstration Project: Fast tracks families with children out of emergency shelter and into housing	25	\$270,232
TOTAL REQUEST					\$5,709,348	

Request includes: 3 HMIS positions, 80 transitional housing beds, 16 Safe Haven beds, 336 permanent supportive housing beds, a supportive services only project, and community planning support for ECHO

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Austin/Travis County CoC

Project Name: see attached list of projects for inclusion in HEARTH FY2012 CoC applic

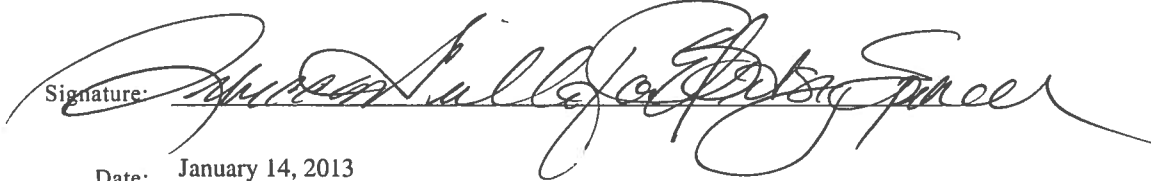
Location of the Project: see attached

Name of the Federal Program to which the applicant is applying: HEARTH FY2012 COC Consolidated Application

Name of Certifying Jurisdiction: City of Austin

Certifying Official of the Jurisdiction Name: Elizabeth A. Spencer

Title: Director, Neighborhood Housing and Community Development

Signature: 

Date: January 14, 2013

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Austin/Travis County CoC

Project Name: see attached list of projects for inclusion in HEARTH FY 2012 COC appli

Location of the Project: see attached

Name of the Federal
Program to which the
applicant is applying: HEARTH FY2012 COC Consolidated Application

Name of
Certifying Jurisdiction: Travis County

Certifying Official
of the Jurisdiction
Name: Sherri E. Fleming

Title: County Executive for Travis County Health and Human Services and Vete

Signature: *Christy Myffert for Sherri E. Fleming*

Date: 1/14/13



Memorandum of Understanding Austin/Travis County Homeless Management Information System (HMIS)

This AGREEMENT is entered into and renewable annually by mutual consent of both parties, Ending Community Homelessness Coalition (ECHO) located at 100 North IH35, Suite 1000, Austin, TX 78701 and [AGENCY] (AGENCY) located at [ADDRESS].

ECHO is the lead agency responsible for the management of public homeless services in Austin/Travis County. In accordance with the US Department of Housing and Urban Development data collection mandates, ECHO implements and operates a Homeless Management Information System (HMIS) called ServicePoint by Bowman Systems for client tracking throughout the Austin/Travis County Continuum of Care.

ECHO and [AGENCY] mutually agree to the following:

- ECHO will allow the AGENCY to utilize ServicePoint (the system), an Internet-based HMIS developed by Bowman Systems, LLC (BOWMAN), a company based in Shreveport, Louisiana, for the purposes of client tracking and case management for HUD and non-HUD funded services provided through the agency.
- The AGENCY will purchase licenses for their users at the price outlined in ECHO's HMIS License Policy.
- ECHO will contract with BOWMAN for the hardware and software services for the HMIS system.
- The AGENCY may not contact BOWMAN directly and/or request changes from BOWMAN to the software. All contact and/or requests will be made through ECHO.
- ECHO will maintain control of all data entered into the system and will manage and secure this data in accordance with ECHO's HMIS Privacy Policy.
- The AGENCY will comply with the ECHO HMIS Policies and Procedures Manual, the HMIS Privacy Policy and the ECHO HMIS Data Quality Assurance Plan for the use of the system and will designate an Agency Administrator to monitor users for adherence to said policies.
- The AGENCY will be entering into an Inter-Agency Data Sharing Agreement with all active Participating Agencies in HMIS. The policy is contained within the ECHO HMIS Policies and Procedures Manual.
- Both ECHO and the AGENCY will operate in accordance with HUD's currently published HMIS Data and Technical Standards except in cases where the Standards conflict with Texas law. In such cases, Texas law supersedes the Standards.
- ECHO has the right to terminate this agreement at any time if the ECHO HMIS Policies and Procedures Manual is not followed.
- ECHO is responsible for ensuring that the contract terms of the agreement with BOWMAN continue to be satisfied so that all agency data remains secure. This responsibility extends to the provision of disaster recovery services, daily backup of data, system maintenance, database level and secure socket layer encryption, and regularly scheduled product upgrades.
- The AGENCY agrees to ensure the designated Agency Administrator's attendance to all HMIS meetings exceeds 50%.
- For each HUD funded program, the AGENCY agrees to generate and forward a copy to ECHO from e-SNAPS, according to the contract requirements, of the HUD Annual Progress Report (APR). The demographic data in this report should be accurate according to the time period of the direct grant with HUD. This report should be submitted to ECHO's Executive Director on the 15th day of the month following the end of the reporting period. Additionally, if information contained in the HMIS generated report is inaccurate, the AGENCY agrees to highlight these discrepancies in writing and agrees to work to resolve these inconsistencies to ensure future accurate reporting and data integrity.



Memorandum of Understanding Austin/Travis County Homeless Management Information System (HMIS)

The signing of this Memorandum of Understanding certifies concurrence with the terms and conditions agreed upon by both parties hereto; no other agreement, oral or otherwise shall be deemed to exist or be binding.

AGENCY:

Signature of Agency Representative:

Date

Title:

Ending Community Homelessness Coalition:

Date

HMIS Director
Ending Community Homelessness Coalition (ECHO)