

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

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

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

### Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

## 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](http://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 Board of Directors

**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:** 501(c)(3)

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: 100%**  
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

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

**Specify "other" process(es):**

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

In 2010, ECHO formed as a nonprofit with a Board of community leaders. The process for electing the Directors is outlined in the ECHO by-laws. The Boards Governance Committee identifies openings, desired skills, and seeks nominations. The nominations are vetted by the Board with input from Membership Council representatives. Efforts are made to ensure that a cross-section of the community is included on the Board through an open and fair selection process. Each Director is elected to a three year term, and no Director can serve more than two consecutive terms. Terms begin each January and each November the Board elects new officers, including a Chair. Information on by-laws, membership, and committee meetings is posted on the ECHO website.

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

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

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, will 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 to 750 characters):**

Yes. The City of Austin is currently designated as the lead entity for the Austin/Travis County CoC and manages the federal grants. In the 2010 strategic plan, ECHO planned to position itself to accept federal grants & provide project oversight and monitoring. In the spring of 2011, ECHO received its 501©3 status. This designation allows 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 support the necessary infrastructure. This October, the Board hired an executive director to lead the organization. In 2012, ECHO will work with HUD to become the CoCs lead entity. The City of Austin supports this change

## 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
Membership Council	meets monthly to provide oversight of, and guidance to, sub-committees that complete the annual Continuum of Care application; oversee HMIS & community data; review and take action on housing needs; and conduct the annual homeless count. The Membership Council makes recommendations to the ECHO Board on the CoC priorities and provides updates on the planning processes. It oversees the workgroups who work on the implementation of the Plan to End Community Homelessness as well as disaster planning for the homeless. For the CoC process, the Membership Council reviews data, IRT recommendations, and makes recommendations to the Board about the community priorities.	Monthly or more
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 Membership Council. It ensures that communications and other relevant information from HUD are distributed, and that the community's identified needs are addressed throughout the application process. Throughout the year, the committee reviews data from the APRS and other community reports and identifies the gaps in the continuum so that the priorities can be addressed through 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 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, Data Committee, Membership Council & the community at large.	Bi-monthly

Housing Committee	The Housing sub- Committee monitors progress in providing housing for homeless individuals and families. It implements the housing strategies included in the Community Plan to End Homelessness. It focuses on increasing opportunities for permanent supportive housing & coordinates activities to prevent homelessness & preserve tenancies within the CoC. It ensures policies are in place & working so that individuals are not discharged from foster care, mental & physical health institutions, & the criminal justice system into homelessness. The Committee includes developers, downtown business representatives, service providers, & community members. In 2011, the Housing Committee created a task group focused on coordinating housing for veterans.	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 Board 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 an 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...	NONE
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	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
AIDS Services of Austin	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Ab...
Green Doors	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Se...
Capital Metro	Public Sector	Other	None	NONE
Texas Homeless Network	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Saint Louise House	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domestic Vio...
Texas Department of Family and Protective Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
The Salvation Army	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Foundation Communities	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Austin Travis County Re-entry Roundtable	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
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	Public ...	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Seton Hospital	Private Sector	Hospital..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Travis County Health and Human Services and Vet...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Youth
Goodwill Industries	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Westminster Presbyterian Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
City of Austin Neighborhood Housing and Communi...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
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, Attend Consolidated P...	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 Consolidated Plan p...	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...	Primary Decision Making Group, Attend Consolidated Plan p...	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..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously 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	Othe r	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Perry Lorenz	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Tim League	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Ann Denton	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Dr. Donald Christian	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Corky Hilliard	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Dr. Calvin Streeter	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Marshall Jones	Individual	Othe r	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Alan Isaacson	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Big Brothers Big Sisters of Central Texas	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
Alamo Drafthouse	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Carly Levy	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Charles Walker	Individual	Othe r	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Cynthia Couch	Individual	Othe r	None	NONE
Emy Lou Sawyer	Individual	Othe r	None	NONE
Hallie Waller	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Heather Thomas	Individual	Othe r	None	NONE
Jim Cockrum	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Kim Johnson	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Richard Avery	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Sabelyn Pussman	Individual	Othe r	Committee/Sub-committee/Work Group	NONE
Samantha Woollard	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

Susan Morris	Individual	Other	Committee/Sub-committee/Work Group	NONE
Amber Fogarty	Individual	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Leilani Buddenhagen	Individual	Other	Committee/Sub-committee/Work Group	NONE
Knox Woollard Professional Management	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Elyse Yates	Individual	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Texas Council on Family Violence	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Austin Travis County Emergency Medical Services	Public Sector	Other	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Richard Troxell	Individual	For merl. ..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Austin Community Foundation	Private Sector	Funder ...	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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- 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
- Subpopulations represented - No more than 2 may be selected
- 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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- 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:** 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
- Subpopulations represented - No more than 2 may be selected
- 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
- Subpopulations represented - No more than 2 may be selected
- 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, 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

**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: 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)

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 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, Lead agency for 10-year plan, 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: 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:

- 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: 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)

### 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: 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:**

- 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:** 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 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:** 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:** 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:** Veterans  
(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 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: 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:**

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:** 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

### 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:** 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 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 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: 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: 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

Instructions:

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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: 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 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

**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, Rental Assistance  
**(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:** Austin Travis County Re-entry Roundtable

**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, 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)**

## 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:** 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:** 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, 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  
**(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:** 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:** 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:** Utilities 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:** Seton Hospital

**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:** 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:** 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:** Prescription Assistance, Healthcare, Mental health, Mobile Clinic, 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:** Travis County Health and Human Services and Veterans Services

**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:** (select all that apply) 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

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

**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, Mortgage Assistance, 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:** Goodwill Industries

**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:** 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:** 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, Case Management, Life Skills, Child Care, Transportation, Employment  
**(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:** 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

### 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:** 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  
**(select all that apply)** 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, Authoring agency for Consolidated Plan

**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:** 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

**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:** 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:

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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

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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:

- 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:** 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, 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 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:** 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:  
(No more than two subpopulations)** Veterans, Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

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

## 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:** Austin Area Interreligious Ministries

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

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

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

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:** 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 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, 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

### 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:** 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

### 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:** 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

### 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:** 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:  
(No more than two subpopulations)** Veterans, Seriously Mentally Ill

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:  
(select all that apply)** Street Outreach, Legal 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:** Religious Coalition to Assist the Homeless

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

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

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



**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:** 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:** 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:** 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

### 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:** 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 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:** 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 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:** 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 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:** 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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  - 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:** 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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  - 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:** 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

### 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:** 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:** Primary Decision Making Group, 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)

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: 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 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, 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 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: 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 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

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: 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: 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? 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: 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: 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? 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: 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: 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

**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. 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:** 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?** 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 Hilliard

**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  
(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:** 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:** 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?** 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:

- 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:** 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:** 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:** 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:** 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)

# 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:** Big Brothers Big Sisters of Central Texas

**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:** Youth  
(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  
(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:** Alamo Drafthouse

**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 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:** Carly Levy

**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:**

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:** Charles Walker

**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) Consolidated Plan focus groups/public forums 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:** Cynthia Couch

**Type of Membership:** Individual  
(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?** 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:** Emy Lou Sawyer

**Type of Membership:** Individual  
(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?** 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:** Hallie Waller

**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:**

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:** Heather Thomas

**Type of Membership:** Individual  
(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?** 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:** Jim Cockrum

**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:**

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:** Kim Johnson

**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 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:** Richard Avery

**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 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:** Sabelyn Pussman

**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:** Samantha Woollard

**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  
(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:** Susan Morris

**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:** Amber Fogarty

**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 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:** 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:** Leilani Buddenhagen

**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:**

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:** Knox Woollard Professional Management

**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, 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:** 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:** Elyse Yates

**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  
(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:** Texas Council on Family Violence

**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:** Domestic Violence  
(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:** Austin Travis County Emergency Medical Services

**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 Consolidated Plan focus groups/public forums during past 12 months  
(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:** Healthcare, Mobile Clinic, Transportation  
(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:** Richard Troxell

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

**Type of Organization:** Formerly Homeless  
(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



**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 Community Foundation

**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)

# 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, 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)

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

**If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):**

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 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):**

There was a decrease of 124 emergency shelter beds between the 2010 and 2011 HDX, This change was due to a reclassification of beds at the ARCH facility. The beds are mats on the floor and had previously been counted as permanent emergency shelter beds as they are generally full, however, they are not intended as permanent emergency shelter beds and so in 2011 have been counted as overflow beds.

**HPRP Beds:** Not Applicable

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

HPRP was used for homeless prevention services and not for housing or emergency shelter.

**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):**

An additional 36 transitional housing beds were included in the 2011 HDX due to additional beds at a Green Doors facility as well as the inclusion of the Veteran Administration's residential treatment center.

**Permanent Housing: Yes**

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

In 2011, 438 permanent supportive housing beds were added to the HDX. The vast majority of this additional capacity comes through both the addition of existing and new VASH vouchers to the inventory. In 2011, the Austin/Travis County HMIS administrator worked closely with the V.A. and the Housing Authority to ensure that all vouchers were included. In addition, the Front Steps permanent housing bonus project that was funded through the 2009 HUD CoC process came on-line adding 26 new units and Saint Louise House added permanent supportive housing beds by finalizing its transfer of transitional beds to permanent.

**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 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not submitted by May 31, 2011 (limit 750 characters).**

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

**Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)** Follow-up, 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)** 09/06/2011
  - Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Inadequate staffing, 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).**

The HMIS User Group Sub-committee & provider surveys identified lack of staffing & resources as contributors to the inability to consistently implement a formal data plan. In 2011, ECHO worked with the City of Austin to review the local HMIS & compare it to best practices across the nation. It confirmed that Service Point is the right system for the community but that additional staffing, training, & access to reports are needed. The HMIS sub-committee is overseeing this training for end users & administrators. In addition, the City has budgeted for an HMIS Program Administrator for ECHO who will be charged with ensuring that reports are produced & shared in a timely manner & that all organizations are participating fully in HMIS. From the 2010 NOFA application, a data analyst will be hired to assist with the reports. Data quality is regularly reviewed by the HMIS Committee and has improved dramatically over the last 12 months. A pilot data migration test will also be undertaken

## 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) 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	65-75%

**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:**

The low rate of bed coverage for PH beds is a result of the addition of the VA beds in the housing inventory. Previously these beds had notall been included in HMIS but a plan is in place to now include them. Prior to this the percentage of PH beds in HMIS was in excess of 86%.

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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

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 2011.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	7%	18%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	2%	5%
* Disabling Condition	2%	2%
* Residence Prior to Program Entry	9%	7%
* Zip Code of Last Permanent Address	2%	31%
* Name	0%	0%

**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):**

Monthly compliance standards & update training is provided for HMIS users either at ATCIC or at the end users facility. Weekly training is provided for all new users. Administrators & users receive email updates. A click by click training guide & an online forum for user technical assistance is used as a reference tool. On a quarterly basis & on request, agencies receive data that shows their null values. Training is underway with HMIS administrators on creating their own reports. The HMIS Committee monitors data quality to ensure agency compliance. On July 17th and 18th ECHO hosted Bowman Systems for a users¿ summit. Agencies provide feedback on satisfaction with HMIS staff support which is reviewed by the HMIS Subcommittee.

**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 2011, 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)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR
- Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

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

**Instructions:**

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

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

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

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:**

<b>Integrating or warehousing data to generate unduplicated counts:</b>	At least Quarterly
<b>Point-in-time count of sheltered persons:</b>	At least Annually
<b>Point-in-time count of unsheltered persons:</b>	At least Annually
<b>Measuring the performance of participating housing and service providers:</b>	At least Quarterly
<b>Using data for program management:</b>	At least Quarterly
<b>Integration of HMIS data with data from mainstream resources:</b>	At least Annually

## 2F. 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 Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	At least Monthly
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Monthly
* 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 Annually

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

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

**If 'Yes' indicate date of last review or update by CoC:** 07/05/2011

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

## 2G. Homeless Management Information System (HMIS) Training

### Instructions:

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

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 Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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

### Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

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

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/23/2011

**If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011?** No

**Did the CoC submit the point-in-time count data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).**

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/22/2012

**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).**

In 2011 the annual Point-In Time (PIT) count was conducted on January 23rd, 2011 using a combination of 240 volunteers who counted throughout Travis County and HMIS. 2,342 homeless individuals were counted. This is a 11.5% overall increase from the 2010 PIT count. The challenging economic conditions, rise in Austin rental rates, and lack of entry-level jobs contributes to the overall increase. There was a 7% increase in the number of families in emergency shelter. Providers report an increase in family size, and an increase in the number of children who are now being entered into HMIS (previously not all children were entered). There was a 17% overall increase in the number of single homeless adults that were counted. This can be attributed to both the fact that the Salvation Army had 43 individuals in overflow beds on the night of the count and the positive efforts of more volunteers who participated in the unsheltered count which allowed a greater area to be covered and more people to be counted (25% increase in the unsheltered count of individuals). There was an 86% reduction in the number of unaccompanied youth identified in the 2011 count, primarily due to a huge reduction in those counted during the unsheltered count. In an effort to engage more community volunteers, the 2011 count took place during the day on a Sunday, and the homeless youth were engaged in activities that made them difficult to distinguish from the general population.



## 2I. 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 method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the 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):**

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

**If Other, specify:**

**Describe the methods used by the CoC, as indicated by the above selected method(s), 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 2011 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 snapshot for shelter services on 01/23/2011, and then compared it, via survey, to the actual rosters of the emergency shelter and transitional housing providers for same night. At the same time, a survey of every sheltered individual was conducted. The 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 ECHO Board 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.

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

**Instructions:**

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

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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):**

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>Provider expertise:</b>	X
<b>Interviews:</b>	X
<b>Non-HMIS client level information:</b>	X
<b>None:</b>	
<b>Other:</b>	X

**If Other, specify:**

Conducted surveys of every homeless individual who was in emergency shelter and transitional housing.

**Describe the methods used by the CoC, based on the selections 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 2011 PIT count, the CoC Committee reviewed the sub-population definitions to ensure that all volunteers count in the same manner. HMIS staff trained and reminded shelter data entry staff and case managers about how to input sub-population data into Service Point. Sub-population data was collected using a point-in-time HMIS snapshot for January 23, 2011. On that same night, a survey was conducted by trained volunteers of everyone in the sheltered settings. The survey asked questions which related to their sub-population status. The survey data was reviewed and compared to HMIS numbers. The information was compiled by a statistician from a local health care research consulting firm, and then sent back out to agencies for confirmation and review based on both their provider expertise and a review of client records. The Count & Survey 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 years data and the results from the Stand down and Womens Resource Fair surveys to determine if the data appeared consistent. The ECHO Board reviewed the final subpopulation data before it was included in the NOFA application.

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

### Instructions:

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

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 verify the data quality of sheltered homeless persons:  
(select all that apply)**

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

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

Prior to the 2011 Count, the HMIS staff provided written instructions and training for both individuals who were entering data on the sheltered homeless subpopulations and for individuals who were conducting the surveys. The HMIS Committee reviewed these instructions prior to training. On the day of the count, HMIS staff were deployed to the shelter and transitional housing sites to provide support and technical assistance. Following the count, the HMIS staff reviewed the data that had been submitted, reminded data entry personnel to submit information, and provided both written and verbal follow ups to ensure that the data was entered and met quality standards. The HMIS Committee reviewed the results and then passed the information to the Data Committee and the ECHO Board. The ECHO Board provided final approval for the information to be submitted in the CoC application and for public release.

## 2L. 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 during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)**

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

**If Other, specify:**

**Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).**

Prior to the Count, the Count & Survey Committee reviewed the results of the 2010 Count including the places where unsheltered homeless individuals were located. Using this as the basis, the Count & Survey Committee, designed the public place count to include these locations as well as locations that were identified by outreach staff and public safety officials as areas that are inhabited by individuals who are homeless. During the Count, volunteers interviewed every ninth unsheltered homeless individual with a survey to assess both their needs as well their subpopulation status. Service providers, such as providers who have mobile vans that feed the homeless, were also included in the planning so that the Count could be conducted as they were providing services. One church also provided activities on the day of the count so that individuals who are homeless could participate and be counted. All the data collected during the count was entered into HMIS and checked against data provided for the sheltered count so that duplication was avoided.

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

**Instructions:**

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

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:**

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

**Instructions:**

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

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

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)**

<b>Training:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>De-duplication techniques:</b>	<input checked="" type="checkbox"/>
<b>"Blitz" Count:</b>	<input type="checkbox"/>
<b>Unique Identifier:</b>	<input checked="" type="checkbox"/>
<b>Survey Question:</b>	<input checked="" type="checkbox"/>
<b>Enumerator Observation:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

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



In order to limit duplication, the unsheltered PIT count occurred on the same day and at the same time as the sheltered PIT count. Both the unsheltered count and the sheltered count of emergency shelters and transitional housing occurred between 9:00am and 7:00pm on January 23rd, 2011. 240 volunteers and outreach staff were trained and assigned to teams to count teams with experienced team 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. Volunteers also distributed "I Count" pins, distinguishing those who had been counted. As part of the training, the volunteers were instructed to ask 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 Count & Survey Subcommittee then reviewed all the data, including HMIS, and identified matching information to reduce duplication as much as possible. Within HMIS, the data was run to verify accuracy and de-duplication

**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 in the continuum to outreach & reduce the number of unsheltered households with children primarily by focusing on homeless prevention. In 2008, ECHO supported the Salvation Army's application for the National Rapid Re-housing Demonstration Project. This housing focuses on families with children. ECHO engages LifeWorks in the continuum which provides services for homeless pregnant & parenting teens. A collaboration of agencies engaged in the CoC is leveraging HPRP & HHSP funding to be used to prevent family homelessness. Since 2008 the ECHO Events Committee has supported an annual Womens Resource Fair, which provides outreach & support to homeless women, many of whom have children. ECHO also outreaches through a partnership with the Austin School District specialists who identify & connect homeless children & their families with support services. The specialists participate in the CoC and work with local homeless providers to identify housing & additional support services. Through both CoC supported HUD & local funding, the Salvation Army's Women & Children's Homeless Shelter, the Passages case management program, & SafePlace's domestic violence shelters focus their efforts on assisting homeless families & 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 2011 there were two 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 strategies to identify and engage persons that routinely sleep on the streets or in other places meant for human habitation. The Event & Education Committee coordinates annual client outreach & engagement events such as the Homeless Resource Fair, Womens 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 2010 Homeless Resource Fair attracted over 700 homeless individuals & engaged over 300 volunteers. Outreach is conducted through flyers, presentations, and word of mouth at organizations where the homeless congregate. At each fair, surveys are conducted to assess the needs of the homeless individuals & the results are shared throughout the ECHO structure. In 2011, ECHO began a Speakers Bureau which trained six homeless individuals in how to speak publicly about their experiences. Partners also conduct street outreach including: ACCESS/PATH program outreaches to camp locations and provides ECHO with information for outreach & the annual PIT count & LifeWorks outreaches to youth on the street. From Nov, 7th & 9th, ECHO will conduct a Registry Week as part of the national 100,000 Homes Campaign to create a by-name registry of our 100 most vulnerable homeless individuals

### 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 FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

**How many permanent housing beds are currently in place for chronically homeless persons?** 260

**In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 265

**In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 300

**In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 400

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

The ECHO Housing Work Group is comprised of developers, service providers, & community members & tracks progress on the number of PSH units, including those for the chronically homeless. In 2011, the Housing Work Group identified private landlords who may be interested in providing PSH & in the fall of 2011 will create a forum for these landlords to discuss how this can be accomplished. In November of 2011, ECHO will launch a local 100 Homes Campaign identifying the most vulnerable chronically homeless & try to gain housing & resources for them. The ECHO Executive Director is partnering with the City in a community awareness campaign about PSH. In addition, The ECHO Chair is also chairing, on behalf of the City of Austin, a Leadership Council which includes resource holders & is charged with identifying resources to support PSH, including a bond package. In 2011, the ECHO Board supports a HUD CoC permanent housing bonus application that includes 25 new beds for the chronically homeless

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

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

### 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 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 Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs 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. 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 by entering "0" in the numeric fields and note in the narratives.

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

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 88

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 89

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 90

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

**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 Housing Work Group will work with the Prevention Task Group to align strategies for preserving financial stability to help maintain housing. This includes establishing a closer relationship with the local benefits offices so that people can attain or maintain the benefits for which they are eligible. The Housing WG will explore ways to increase peer to peer support which assists residents in staying in their homes. The COC Work Group will promote opportunities to engage stakeholders in Mental Health First Aid trainings. The HMIS Committee will monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons staying in permanent housing. If agencies fall behind on meeting the community goal, then the Membership Council will request an explanation of the circumstances that caused that to occur. The Independent Review Team will consider this percentage as they review renewals & new project applications.

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

The plan calls for implementing pilot projects & expanding effective strategies for targeted homeless populations. The Housing WG will oversee & monitor the success of developing Housing First/Harm Reduction housing for the chronically homeless & efforts to increase employment & promote financial stability. The Housing WG Veterans Task Group will align all the housing and support services related to veterans. The Housing WG will continue to educate providers & developers on evidence-based practices for the most vulnerable & hardest to serve populations. The COC Work Group will continue to promote opportunities for stakeholders to enroll in SOAR training. The IRT will use data from HMIS to monitor & evaluate the effectiveness of programs that are in place. The HMIS Committee will monitor the percentage of participants remaining in housing over six months and will report any challenges to the ECHO Board who will review the reports & educate community leaders on best practices and success

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

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

**Instructions:**

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

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. 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 enter "0" in the numeric fields below and note in the narratives.

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

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 83

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 84

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 85

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 90

**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 Housing Work Group will focus on housing for special populations & will bring together transitional and permanent housing providers to build alliances & ensure smooth transitions & open communication. The Housing Work Group will maintain an active list of permanent housing options that will be available to transitional housing providers & will implement & monitor a pilot shared screening & assessment tool. 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 IRT will request an explanation of circumstances that caused that to occur. The ECHO Board will continue to monitor the results of the APRs to ensure that the community is maintaining a high percentage of homeless persons moving from transitional to permanent housing

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

One of the goals of the ECHO Plan to End Community Homelessness is: "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 Work Group will learn from & build on the rapid re-housing strategies that are currently being piloted in the community. Through the COC Work Group, 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 Work Group is exploring community strategies for increasing financial stability. In addition, ECHO Board will monitor & the Independent Review Team will review the APR results of agencies to ensure progress on this goal.



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

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

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In 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 program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

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

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 43

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 43

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

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

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

In 2011, the ECHO Housing Work Group established an Employment & Income Stability Task Group (EISTG). In the next 12 months, this group will identify all the available training, educational, employment opportunities for homeless individuals and create a document that will be shared with case managers. The EISTG will provide a forum for employers to discuss opportunities to employ homeless individuals. Employers will also be included in the annual Homeless Resource Fair held each fall. Through a 2011 City of Austin grant, Goodwill Industries is also establishing job coordinators within several homeless serving agencies. EISTG will monitor the success of this program & serve as a forum for problem solving & discussion about lessons learned. The ECHO Board, HMIS Committee, and Independent Review Team will continue to monitor the results of the APRs to ensure that the community maintains a high percentage of homeless persons employed at exit.

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

### 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.

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

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

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 217

**In 12 months, what will be the total number of homeless households with children?** 250

**In 5 years, what will be the total number of homeless households with children?** 200

**In 10 years, what will be the total number of homeless households with children?** 150

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

In the next 12 months, ECHO believes there may be a rise in the number of homeless families identified due to changes in the HEARTH Act & strengthening ties with local school districts leading to more accurately identify homeless households with children. To address this, the focus will be on prevention of homelessness & rapid re-housing. The ECHO Housing Work Group will create a list of housing options & share them with the school homeless coordinators. The ECHO Board will advocate with local, state, and federal officials to expand funding for prevention, rapid re-housing, & more affordable housing. The COC Work Group will educate providers & the community on the HEARTH Act requirements. The COC Work Group will convene providers who serve homeless families to discuss their unique needs for housing and services. The ECHO Outreach & Community Education Work Group will support the annual Homeless Resource Fair for women allowing women & children to access housing & services support.

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

ECHO's Plan to End Community Homelessness includes goals for preventing homelessness, addressing short-term & long-term homelessness, & creating new permanent affordable housing units for households with children. ECHO will continue to engage ISD staffs to explore opportunities for homeless children in the school systems. For prevention, the plan calls for increases in both PSH & affordable housing units for families. The Housing WG monitors this & asks the Board for support. For sheltered families, the Salvation Army is piloting a rapid re-housing strategy for families through a HUD initiative funded in the 2008 NOFA. They share the results with the COC & Housing WGs to replicate positive outcomes. For unsheltered families, the Outreach & Education WG will continue to sponsor Homeless Resource Fairs for women to connect them with housing and services. ECHO will continue to monitor progress toward decreasing homeless households with dependent children through the annual NOFA process.

### **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 publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, 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. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the 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, emergency homeless 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 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, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).**

**Foster Care (Youth Aging Out):**

ECHO partners with the RB21 Aging Out of Foster Care Committee to oversee the success of foster care discharge planning. The state has provided the Housing Authority of the City of Austin (HACA) & LifeWorks Family Unification Program (FUP) vouchers 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 HACA & HACA certifies eligibility for vouchers. LifeWorks provides case management & life skills training. The committee also established a Transition Plan checklist used by judges, child placement agencies, & case workers to ensure that youth are prepared to leave care. A checklist of and standards for safe boarding homes has also been created. The number of foster care placements is a weighted indicator for risk in the 100 upcoming local 100,000 Homes Campaign Where: Youth eligible for the FUP vouchers choose to live based on availability of apts. that will accept the vouchers. Other youth are referred to boarding homes & transitional living program at the Austin Childrens Shelter, Settlement Home (new units in 2011), & LifeWorks. Who: The RB21 Subcommittee includes members of local foster care-serving agencies, Austin Community College, the Texas Department of Family and Protective Services (TDFPS), the Casey Family Foundation, Travis County Court Appointed Special Advocates and the Travis County Juvenile Probation Department, & HACA

**Health Care:**

What: For the past three years Travis County hospitals have referred homeless patients to the Front Steps Recuperative Care Program, a medical respite program for homeless individuals. Hospitals refer all homeless clients to the recuperative care program regardless of their eligibility so that they can make efforts to place clients appropriately and track the number of homeless individuals seeking medical care. At the point of discharge, Front Steps transports those eligible for recuperative care to a nursing home and provides them intensive case management and counseling while they receive the medical assistance that they need. During the recuperative process, housing options are assessed & they are placed in available transitional or permanent housing. The program exited 76% of patients to safe, stable housing and established medical homes for 88% of patients in FY2010. Individuals ineligible for recuperative care are provided with referrals and Front Steps works with hospital social workers regularly to secure alternate placement whenever possible. Where: Homeless individuals exiting the hospitals & not going to the recuperative care nursing home are referred to transitional housing & permanent housing programs and to the ARCH shelter if no housing options are available. Who: A collaboration of Central Health (formerly Travis County Health Care District), the Religious Coalition to Assist the Homeless, and Front Steps.

**Mental Health:**

What: The State & Austin Travis County Integral Care (ATCIC), 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. At discharge, the individual is offered treatment at the Inn, a 16 bed facility which provides short-term community-based residential crisis treatment. The Inn is open 24/7 & is co-located with Psychiatric Emergency Services, the Mobile Crisis Outreach Team & the 24/7 Crisis Hotline. If individuals need more time to recover and stabilize, they are offered an opportunity to receive treatment at ATCIC's crisis respite program, Next Step, which provides short-term psychiatric respite services for adults residing in Travis County recovering from a psychiatric crisis. Those who choose not to participate are provided with options for boarding homes & transitional living facilities. The COC Subcommittee also provides opportunities for housing providers & landlords to attend Mental Health First Aid trainings to mitigate and prevent evictions. The Housing Work Group reviews the implementation & effectiveness of discharge planning policies & procedures for people exiting mental health institutions. Where: The Inn, boarding homes, transitional living facilities Who: TX Dept of State Health Services & ATCIC with oversight from the ECHO Housing Work Group

**Corrections:**

What: ECHO partners with the Re-entry Roundtable to identify & align housing efforts for homeless individuals discharged to Travis County from incarceration. The state has an MOU with TCOMMI to ensure that homeless people with mental illness are not discharged from the state without a housing plan that includes a viable discharge address. Following discharge, Project ANEW partners with the probation department to provide mental health services. The Travis County Correctional Facility (TCCF) identifies the homeless at intake and refers to either ATCIC or other homeless organizations offering services in the jail. A housing plan is developed using a list of housing options compiled by housing locaters which specifies apartment complexes & boarding homes that will accept people with a criminal history. TCCF provides all counselors with this list. Travis County Criminal Justice Planning just launched a new reentry program at the Travis State Jail that will provide reentry planning services prior to exit & case management services after release. A new project provides PSH for downtown community court participants. The Housing Committee monitors success of discharge planning. Where: Individuals are referred to transitional housing facilities, local low income apartment complexes that will accept people with criminal histories, & boarding homes. Who: TX Department of Criminal Justice, TCCF, 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 gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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 used when the City creates its annual action plan.

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



ECHO actively worked with the City of Austin & HPRP funded agencies to coordinate activities. Based on ECHO's Plan to End Community Homelessness, HPRP funds were used for data management, including HMIS, 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 was 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. ECHO is participating in the planning for 2012 HPRP funds which have new restrictions

**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 & Community Development department participate on the ECHO Housing Committee & Independent Review Team. Staff from the Travis County HHSC CDBG department serve on the ECHO Count Committee and Independent Review Team. This coordination allows for constant communication & the ability to consistently address homeless needs in the community & maximize opportunities to leverage federal funds. As federal funds have been released, their use has been coordinated with ECHO and its member agencies. When HUD VASH vouchers were released to Austin in summer 2012, a representative from the Housing Authority of the City of Austin, who is a member of ECHO, came to the CoC Committee to announce voucher availability and let members know how their clients can access them. A subsequent e-mail was sent out to all ECHO members to inform them on the procedure for accessing HUD VASH vouchers. A VA representative now works with the homeless providers on a regular basis & offers weekly appointments at the Austin Resource Center for the Homeless. The City of Austin & Travis County chose to coordinate activities regarding the Neighborhood Stabilization Program (NSP) funds with a goal of creating permanent affordable rental opportunities, an initiative that aligns with ECHO goals of preventing homelessness. These funds will be used to purchase foreclosed homes, and to leverage General Obligation Bonds to perform rehabilitation or renovation services which will allow people to remain housed. Foundation Communities is using NSP funds to renovate a motel into an SRO that will include set-asides for the homeless & chronically homeless. As affordable rental units come on-line, ECHO members will be made aware of the opportunities for their clients. A substantial part of the City of Austin ARRA Community Development Block Grant funding is focused on ECHO 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 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?** Yes

**If yes, please describe the established policies that are in currently in place.** During the renewal process, CoC members that serve school-age children have to provide information to the CoC demonstrating that they are enrolling children in school and providing appropriate services

**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 homeless coordinator & staff of Austin Independent School District’s Project Help actively participate on the County & Survey Committee and the Data Committee. Because of this participation, which has been strengthened in 2011, AISD will host an event during the 2013 annual count encouraging the homeless families that they serve to participate so that they can be counted. Similarly, Project Help homeless families will participate in the ECHO event for families during Hunger & Homeless Awareness week in November 2011. The staff of Project Help has used ECHO Committees, especially the CoC and housing Committee, and the ECHO listserve, to ask for help when they have identified homeless families that need additional resources. Through a request via the listserve in 2011, Project Help found temporary housing for three families through the faith community. Due to the relationships that have been built, the homeless services providers are also aware of the support services that are available through Project Help and Region XIII for homeless families. Service providers inform clients of their availability for these McKinney-Vento services. Providers now have a single point of contact for Project Help, which is useful. Service providers also take advantage of AISD’s Operation School Bell which provides school supplies. ECHO plans to use the successful model it has created with AISD to reach out to the smaller school districts in the County and build similar relationships

**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 includes addressing the educational needs of children as part of its strategic plan. As part of the review process for all renewal or new applications for funding, applicants have to explain how they are meeting the educational needs of children. They are required to have written policies and procedures for school enrollment and to have an individual who is a designated staff that completes an education plan for each student. Agencies have to demonstrate how they are connected to the homeless liaisons in the districts in which the students attend and to discuss any additional support services that they provide, such as on-site tutoring, or after-school care. If agencies are not meeting these requirements, then they will not be recommended for continuing or new funding. AISD’s Project Help is now integrated into appropriate ECHO Committees and at the Data Committee there are discussions about how create data agreements that meet all legal requirements and allow for information sharing. In addition, systemically, the ECHO Board is building relationships with local school Board members and the new ECHO Executive Director will be meeting with the school superintendent to identify additional ways to align efforts and ensure that children who are homeless are able to have successful school experiences. As ECHO expands its capacity, the plan is to reach out to other smaller school districts and create similar agreements & relationships.

**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)**

Over the last 12 months, ECHO focused on combating homelessness among veterans in alignment with strategic planning goals of continuing to develop & expand rapid re-housing strategies & address needs of special populations. The PATH/ACCESS program outreaches to unsheltered homeless veterans & offers support & case management & connection to services. The Salvation Army received one of five HUD funded Veterans Homeless Prevention demonstration projects which provides housing assistance, employment, & supportive services in a 5 county area. The Housing Authority of the City of Austin in 2011 received 100 VASH vouchers and 25 project-based VASH vouchers which are used to house veterans who are homeless. The project-based VASH vouchers are used at Green Doors which has a 12 year history of successfully housing and providing services for veterans. Green Doors also has a transitional reentry program through a VA GPD contract & a veterans rental assistance voucher program through TDHCA. The VA also has a co-located case manager at the ARCH emergency shelter, which is right next door to the Salvation Army. Caritas of Austin also just received a Supportive Services for Veterans Families federal grant which will support homeless prevention & rapid re-housing services. In order to coordinate the housing & services available to veterans, the ECHO Housing Group has created a veterans housing task group which is charged with identifying & aligning all the services available to veterans.

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

In 2011, the annual homeless count identified few homeless unaccompanied youth under 17 years. The primary organization that serves homeless youth up to age 25 years reports that the vast majority they serve are between 18 and 22 years. LifeWorks provides a drop-in program for homeless youth, emergency shelter (0-19 years), a Young Mom's & Babies program (18-24 years), & transitional housing. They are currently seeking NSP funds to provide affordable housing for youth which will include 10-20 units for those who are chronically homeless. ECHO has written letters of support for the LifeWorks applications to get this project funded. This aligns with ECHO's goal of developing a community wide strategy to expand affordable housing & address needs of special populations. ECHO also has a goal of engaging community planning groups representing special needs populations to ensure coordinated strategies are developed and implemented. For homeless youth, work is done in collaboration with the Ready by 21 Aging Out of Foster Care collaboration which focuses on preventing homelessness. This collaboration has created a housing & services guide for youth aging out of foster care. In 2012, the group is working on strategies to outreach to employers of youth, address education completion, & address mental health issues. These are consistent with ECHO's prevention goals of increasing employment & income opportunities for individuals & providing services for those most at-risk for homelessness

### 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 HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 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 Fy2011 into a new project. New reallocated permanent housing projects may apply under 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?** Yes

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

## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	135	Beds	260	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	85	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	77	%	83	%
Increase the percentage of homeless persons employed at exit to at least 20%	40	%	43	%
Decrease the number of homeless households with children.	190	Households	217	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes  
FY2010?**

**If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

The CoC was unable to reach its objective of decreasing the number of homeless households with children in 2011. This is due to progress in establishing relationships with the school district and their collaboration in the 2011 unsheltered count, which allowed two households with children to be identified as opposed to none in 2010. In addition, the ECHO 100 Homes & Count & Survey Committees have successfully engaged the faith community in identifying and providing some support for homeless families, which could potentially increase the numbers identified in the count. We hope to continually improve our counting methods to ensure that all homeless families with children are identified, and thus anticipate that the number will also increase in the 2012 count. In the 2011 sheltered count, emergency shelters and transitional housing providers reported two phenomenon related to homeless families. First, more families are becoming homeless due to financial pressure, especially as it relates to loss of a job. Second, the size of the families that are entering shelter are larger. All of these factors contributed to the overall increase in the number of homeless households with children. While homeless serving agencies used HPRP and HHSP as well as local emergency funds to keep as many families housed as possible, these resources are limited and could not support all the families that requested assistance.

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

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless 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 last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

**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 FY2009, FY2010, and FY2011.**

Year	Number of CH Persons	Number of PH beds for the CH
2009	529	57
2010	982	123
2011	793	260

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 137

**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, 2010 and January 31, 2011.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$258,718	\$144,540			\$68,277
<b>Total</b>	<b>\$258,718</b>	<b>\$144,540</b>	<b>\$0</b>	<b>\$0</b>	<b>\$68,277</b>



**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):**

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) 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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as:  $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$  the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

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)	36
b. Number of participants who did not leave the project(s)	279
c. Number of participants who exited after staying 6 months or longer	35
d. Number of participants who did not exit after staying 6 months or longer	243
e. Number of participants who did not exit and were enrolled for less than 6 months	36
<b>TOTAL PH (%)</b>	<b>88</b>

**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, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have 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.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	136
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	113
<b>TOTAL TH (%)</b>	83

## 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-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) 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 recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps 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 who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within 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: 304**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	60	20	%
SSDI	22	7	%
Social Security	1	0	%
General Public Assistance	39	13	%
TANF	20	7	%
SCHIP	4	1	%
Veterans Benefits	8	3	%
Employment Income	132	43	%
Unemployment Benefits	9	3	%
Veterans Health Care	2	1	%
Medicaid	105	35	%
Food Stamps	152	50	%
Other (Please specify below)	21	7	%
family contributions, WIC, alimony			
No Financial Resources	53	17	%

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

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

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

## 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 Data Committee and Board. The Continuum of Care (CoC) Subcommittee has created a handout for members with definitions so that data entered into the APR is consistent. CoC members also discuss, on a programmatic and systemic level, how to assist clients in accessing mainstream services. The HMIS Committee reviews programmatic data and feeds aggregated data to the Data Committee and the ECHO Board. Both meet monthly and review regularly.

**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: 1/26/2011, 2/23/2011, 4/27/2011, 5/25/2011, 6/10/2011, 6/22/2011, 7/13/2011, 9/14/2011, 9/28/2011, 10/5/2011, 10/12/2011, 10/26/2011

**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 is sending individuals to a SOAR training in November 2011 and is also considering a Spring training.



## 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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Case managers are trained to educate clients about the benefits they are eligible for and to 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.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	0%
In Texas, the state requires different forms for each program. Providers have been able to create a form that allows eligibility determination for three programs: food stamps, TANF, and WIC	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	64%
<b>4a. Describe the follow-up process:</b>	
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 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](http://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
MyHome	2011-10-14 10:31:...	1 Year	Caritas of Austin	303,712	Renewal Project	SHP	PH	F
MyHome Too	2011-10-14 10:54:...	1 Year	Caritas of Austin	198,885	Renewal Project	SHP	PH	F
ATCIC HMIS	2011-10-07 17:33:...	1 Year	Austin Travis Cou...	78,533	Renewal Project	SHP	HMIS	F
S+C Project 1 FY ...	2011-10-07 15:33:...	1 Year	Housing Authority...	361,116	Renewal Project	S+C	TRA	U
LifeWorks Support...	2011-10-11 17:18:...	1 Year	Youth and Family ...	212,969	Renewal Project	SHP	TH	F
HMIS Expansion	2011-10-07 17:36:...	1 Year	Austin Travis Cou...	40,000	Renewal Project	SHP	HMIS	F
First Steps	2011-10-20 15:05:...	1 Year	Front Steps	94,668	Renewal Project	SHP	PH	F
Renewal SHP - PSH...	2011-10-09 18:24:...	1 Year	Communit y Partner...	65,985	Renewal Project	SHP	PH	F
S+C Project 2 FY ...	2011-10-07 14:49:...	1 Year	Housing Authority...	179,112	Renewal Project	S+C	TRA	U
SP1 FY 2011	2011-10-17 15:34:...	1 Year	Housing Authority...	547,392	Renewal Project	S+C	TRA	U
Home Front	2011-10-27 15:23:...	1 Year	Front Steps	60,174	Renewal Project	SHP	PH	F
Passages Program	2011-10-24 13:32:...	1 Year	The Salvation Arm...	538,081	Renewal Project	SHP	SSO	F

SafePlace Support...	2011-10-04 16:31:...	1 Year	Travis County Dom...	613,002	Renewal Project	SHP	TH	F
HMISExpansion2	2011-10-07 17:25:...	1 Year	Austin Travis Cou...	28,893	Renewal Project	SHP	HMIS	F
Spring Terrace	2011-10-14 11:23:...	1 Year	Caritas of Austin	196,492	Renewal Project	SHP	PH	F
SP 2 FY 2011 renewal	2011-10-17 15:37:...	1 Year	Housing Authority...	198,096	Renewal Project	S+C	TRA	U
Home Front-Samaritan	2011-10-19 22:05:...	1 Year	Front Steps	198,885	Renewal Project	SHP	PH	F
Terraza PSH	2011-10-20 15:49:...	1 Year	Caritas of Austin	414,451	New Project	SHP	PH	P1
ATCIC Safe Haven	2011-10-07 17:38:...	1 Year	Austin Travis Cou...	348,007	Renewal Project	SHP	SH	F

## Budget Summary

<b>FPRN</b>	\$2,978,286
<b>Permanent Housing Bonus</b>	\$414,451
<b>SPC Renewal</b>	\$1,285,716
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	City of Austin & ...	10/26/2011

## Attachment Details

**Document Description:** City of Austin & Travis County combined certificates of consistency