

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

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): TX-503 - Austin/Travis County CoC

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

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

Instructions:

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

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

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

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

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

ECHO submitted a certificate of formation as a nonprofit entity in September 2010 but has yet to complete and be certified as a 501(c)3 organization.

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

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

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

Other:

Specify "other" process(es):

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

Membership & voting in ECHO is outlined in ECHO's by-laws. Information on by-laws, membership, and committee meetings is posted on the ECHO website. To ensure an open and fair selection process, an individual or agency representative interested in serving on the Planning and Evaluation Committee (P&E) submits a membership form application & indicates interest in P&E & is approved by the ECHO Membership Council (EMC). EMC ensures that P&E members represent a broad spectrum of the community at all levels and actively seeks to diversify its membership. P&E prevents members from participating in a vote when they have a conflict of interest. P&E leadership is selected by the EMC Chair with advice and input from P&E and EMC members.

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

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

Specify "other" process(es):

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

Yes. The City of Austin is currently designated as the lead entity for the Austin/Travis County CoC and has the history & capacity to manage federal grants & provide the appropriate oversight & monitoring. In addition, based on the strategic plan which was finalized in 2010, ECHO determined that it wants to be positioned to accept federal grants & provide project oversight and monitoring. In September 2010, ECHO submitted to be a nonprofit entity and is completing its independent 501(c)3 application. This process will allow ECHO to create the capacity necessary to serve as the fiscal agent and oversight entity for homeless funding in the community. The new Board is committed to raising funds to fund the necessary infrastructure.

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

Instructions:

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

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Planning & Evaluation Committee	The Planning and Evaluation Committee (P&E) meets on even-numbered months, and, as necessary, in order to provide oversight of, and guidance to sub-committees that complete the annual Continuum of Care application, oversee HMIS & community data, and conduct the annual homeless count. P&E is designated as the primary decision making group for the CoC. It also oversees all the planning work of ECHO, including implementation of the Plan to End Community Homelessness and disaster planning for the homeless. For the CoC process, P&E reviews data and makes recommendations about the community priorities. P&E gives final approval to the annual HUD application and project prioritization.	Bi-monthly
Continuum of Care Committee	The CoC Sub-Committee is charged with coordinating the annual HUD CoC application for Austin/Travis County. It reports to the Planning and Evaluation Committee. It ensures that communications and other relevant information from HUD are distributed, and the community's identified needs are addressed throughout the application process. Throughout the year, the committee identifies the gaps in the continuum so that the priorities can be addressed through the both the HUD CoC application and other funding sources. The committee also educates members on HUD terms & changes and works to ensure that members use consistent definitions when submitting & evaluating information.	Monthly or more
Count and Survey Committee	This Sub-committee of the ECHO Planning & Evaluation Committee (P&E) organizes the annual point-in-time homeless count. The Sub-committee develops the strategies that will be used to identify the homeless, creates the survey, communicates with homeless providers and emergency services representatives about count and survey policies & procedures, conducts training of count & survey volunteers, & tallies the results of the point in time count. The Sub-committee then reconciles the results with HMIS data. The subcommittee also oversees dissemination of the count & survey data to the P&E Committee & the community at large.	Bi-monthly

Housing Committee	In September 2010, ECHO re-designed itself & created a Housing Committee that will monitor progress in providing housing for homeless individuals and families. This includes implementing the housing strategies included in the Community Plan to End Homelessness. The Committee will initially focus on opportunities to increase permanent supportive housing, & will coordinate activities to prevent homelessness and preserve tenancies within the CoC. It will oversee the efforts, through HPRP & other sources, to prevent homelessness, & will ensure that the policies are in place & working so that individuals are not discharged from foster care, mental & physical health institutions, & the criminal justice system into homelessness.	Bi-monthly
Independent Review Team	In order to ensure a fair process for reviewing & ranking the applicants for CoC & other homeless funding, an Independent Review Team (IRT) monitors and reviews project performance, recommends improvements, and makes recommendations to the P&E Committee for a final vote about project inclusion and prioritization for the HUD application. The IRT members also conduct independent reviews of the renewal organizations throughout the year so that these evaluations can be included in the scoring process. The IRT consists of both appointed members from various institutions and interested, independent community members. The IRT seeks and equitable and coordinated distribution of resources in the community.	quarterly (once each quarter)

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Austin Travis County MHMR Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
United Way Capital Area	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Family Eldercare	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Se...
Caritas of Austin	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Downtown Austin Alliance	Private Sector	Businesses	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Front Steps	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Community Action Network	Private Sector	Other	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
SafePlace	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Travis County Criminal Justice Planning	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Austin Independent School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Austin/Travis County Health and Human Services ...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
St Edward's University	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Carter Design Associates	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Graves, Dougherty, Hearon, and Moody	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE

Housing Authority of the City of Austin	Public Sector	Publi c ...	Committee/Sub-committee/Work Group	NONE
AIDS Services of Austin	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	Substan ce Ab...
Green Doors	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	Veteran s, Se...
Capital Metro	Public Sector	Othe r	None	NONE
Texas Homeless Network	Public Sector	Stat e g...	None	NONE
Saint Louise House	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Texas Department of Family and Protective Services	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
The Salvation Army	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes.. .
Foundation Communities	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Austin Travis County Re-entry Roundtable	Private Sector	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Youth and Family Alliance dba LifeWorks	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Domes.. .
Travis County Housing Authority	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months, A...	Seriousl y Me...
Seton Hospital	Private Sector	Hos pita.. .	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Travis County Health and Human Services and Vet...	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veteran s, Youth
Southwest Strategies	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Keep Austin Housed, Americorps	Private Sector	Non-pro.. .	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Goodwill Industries	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Westminster Presbyterian Church	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
City of Austin Neighborhood Housing and Communi...	Public Sector	Loca l g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Casey Family	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth

University of Texas School of Social Work	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Beaman Metal Company	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Central Texas Veterans Health Care System	Public Sector	Other	Committee/Sub-committee/Work Group	Veterans, Se...
University of Texas , LBJ School of Public Affairs	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Travis County Mental Health Public Defender's O...	Public Sector	Law enf...	Committee/Sub-committee/Work Group	Seriously Me...
Renee Hopper	Individual	Homeless	Committee/Sub-committee/Work Group	NONE
House the Homeless	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veterans, Se...
Austin Area Interreligious Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Foundation for the Homeless	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Veterans, Do...
Downtown Austin Neighborhood Association	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Blackland Community Development Corporation	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Project Transitions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Legal Aid for the Homeless	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Veterans, Se...
Religious Coalition to Assist the Homeless	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Downtown Austin Community Court	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Casa Marianella	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Domes..
Dianna Lewis	Individual	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mobile Loaves and Fishes	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Trinity Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Subst...
Basic Needs Coalition of Central Texas	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE

Blythe Plunkett	Individual	Other	Committee/Sub-committee/Work Group	NONE
Melissa Miller	Individual	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
CommUnity Care	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriousl y Me...
Travis County Adult Probation	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Veteran s, Do...
Mayor's Mental Health Task-force Monitoring Com...	Public Sector	Other	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Perry Lorenz	Individual	Other	Committee/Sub-committee/Work Group	NONE
Tim League	Individual	Other	Committee/Sub-committee/Work Group	NONE
Ann Denton	Individual	Other	Committee/Sub-committee/Work Group	NONE
Dr. Donald Christian	Individual	Other	Committee/Sub-committee/Work Group	NONE
Corky Hillard	Individual	Other	Committee/Sub-committee/Work Group	NONE
Dr. Calvin Streeter	Individual	Other	Committee/Sub-committee/Work Group	NONE
Marshall Jones	Individual	Other	Committee/Sub-committee/Work Group	NONE
Alan Isaacson	Individual	Other	Committee/Sub-committee/Work Group	NONE

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Austin Travis County MHMR Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Prescription Assistance, Healthcare, Mental health, HIV/AIDS, Alcohol/Drug Abuse
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: United Way Capital Area

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Funder advocacy group
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Family Eldercare

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

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- Services provided, if applicable

Name of organization or individual: Caritas of Austin

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Case Management, Life Skills, Utilities Assistance, Mental health, Transportation, Rental Assistance, Employment, Soup Kitchen/Food Pantry
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Downtown Austin Alliance

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Front Steps

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Transportation, Rental Assistance
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

Name of organization or individual: Community Action Network

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: SafePlace

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Rental Assistance, Soup Kitchen/Food Pantry, Life Skills, Child Care, Prescription Assistance, Healthcare, Mental health, Mobile Clinic, Employment

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Travis County Criminal Justice Planning

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Austin Independent School District

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education
(select all that apply)

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- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Austin/Travis County Health and Human Services Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months, Authoring agency for Consolidated Plan
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: St Edward's University

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Carter Design Associates

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Graves, Dougherty, Hearon, and Moody

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Housing Authority of the City of Austin

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: AIDS Services of Austin

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Substance Abuse, HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Utilities Assistance, Legal Assistance, Transportation, HIV/AIDS, Rental Assistance
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Green Doors

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Case Management, Utilities Assistance, Life Skills, Transportation, Rental Assistance, Soup Kitchen/Food Pantry

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Capital Metro

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Transportation
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Texas Homeless Network

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: None
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Saint Louise House

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Domestic Violence, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills
(select all that apply)

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

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Texas Department of Family and Protective Services

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: State government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: The Salvation Army

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Education, Case Management, Child Care, Life Skills, Utilities Assistance, Mental health, Legal Assistance, Transportation, Alcohol/Drug Abuse, Rental Assistance, Employment

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

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Foundation Communities

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Counseling/Advocacy, Education, Case Management, Life Skills, Rental Assistance

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Austin Travis County Re-entry Roundtable

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Other

**Role(s) of the organization:
(select all that apply)** Primary Decision Making Group, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? No

**Services provided to homeless persons and families:
(select all that apply)** Not Applicable

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Youth and Family Alliance dba LifeWorks

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Non-profit organizations

**Role(s) of the organization:
(select all that apply)** Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Youth, Domestic Violence

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: (select all that apply) Counseling/Advocacy, Education, Case Management, Utilities Assistance, Legal Assistance, Transportation, Alcohol/Drug Abuse, HIV/AIDS, Rental Assistance, Not Applicable, Street Outreach, Life Skills, Healthcare, Mental health, Employment

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Travis County Housing Authority

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Public housing agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Utilities Assistance, Rental Assistance

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Seton Hospital

**Type of Membership:
(public, private, or individual)** Private Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Hospitals/med representatives

**Role(s) of the organization:
(select all that apply)** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:
(No more than two subpopulations)** Seriously Mentally Ill, Substance Abuse

Does the organization provide direct services to homeless people? Yes

**Services provided to homeless persons and families:
(select all that apply)** Healthcare, Mental health, Mobile Clinic, Alcohol/Drug Abuse

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Travis County Health and Human Services and Veterans Services

**Type of Membership:
(public, private, or individual)** Public Sector

**Type of Organization:
(Content depends on "Type of Membership" selection)** Local government agencies

**Role(s) of the organization:
(select all that apply)** Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Veterans, Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Mortgage Assistance, Rental Assistance
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Southwest Strategies

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Keep Austin Housed, Americorps

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Goodwill Industries

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Employment
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Westminster Presbyterian Church

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: City of Austin Neighborhood Housing and Community Development Department

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Casey Family

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Youth
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Education, Case Management, Life Skills, Employment
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of Texas School of Social Work

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Beaman Metal Company

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Businesses
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Central Texas Veterans Health Care System

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Healthcare, Mental health, Alcohol/Drug Abuse
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: University of Texas , LBJ School of Public Affairs

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: School systems/Universities
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Travis County Mental Health Public Defender's Office

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

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

Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Renee Hopper

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Homeless
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: House the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Legal Assistance
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Austin Area Interreligious Ministries

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Foundation for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Utilities Assistance, Life Skills, Child Care, Transportation, Rental Assistance, Soup Kitchen/Food Pantry
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Downtown Austin Neighborhood Association

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Blackland Community Development Corporation

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend Consolidated Plan planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Child Care, Life Skills, Healthcare, Rental Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Project Transitions

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: HIV/AIDS
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: HIV/AIDS
(select all that apply)

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

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 - Type of membership; Public, private, or individual
 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Legal Aid for the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: Veterans, Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Legal Assistance
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Religious Coalition to Assist the Homeless

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Downtown Austin Community Court

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Law Enforcement
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Casa Marianella

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Youth, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Life Skills, Child Care, Transportation
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Dianna Lewis

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Primary Decision Making Group, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Mobile Loaves and Fishes

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Faith-based organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Street Outreach, Soup Kitchen/Food Pantry
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Trinity Center

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Non-profit organizations
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: Youth, Substance Abuse
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Case Management, Life Skills, Soup
(select all that apply) Kitchen/Food Pantry

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Basic Needs Coalition of Central Texas

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Local government agencies
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Attend 10-year planning meetings during past 12 months
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Blythe Plunkett

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Melissa Miller

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: CommUnity Care

Type of Membership: Private Sector
(public, private, or individual)

Type of Organization: Hospitals/med representatives
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: Seriously Mentally Ill
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Case Management, Prescription Assistance, Healthcare, Mental health
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Travis County Adult Probation

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Law enforcement/corrections
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months, Attend Consolidated Plan focus groups/public forums during past 12 months

Subpopulation(s) represented by the organization: Veterans, Domestic Violence
(No more than two subpopulations)

Does the organization provide direct services to homeless people? Yes

Services provided to homeless persons and families: Counseling/Advocacy, Education, Life Skills, Mental health, Alcohol/Drug Abuse, Employment
(select all that apply)

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

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 - Type of organization
 - Organization role in the CoC planning process
 - Subpopulations represented; No more than 2 may be selected
 - Services provided, if applicable

Name of organization or individual: Mayor's Mental Health Task-force Monitoring Committee

Type of Membership: Public Sector
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group, Attend
(select all that apply) 10-year planning meetings during past 12 months

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Perry Lorenz

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Tim League

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Ann Denton

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Dr. Donald Christian

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Corky Hillard

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Dr. Calvin Streeter

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Marshall Jones

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

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- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

Name of organization or individual: Alan Isaacson

Type of Membership: Individual
(public, private, or individual)

Type of Organization: Other
(Content depends on "Type of Membership" selection)

Role(s) of the organization: Committee/Sub-committee/Work Group
(select all that apply)

Subpopulation(s) represented by the organization: NONE
(No more than two subpopulations)

Does the organization provide direct services to homeless people? No

Services provided to homeless persons and families: Not Applicable
(select all that apply)

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

Instructions:

The CoC solicitation of projects and the project 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).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

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

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

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

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

Between 2009 and 2010 there was an overall increase of 23 emergency shelter beds. A program at Casa Marienella was closed due to lack of funding resulting in a decrease in emergency shelter beds for families. However, there was an increase of 40 shelter beds for individuals added at the Front Steps ARCH program for individuals.

Safe Haven: Yes

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

On the night in 2010 that the Housing Inventory was conducted Safe Haven had an additional bed filled because a person with whom the program had been trying to connect decided to spend the night. While Safe Haven has the capacity to expand to 17 beds, it generally remains at sixteen for most of the year.

Transitional Housing: Yes

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

Transitional housing in Travis County increased by 43 beds between 2009 and 2010. This primarily occurred through the addition of the Passages Rapid Re-housing pilot program which was funded through the HUD 2008 NOFA which added 100 transitional beds. The decreases in transitional housing took place when two programs the Caritas Re-entry program and Saint Louise House, re-purposed into permanent supportive housing. The organizations made this change based on the community's priority to add more permanent supportive housing beds.

Permanent Housing: Yes

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

The ECHO Community Plan to End Homelessness emphasizes the need to increase the number of permanent supportive housing beds (PSH). In 2010, Austin/Travis County increased the PSH bed count by 100 beds. This was due to the conversion of the previous transitional beds at Saint Louise House and the Caritas Re-entry Program to PSH beds, the addition of shelter + care beds at two of the S+C projects, and the addition of the Caritas My Home and My Home II projects that were funded through the 2008 HUD CoC process, one of which was funded through a reallocation of funding that was allowed that year in the CoC process from service oriented programs to PSH.

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 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

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, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

Must specify other:

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

Specify "other" data types:

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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 the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	Service Point
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
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):	Inadequate staffing, Poor data quality, Inability to integrate data from providers with legacy data systems, Inadequate resources
If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).	
If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).	

Through the HMIS User Group Sub-committee & provider surveys, ECHO identified lack of staffing and resources as contributors to poor data quality. In the 2010 CoC application, ECHO is supporting the ATCIC HMIS application for increased staffing. In order to monitor HMIS progress, in 2010, the ECHO HMIS User Group Sub-committee created community goals for HMIS which are reviewed monthly by the HMIS User Group & the Planning & Evaluation Committee. Through the 2009 CoC increase in HMIS support, a trainer was added and there is now 100% compliance with mandatory training. In addition, the HMIS User Group Sub-committee monitors the APR and null values of individual agencies quarterly so that they can be held accountable for the quality of data that they provide. The Independent Review Team also reviews the data as part of the evaluation process for new and existing CoC applications. A software upgrade was also introduced in 2010 which has increased ease of use & improved data quality.

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

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

Organization Name Austin Travis County Integral Care

Street Address 1 1430 Collier

Street Address 2

City Austin

State Texas

Zip Code 78704

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

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

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

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

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

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

How often does the CoC review or assess its HMIS bed coverage? At least Semi-annually

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

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

Instructions:

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 the HMIS to present accurate and consistent information on homelessness, it is critical that an 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 CoCs 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, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	19%
* Date of Birth	6%	0%
* Ethnicity	8%	0%
* Race	6%	0%
* Gender	6%	0%
* Veteran Status	6%	3%
* Disabling Condition	8%	4%
* Residence Prior to Program Entry	60%	2%
* Zip Code of Last Permanent Address	10%	18%
* Name	0%	0%

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

How frequently does the CoC review the quality of program level data? At least Quarterly

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

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

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

All entries and exits have to be recorded within 5 days of the occurrence. Administrators are expected to check the reports every 30 days for compliance. Beginning in 2009, ATCIC began providing individual agencies with Data Quality reports which identify case numbers with null responses. Administrators can use these reports to identify which case managers are having challenges with data input. In 2010, Data Quality reports are produced monthly for large organizations and bi-monthly for smaller organizations. Templates for periodic reports will continue to be maintained online. In order to ensure accuracy, the HMIS Sub-committee reviews each organization's entry and exit date reports with the HMIS administrator.

- Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?** Yes

2F. 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

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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 Quarterly
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Quarterly
Integration of HMIS data with data from mainstream resources:	At least Annually

2G. Homeless Management Information System (HMIS) Data and Technical 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 additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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 Annually
* Locking screen savers	At least Quarterly
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Quarterly
* Validation of off-site storage of HMIS data	At least Annually

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

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

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

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

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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 Annually
* 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	At least Monthly
* HMIS software training	At least Monthly

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

Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

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

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/23/2011
(mm/dd/yyyy)

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

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

The Austin/Travis Count homeless count was conducted on February 2nd, 2010. It had to be postponed from the original date of January 28th due to severe weather which would have endangered volunteers doing the unsheltered count. This was done with HUD's permission. The final count resulted in 2,087 people being identified as homeless. This is a decrease of 527 individuals or 20% from January 2009. Several factors were involved in this decrease. The emergency shelters saw a decrease of 139 individuals (16%). The shelters report that this decrease was primarily due to the fact that some individuals had access to income that arrives at the beginning of the month. They use this income to take up temporary residence at nearby motels and stayed there until their money runs out. There was very little change, less than one half percent, in the transitional housing or Safe Haven counts. The unsheltered count resulted in a decrease of 303 individuals or 25%. This could be partially due to the increased housing options in the community, but the Count Committee believes that it is more likely substantially due to the lower number of volunteers who showed up based on the rescheduling. In order to ensure that this does not occur in 2011, the Count Committee is increasing the number of volunteers and letting them know both the Count date of January 23rd & the alternate date, January 31st ahead of time.

2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: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 sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population 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 (limit 1500 characters).

Prior to the 2010 Shelter Count, the ECHO Count & Survey Committee notified emergency shelters and transitional housing providers of the date and time of the count. In preparation, the HMIS staff trained data entry workers on how to enter homeless people into Service Point, including all universal data elements. Sheltered population data was collected by using a point-in-time HMIS snap shot for shelter services on 02/02/2010, and then comparing it to the actual rosters of the emergency shelter and transitional housing providers for same night. At the same time, a survey of every tenth sheltered individual was conducted. The Survey/Count Subcommittee of the ECHO Planning and Evaluation Committee reviewed and compared the two numbers to ensure accuracy and reduce duplication. The information was compiled by a statistician from Seton Hospital, and then sent back out to agencies for confirmation prior to the final report on the count. The Continuum of Care Committee reviewed the compiled data and compared it to the previous year's data and the results from the Stand Down and Women's Fair surveys to determine if the data appeared consistent. The Planning & Evaluation Committee reviewed the final sheltered count data before it was included in the NOFA application. Each year the community learns more about how to effectively conduct the count and over the last year there has been increased understanding and willingness from providers to assist in the process.

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

Instructions:

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

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use 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.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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 checked="" type="checkbox"/>
	Sample strategy:	Random Sample
	Provider expertise:	<input checked="" type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
	Non-HMIS client level information:	<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless 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 sheltered subpopulations (Limit 1500 characters).

In preparation for the 2010 Count, the HMIS staff trained and reminded shelter data entry staff and case managers about how to input sub-population data into Service Point. Sub-population data was collected using a point-in-time HMIS snapshot for February 2, 2010. On that same night, a random sample survey was conducted by trained volunteers interviewing every 10th person. The survey asked questions which related to their sub-population status. The survey data was extrapolated 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 both their provider expertise and a review of client records. The Survey/Count Subcommittee of the ECHO Planning and Evaluation Committee reviewed and compared the HMIS and survey sample numbers and verified that these matched provider experience to ensure accuracy. The Continuum of Care Subcommittee also reviewed the compiled data and compared it to the previous year's data and the results from the Stand down and Women's Resource Fair surveys to determine if the data appeared consistent. The Planning & Evaluation Committee reviewed the final subpopulation data before it was included in the NOFA application

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to 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, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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).

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.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

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

Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions*, which can be accessed on the left-hand menu bar.

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:

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

Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to 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, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These 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 people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**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"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques 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):

In order to limit duplication, the unsheltered public places count with interviews and services based count occurred on the same day and at the same time as the Sheltered point-in-time Count. Both the unsheltered count and the sheltered count of emergency shelters and transitional housing occurred between 4:00pm and 9:00pm on February 2, 2010. More than 160 volunteers and outreach staff were trained and assigned to teams to count teams with experienced leaders who identified specific geographic areas that had distinct boundaries. The team leaders coordinated the detailed logistics and count method with each other before the count. The volunteers handed out socks to homeless individuals who were counted and used the observation method as they count. As part of the training, the volunteers were also instructed to ask the people if they had already been counted or surveyed. If yes, then the survey was ended. In the survey, volunteers were trained to collect data on basic social and demographic information, including last four digits of SSN and date of birth. At the same time, agency staff counted homeless individuals and families staying in emergency shelters and transitional housing. The Survey/Count Subcommittee then reviewed all the data, including HMIS, and identified matching information to reduce duplication as much as possible.

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

The CoC utilizes several methods throughout the continuum to outreach & reduce the number of unsheltered households with children primarily by attempting to focus on homeless prevention. In 2008, ECHO supported the Salvation Army's application for the National Rapid Re-housing Demonstration Project. This housing focuses on housing families with children. ECHO also engages LifeWorks in the continuum which provides services for homeless pregnant & parenting teens. A collaboration of agencies engaged in the CoC is leveraging HPRP funding to be used to prevent family homelessness. Since 2008 ECHO Events Committee has supported an annual Women's Resource Fair, which provides outreach and support to homeless women, many of whom have children. ECHO also outreaches through a partnership with the Austin Independent School District specialists who identify & connect homeless children & their families with support services. These specialists participate in the CoC and work with local homeless providers to identify housing & additional support services. Through both CoC supported HUD & local funding, the Salvation Army's Women & Children's Homeless Shelter & the Passages case management program focus their efforts on assisting homeless families and children. Further, in 2010, Saint Louise House repurposed their transitional housing for women and children into permanent housing. ECHO monitors the number of homeless families using HMIS. In 2010 there were no unsheltered families counted.

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 several strategies to identify and engage persons that routinely sleep on the streets or in other places meant for human habitation. The ECHO Events Committee coordinates annual client outreach & engagement events such as The Homeless Resource Fair, Women’s Resource Fair & Hunger & Homelessness Awareness week. Services provided at the fairs 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 2009 Homeless Resource fairs attracted over 800 homeless individuals & over 300 volunteers participated. Outreach for the fairs is conducted through flyers, presentations, and word of mouth at organizations where the homeless congregate. At each fair, surveys are conducted to assess the needs of the homeless individuals & the results are shared throughout the ECHO structure. In 2010, ECHO played an integral role with the 2010 Census Count to ensure that the homeless were adequately counted. In 2011, the ECHO CoC will coordinate the 100,000 Homes campaign to document & find support for the most vulnerable homeless. In addition, to these ECHO activities, ECHO partners conduct street outreach including: ACCESS/PATH program outreaches to camp locations and provides ECHO with information for outreach & the Annual Count & LifeWorks outreaches to youth on the street.

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. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

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

In 2010, ECHO sponsored a PSH Services Report identifying the array of necessary support services for PSH & key outcomes, focusing on the needs of the chronically homeless. From the report, the ECHO Housing Committee was created. This committee is comprised of developers, service providers, & community members & will track the progress on the number of PSH units & work with the City of Austin to support the City Council's mandate to create 350 additional PSH units in the next four years. In 2011, the Housing Committee will identify landlords who are already providing PSH & create a forum for these landlords to educate their peers on their experiences with PSH & the chronically homeless population. In spring of 2011, ECHO Education Committee will sponsor a local 100,000 Homes Campaign documenting the most vulnerable chronically homeless & share their stories with the community. The goal is to raise community awareness & find homes for these individuals.

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

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

How many permanent housing beds do you currently have in place for chronically homeless persons? 123

In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 135

In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 240

In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy? 400

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 77 percent or more.

Instructions:

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress 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.

On this section, CoCs are 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 77 percent. In addition, 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 (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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 77 percent or higher (limit 1000 characters).

Over the next 12 months, the ECHO HMIS Committee will continue to monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons staying in permanent housing. If agencies are falling behind on meeting the community goal, then the Planning & Evaluation Committee will request an explanation of the circumstances that caused that to occur. The Independent Review Team also considers this percentage as they consider renewals & new projects. The ECHO Housing Committee will work with the local Basic Needs Coalition to align strategies for preserving financial stability so that people maintain their housing. This will include coordination to establish a closer relationship with the local benefits offices so that people can attain or maintain the benefits for which they are eligible. The ECHO Housing Committee will explore ways to increase peer to peer support which research shows assists residents in staying in their homes

Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).

The 2010 ECHO Plan to End Community Homelessness includes strategies for promoting financial stability & the Housing Committee will oversee their implementation. In addition, the plan calls for implementing pilot projects and expanding effective strategies for targeted homeless populations. The Housing Committee will educate providers and developers on evidence-based practices for the most vulnerable and hardest to serve populations. The ECHO Housing Committee will oversee & monitor the success of developing Housing First/Harm Reduction housing for the chronically homeless. The HMIS Committee will use data from the HMIS system to monitor and evaluate the effectiveness of the programs that are in place. The ECHO HMIS Committee will monitor the percentage of participants remaining in housing over six months and will report any challenges to the Planning & Evaluation Committee.

What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months? 82

In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 85

In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 91

In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months? 91

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

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH 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 (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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 ECHO Planning & Evaluation Committee will continue to monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons moving from transitional to permanent housing. The Housing Committee will focus on housing for special populations & will bring together transitional and permanent housing providers to build alliances & ensure smooth transitions & communication. Common forms will be finalized for easier client transfer. The Housing Committee will also sponsor a meeting with employers to identify opportunities for employment for the homeless. During the annual NOFA application process, the Independent Review Team will also review the APR results as part of the evaluative process for agency projects remaining part of the CoC continuum. If agencies are falling behind on meeting the community goal, then the Planning & Evaluation Committee will request an explanation of circumstances that caused that to occur.

Describe the 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: "People who become homeless will be able to move quickly back into housing & receive support services to maintain their housing. To provide opportunities for people to exit transitional housing, the ECHO Board will support efforts to increase permanent housing opportunities & the Housing Committee will learn from & build on the rapid re-housing strategies that are currently being piloted in the community. Through the Continuum of Care Committee, ECHO will serve as a forum to connect & support efforts to increase connections to mainstream services as well as expand opportunities for the homeless and formerly homeless to find employment. To increase stability, the ECHO Housing Committee is exploring community strategies for increasing financial stability. In addition, the Planning & Evaluation Committee will monitor & the Independent Review Team will review the APR results of agencies to ensure progress on this goal.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 79
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 77
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 77
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 78

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 projects only) is expected to report the percentage of participants employed at exit on its Annual Progress 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) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at 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 projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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).

In 2009, ECHO co-sponsored a Let's Get to Work Forum which brought together community leaders, workforce development experts & employers to discuss ways in which the homeless can become successfully employed. In the next 12 months, Richard Troxell, an ECHO member, will lead in the identification of a pilot group of homeless individuals who will be provided with job training and employment supports. ECHO Planning & Evaluation will monitor the success of this initiative and serve as a vehicle to educate the public about its success and lessons learned. Employers will be included in the Annual Homeless Resource Fairs. The CoC Committee will convene the homeless employment specialists & identify ways to align efforts and outreach to employers. The ECHO Planning and Evaluation 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 that are employed at program exit to 20 percent or more (limit 1000 characters).

One of the goals of the ECHO Plan to End Community Homelessness in Austin/Travis County, 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 Committee will create an outreach plan to employers & then engage the Board & organizational leadership in contacting employers to discuss providing opportunities for the homeless. The Housing Committee will also serve as the convener for creating connections, forging alliances and sharing best practices. 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.

- What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 39
- In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 40
- In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 40
- In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 40

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

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

Instructions:

Ending homelessness among households with children, 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.

On 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. In addition, 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 that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

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

In 2011 ECHO Continuum of Care (COC) Committee will convene the providers who serve homeless families to discuss their unique needs for housing and services. The ECHO Events Committee will coordinate the annual Homeless Resource Fair for women. The Fair allows women & children to access housing & services. Within 12 months, ECHO Housing Committee will identify evidence-based prevention strategies to keep at-risk families housed & will support and evaluate rapid re-housing strategies for those who are homeless or at imminent risk of homelessness. The ECHO Housing Committee is expanding its scope to coordinate HPRP Rapid Re-housing initiatives and the ECHO Planning & Evaluation Committee will be monitoring the results. The ECHO Education & COC Committee will be educating providers & the community on the HEARTH Act requirements & will continue to build relationships with local school districts & other organizations that serve homeless families with children.

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 related to preventing homelessness, addressing short-term and long-term homelessness, & creating new permanent affordable housing units for households with children. For prevention, the plan calls for increases in both PSH and affordable housing units for families. The Housing Committee will monitor this & ask the Board for support. For sheltered families, the Salvation Army is piloting a rapid re-housing strategy for families through the HUD Rapid Rehousing Initiative that was funded through the 2008 NOFA. They'll share the results with the COC & Housing Committees to see if positive outcomes can be replicated. For unsheltered families, the Events Committee will continue to sponsor Homeless Resource Fairs for women to connect them with housing and services. ECHO will continue to monitor community progress toward decreasing homeless households with dependent children through the annual NOFA process.

What is the current total number of homeless households with children, as reported on the most recent point-in-time count? 196

In 12-months, what will be the total number of homeless households with children? 190

In 5-years, what will be the total number of homeless households with children? 185

In 10-years, what will be the total number of homeless households with children? 180

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should 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 onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify 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.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)

Foster Care (Youth Aging Out):

What: The ECHO Housing Committee oversees the success of foster care discharge planning. The state has entered into an agreement with the Housing Authority & LifeWorks to assist youth transitioning out of foster care in obtaining housing, case management & life skills services. The state provides the list of youth aging out to the Housing Authority & the Housing Authority certifies eligibility for vouchers. LifeWorks provides case management & life skills training. For those not eligible for this program, the Ready by 21 Youth Aging Out Subcommittee established a Transition Plan checklist used by judges, child placement agencies, and case workers to ensure that youth are prepared to leave care. A checklist of safe boarding homes has been created. **Where:** The youth eligible for the Family Unification Program vouchers can choose to live based on availability of apartments that will accept the vouchers. Other youth are referred to boarding homes & a new transitional living program at the Austin Children's Shelter. **Who:** Housing Authority of the City of Austin, Texas Department of Family & Protective Services, & LifeWorks, Austin Childrens Shelter. The RB21 Subcommittee includes members of local foster care-serving agencies, Austin Community College, the Texas Department of Family and Protective Services, the Casey Family Foundation, Travis County Court Appointed Special Advocates and the Travis County Juvenile Probation Department.

Health Care:

What: Based on a two year pilot, the local hospitals, Seton & St David's, have an agreement with Front Steps to provide recuperative care for homeless individuals. The two hospitals refer all homeless clients to the recuperative care program regardless of their eligibility so that they can be placed appropriately. At the point of discharge, Front Steps transports those eligible for recuperative care to a nursing home and provides them case management while they receive the medical assistance that they need. During the recuperative process, their housing options are assessed & they are placed in transitional or permanent housing when available. In 2010, the CoC increased the number of recuperative care beds from 4 to 6. Individuals not eligible for recuperative care are provided with a list of boarding homes & transitional living facilities. Front Steps also provides on-going communication with hospital social workers about housing options. ECHO Housing Committee oversees the success of this program. **Where:** Homeless individuals exiting the hospitals & not going to the recuperative care nursing home are referred to transitional housing & permanent housing programs with Caritas as well as local boarding homes. **Who:** a collaboration of St. Davids Community Health Foundation, Seton Family of Hospitals, Travis County Health Care District, and Front Steps.

Mental Health:

What: The ECHO Housing Work Group reviews the implementation and effectiveness of discharge planning policies & procedures for people exiting mental health institutions. The State & the local mental health authority developed a discharge planning policy protocol to prevent or reduce the number of persons identified as homeless upon entry or exit from the Austin State Hospital, a state-funded psychiatric hospital, from being released into homelessness. **Where:** At discharge, the individual is offered treatment at the Inn, a 16 bed facility serving adults 18 years of age and older, and provides short-term community-based residential crisis treatment to adults who are residents of Travis County. The Inn is open 24/7 and is co-located with Psychiatric Emergency Services, the Mobile Crisis Outreach Team and the 24/7 Crisis Hotline. Should individuals need more time to recover and stabilize from their challenges, they are offered an opportunity to receive treatment at ATCIC's crisis respite program called Next Step. Next Step, provides short-term psychiatric respite services for adults residing in Travis County who are recovering from a psychiatric crisis. For those who choose not to participate, they are provided with options for boarding homes & transitional living facilities. **Who:** The State (Texas Department of State Health Services) & the local mental health authority Austin Travis County Integral Care (ATCIC) with oversight from the ECHO Housing work group.

Corrections:

What: Since 2009, ECHO has partnered with the Re-entry Roundtable to identify number of homeless individuals being discharged to Travis County. The state has entered into formal MOU with the local mental health authority (ATCIC) to ensure that homeless people with mental illness are not discharged from the state jail without a housing plan that includes a viable discharge address. Following discharge, ATCIC partners with the probation department to provide mental health services. The Travis County Correctional Facility (TCCF) has changed its assessment process & now identifies the homeless at intake. Once identified, they are referred to either ATCIC or one of the other homeless organizations such as Caritas that offers services in the jail. A housing plan is then developed using a list of housing options compiled by the local housing locaters which specifies apartment complexes & boarding homes that will accept people with a criminal history. TCCF has also provided all its counselors with this list of housing options. The ECHO Housing Committee will continue to monitor success of discharge planning. **Where:** Individuals are referred to transitional housing facilities, local low income apartment complexes that will accept people with criminal histories, and boarding homes. **Who:** Texas Department of Criminal Justice, Travis County Correctional Facility, ATCIC, Caritas, Travis County Community Supervision & Corrections Department (probation)

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then 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.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

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

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

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):

ECHO actively worked with the City of Austin and HPRP funded agencies to coordinate activities. Based on ECHO's Plan to End Community Homelessness, HPRP funds are used for data management, including the Homeless Management Information System, an additional Housing Locator to identify housing for the homeless, mediation and legal services to keep people housed, and Outreach and Intake Specialists who provide targeted outreach and case management to school-based, faith-based, homeless services and HIV communities. Of the \$3 million allocated to the City of Austin, almost \$2 million will be used to provide rent, utility, and other direct financial assistance to prevent or end homelessness. In addition, several local homeless agencies received TDHCA HPRP funds. All HPRP funded agencies agreed to participate in the ECHO Housing Committee, which expanded its objectives to include HPRP activities. This committee provides a forum for HPRP recipient agencies to coordinate services, prioritize clients, and streamline referrals and forms. HPRP agencies created a collaborative policies and procedures manual, and implemented outreach strategies with local schools and social service providers so eligible clients can be connected with appropriate services. HPRP brings together the homeless services aspect and the homelessness prevention aspect to end homelessness in our community and ties with the goals in the ECHO Plan. The results are reported to the Planning & Evaluation Committee.

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

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

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? No

If yes, please describe the established policies that are in currently in place. At this moment, ECHO does not have a CoC policy that requires homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community. However, it is a requirement that organizations address these issues in their local renewal and new funding applications. The ECHO Board will consider creating a CoC policy in 2011.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The Austin Independent School District (AISD), the largest school district in Travis County, is a member of ECHO and is active on the Count & Survey Committee. The school district conducts an annual survey called the Student Residence Questionnaire which identifies homeless families and they share the results with the Count & Survey Committee. The Count & Survey Committee is also exploring ways to work more closely with AISD on the day of the annual homeless count so that homeless families can be accurately counted. The HMIS committee is exploring ways to include AISD homeless children in the HMIS system but this will mean creating MOU's and addressing the release of information concerns expressed by the school district. Once homeless children are identified, Project HELP, which is the program within the school district that supports homeless families actively works with ECHO members, including the Salvation Army, Caritas, Saint Louise House, and Foundation Communities to identify housing options for the families. Similarly, when any of these entities identify families with homeless children, they ensure that they are connected with Project Help and enrolled in school.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

ECHO will consider the educational needs of children when families are placed in emergency or transitional shelter in a variety of ways. First, the ECHO Continuum of Care Committee will be sponsoring forums to update members on the key provisions of the HEARTH Act including the provisions related to educational requirements. The Austin Independent School District is hosting a training session for local service providers to provide key information about the rights of students experiencing homelessness, the importance of identifying & ensuring access to educational & basic needs services & AISD resources available to them. As part of the local HUD CoC NOFA application process, organizations have to provide information on how they are addressing the educational needs of children and their score is dependent upon their answer. SafePlace and Salvation Army, the two primary providers of shelter and transitional housing services, will make regular reports to the Coc about issues facing children and the CoC Committee is responsible for ensuring that there is a liaison with AISD.

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 identified veterans as a priority population for new project applicants in the 2010 NOFA. The Plan to End Homelessness in Austin/Travis County identified increasing service demands for special need populations, including veterans. Veterans were specifically identified in short & long time goals including: Goal 1: Employ housing locators to identify & develop units for people who are homeless, including special needs populations such as re-entry, youth, & veterans. Goal 3: Expand job training, employment, and access to mainstream services, with a focus on VA benefits for veterans. In addition, there is a PSH goal that includes setting aside a specific number of units for veterans. ECHO was one of five CoCs selected & invited to apply for the Veterans Homelessness Prevention Demonstration Program in 2010. This will be administered by the Salvation Army (SA). Green Doors provides PSH with a specific focus on veterans & both Caritas & Front Steps provide case management & housing support to veterans. The VA has a staff member who provides on-site services at the SA & ARCH. In November, ECHO hosted a panel discussion with formerly homeless veterans, representatives from the VA, Travis County & Green Doors to increase community awareness of homeless veterans. ECHO will continue to coordinate with the City of Austin's HHSD & NHCD to implement the city's permanent supportive housing strategy. The strategy includes 70 PSH units be set aside for chronically homeless veterans.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2009 Achievements

Instructions:

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	2009 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	86	Beds	123	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	91	%	82	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	79	%
Increase percentage of homeless persons employed at exit to at least 20%	40	%	39	%
Decrease the number of homeless households with children.	200	Households	196	Households

Did CoC submit an Exhibit 1 application in 2009? Yes

If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.

The Austin/Travis County CoC has traditionally maintained an approximately 90% retention rate in permanent housing over 6 months and so the CoC Committee was concerned when the rate dropped to 82%. Upon examination of the numbers, two key factors emerged. The first is that of the thirty three who exited, eight (24%) died prior to six months of being housed, which demonstrates the effort to house more chronically homeless and vulnerable populations. The second factor is that one of the programs (a Shelter + Care program) began providing new services close to the time when their APRs were due and therefore a high number of clients (12/33) had entered the program but not completed their 6 months at the time that the APR was submitted. The Housing Committee and HMIS Committee will continue monitoring these numbers in order to continue to demonstrate success in a high percentage of residents maintaining housing over six months. The percentage of homeless persons who are employed was one percent below the goal. Upon examination, providers reported that this was primarily due to the economic downturn and the lower availability of employment opportunities for their clients as people with higher skills and more stable job histories were taking jobs for which their clients had previously qualified. The HMIS and Housing Committees will continue to monitor and the ECHO CoC committee is identifying outreach strategies to employers.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

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 2008, 2009, and 2010.

Year	Number of CH Persons	Number of PH beds for the CH
2008	919	45
2009	529	57
2010	982	123

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010. 66

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, 2009 and January 31, 2010.

Cost Type	HUD McKinney- Vento	Other Federal	State	Local	Private
Development					
Operations	\$217,033		\$170,993		\$12,462
Total	\$217,033	\$0	\$170,993	\$0	\$12,462

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):

In 2010, the number of chronically homeless individuals appeared to almost double, however, this is primarily the result of 3 things: a revised survey tool and methodology whereby every tenth person sheltered & unsheltered was interviewed; better trained volunteers in how to ask the questions, especially those that assess chronic homelessness; & assistance from a statistician to analyze the results & provide the community with clear answers. The overall community homelessness numbers declined but ECHO used 2010 to more rigorously assess the population & discovered a high percentage of those on the streets & in emergency shelters fit the chronically homeless definition. The study provides a good baseline from which progress can be measured.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, 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 data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C 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.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) 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)	33
b. Number of participants who did not leave the project(s)	228
c. Number of participants who exited after staying 6 months or longer	25
d. Number of participants who did not exit after staying 6 months or longer	188
e. Number of participants who did not exit and were enrolled for less than 6 months	33
TOTAL PH (%)	82

Instructions:

HUD will also assess CoC performance in moving participants in SHP 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 entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select *Save*. The *Total TH %* will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH 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.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Does CoC have any transitional housing projects (SHP-TH) 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	155
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	122
TOTAL TH (%)	79

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) 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 entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select "Save" and the percentages will be auto-calculated. 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 their CoC that should have submitted an APR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 379

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	62	16	%
SSDI	30	8	%
Social Security	3	1	%
General Public Assistance	40	11	%
TANF	19	5	%
SCHIP	4	1	%
Veterans Benefits	16	4	%
Employment Income	147	39	%
Unemployment Benefits	8	2	%
Veterans Health Care	2	1	%
Medicaid	98	26	%
Food Stamps	141	37	%
Other (Please specify below)	22	6	%
family contributions			
No Financial Resources	118	31	%

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) Participation in Energy Star and Section 3 Employment Policy

Instructions:

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

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

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

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

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

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

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

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

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

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

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

The ECHO Continuum of Care Committee meetings in the last 12 months:
Jan. 20

May 26

June 9

June 23

June 29

July 14

July 28

August 11

August 26

September 8

September 22

October 13

October 26

November 10

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.

Has the CoC participated in SOAR training? No

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

However, ECHO plans a SOAR training in 2011 for all its member organizations.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	89%
Case managers include the enrollment in mainstream services as part of the case plan. Case managers usually accompany clients to the office administering the mainstream service. The case manager will also either review or provide assistance to ensure that forms are completed accurately. One organization utilizes the Benefits Enrollment Network screening software to ease completion of applications. All case managers follow up to see if benefits have been provided.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	67%
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:	89%
TANF, SNAP, Choices (child care), and WIC	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	78%
4a. Describe the follow-up process:	
Case managers meet weekly with clients and formally review service plan once per month to ensure that formal goals, including mainstream services, are being followed and to see if benefits have been received. On occasion, follow ups are conducted over the phone. If benefits are denied, then case managers are assist with preparation for and are present at the appeal hearing.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
First Steps	2010-10-29 19:31:...	1 Year	Front Steps	94,668	Renewal Project	SHP	PH	F
MyHome Too	2010-11-09 09:49:...	1 Year	Caritas of Austin	198,885	Renewal Project	SHP	PH	F
SP 1 FY 2010	2010-10-26 12:52:...	1 Year	Housing Authority...	541,980	Renewal Project	S+C	TRA	U
Renewal SHP - PSH...	2010-10-07 20:24:...	1 Year	Communit y Partner...	65,985	Renewal Project	SHP	PH	F
ATCIC HMIS Original	2010-10-29 14:29:...	1 Year	Austin Travis Cou...	78,533	Renewal Project	SHP	HMIS	F
HMISExpansion2	2010-11-15 12:11:...	1 Year	Austin Travis Cou...	28,893	New Project	SHP	HMIS	F2
The Passages Program	2010-11-15 11:06:...	1 Year	The Salvation Arm...	538,081	Renewal Project	SHP	SSO	F
MyHome	2010-11-09 09:44:...	1 Year	Caritas of Austin	303,712	Renewal Project	SHP	PH	F
SAFE HAVEN	2010-10-29 14:04:...	1 Year	Austin Travis Cou...	348,007	Renewal Project	SHP	SH	F
SafePlace Support...	2010-10-15 16:42:...	1 Year	Travis County Dom...	613,002	Renewal Project	SHP	TH	F
S+C Project 2 FY ...	2010-10-27 09:52:...	1 Year	Housing Authority...	177,336	Renewal Project	S+C	TRA	U
Spring Terrace	2010-10-29 16:24:...	1 Year	Caritas of Austin	196,492	Renewal Project	SHP	PH	F

SP2 FY 2010	2010-10-26 12:54:...	1 Year	Housing Authority...	196,128	Renewal Project	S+C	TRA	U
Partnershi p Housi...	2010-11-12 17:26:...	2 Years	Caritas of Austin	401,884	New Project	SHP	PH	P1
LifeWorks Support...	2010-11-15 17:22:...	1 Year	Youth and Family ...	212,969	Renewal Project	SHP	TH	F
S+C Project 1 FY ...	2010-10-27 09:49:...	1 Year	Housing Authority...	357,588	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$2,679,227
Permanent Housing Bonus	\$401,884
SPC Renewal	\$1,273,032
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	City of Austin Ce...	11/15/2010

Attachment Details

Document Description: City of Austin Certificate of Consistency