

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NJ-500 - Atlantic City & County CoC

1A-2. Collaborative Applicant Name: Atlantic County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: New Jersey Housing and Mortgage Finance Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons		
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates		
LGBT Service Organizations		
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The Atlantic County Homeless Consortium (ACHC) meets bi-monthly and subcommittees & the Executive Board meet monthly. All ACHC and subcommittee meetings are open to interested stakeholders. Exec members meet with elected officials and the business community, to discuss issues related to homelessness.

The HART committee, with members from hospitals, transit, police, outreach teams, shelter, mental health providers, substance abuse treatment and other advocates meets monthly to discuss strategies to address chronic homelessness. As a result of conversations with the HART committee, the business community and elected officials, the has implemented a number of new strategies including:

- Development of a drop-in day center
- Creation of the top 15 initiative – coordinated outreach and engagement of the top 15 chronically homeless persons with the most severe needs and causing the most disruption in the community. The program has secured additional state funding for shelter PSH.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

ACHC publishes information about monthly meetings on the Atlantic County website. Meeting notices and agendas are disseminated to a variety of email lists at least one week prior to the meeting. ACHC full membership meetings and sub-committee meetings are open to the public and all persons and agencies interested in homeless issues are encouraged to attend. ACHC Executive Board members conduct individualized outreach to key community stakeholders to discuss mutually pressing issues around homelessness and encourage participation in the ACHC.

Members of the Exec. Committee met with agencies developing a day center and connected them to the ACHC HART Committee to coordinate planning. Members of the Executive Committee met with the director of a Needle Exchange program given the significant overlap in populations served and began a dialog to encourage participation in the larger planning process. The ACHC Executive Board includes in its membership a formerly homeless individual.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The public notice was published in the Atlantic City Press newspaper, on the Atlantic County website and sent out by email. The Lead Agency was available to answer questions from applicants, both current grantees and new agencies. The RFP was disseminated May 1st with a return date of May 22nd. The RFP included applications for new projects and renewal projects. One new agency applied for and was selected for funding.

Project evaluation includes consideration of the quality of the project and agency experience with the identified service and/or population. New and renewal projects were scored on separate scoring scales but were considered together based on the percentage of points from their respective scoring tools and ranked accordingly. New projects are funded through the PH bonus or reallocation. The amount of funds available for reallocation is based on the rate of unspent funds in the past 3 years and/or program performance and compliance with regulations.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	
Head Start Program	
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The State is the ESG recipient for the CoC. The State hosts conference calls to give CoCs an opportunity to comments on their funding priorities and anticipated allocations. Agencies requesting ESG funds must obtain a letter of

support from the CoC as evidence of alignment with local priorities, policies and strategies. The CoC encourages participation in the public comment period and provides letters of support to appropriate projects seeking funding from the State ESG. Support letter evaluation includes a review of the project, determination of how it fits in with the ten year plan and local strategies, and review of agencies willingness to participate in the CoC.

The con-plan jurisdictions Atlantic County and Atlantic City each have 4 seats on the CoC Exec board. The Exec representatives share information about the CoC planning, strategies performance and progress with the con-plan entities. HIC and PIT data are submitted to both con-plan entities for reports

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

Households with a safety need are immediately referred to the DV Agency. The DV agency is accessible through a 24-hour hotline or their physical office. Households fleeing DV are connected with the DV shelter. If the shelter is full, households are referred to DV shelters in other counties throughout the state. The DV agency maintains internal records of clients and does not share client information or shelter location with outside agencies. DV shelter locations are confidential and maintain high levels of security. Shelter services include safety planning.

Those connecting with the DV agency without an immediate safety need are connected with the Single Point of Entry. The SPOE assess housing and service needs and connects people to benefits and shelter/housing options.

All households with histories of DV are connected to the DV Agency where they can access services related to safety planning and trauma informed care regardless of whether they are sheltered by the agency.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

The Women's Center offers trainings free of charge to community agencies, volunteers and advocates to educate the public on the safety needs of those who experienced domestic violence. In addition, The Women's Center provides education, advocacy and services around human trafficking issues to ensure community partners understand how to identify and connect those at risk (or currently involved) to services to safely help them separate from those activities.

The Women’s Center currently uses internal software to collect data on the number of people seeking assistance for domestic violence issues, the number served, and the services provided. The Center is working with a DV collaborative to upgrade the software to enable the production of HMIS compatible reports. The Women’s Center is an active participant in the annual point in time count and assists the community in gathering data on the number of people experiencing domestic violence issues.

1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority & Urban Redevelopment Agency		No
State of NJ Department of Community Affairs		Yes-HCV
Pleasantville Housing Authority		Yes-HCV
Buena Housing Authority		No
Collaborative Support Programs PHA		Yes-HCV

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The Atlantic City Housing Authority is a member of the ACHC Executive Committee and has worked with the community in identifying strategies to end homelessness. The ACHC has met with the housing authority and is discussing how implementation of a limited preference for homelessness would impact the CoC and the PHA activities.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

All providers in Atlantic County offer services to those in need regardless of

race, ethnicity, gender or sexual orientation. Select programs offer specialized outreach and services such as Covenant House, in partnership with the True Colors Fund, has created safe, inclusive and affirming beds for LGBT youth in its programs.

The CoC intends to schedule a training on Equal Access and addressing the needs of specialized communities such as youth, lgbt, and victims of domestic violence by the end of 2017.

The CoC is currently reviewing a draft anti-discrimination policy and intends to have a finalized policy by November of 2017 with full implementation by June of 2018.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
 (limit 1000 characters)**

For renewal projects, the local selection process awarded up to 8 points to programs that targeted the chronically homeless, 5 points for projects that demonstrated they used a standardized method for evaluating severity of need and prioritized accordingly, 10 points if there were minimal program barriers and 10 points if the program used a housing first model.

The performance review for renewal projects took into account the population severed. Households with SSI/SSDI were not factored into the scoring for connection to employment income based on the needs of that population and their likelihood to be connected to employment income. For new projects the process awarded 10 points to programs targeting the chronically homeless, 5 points to projects using a standardized process to assess severity of need and prioritizing those with the highest need.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input checked="" type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/17/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/17/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. MOU 3-7

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Foothold Technology

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Regional (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	303	18	285	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	48	0	48	100.00%
Rapid Re-Housing (RRH) beds	70	0	70	100.00%
Permanent Supportive Housing (PSH) beds	223	0	134	60.09%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

The HMIS coverage rate for permanent supportive housing beds is impacted by the HUD VASH beds in the region. The HUD VASH program is administered by the Wilmington Delaware VA through their local outpatient clinic in the region. The CoC is working with the HUD VASH program to increase communication around the VASH program and other VA activities in the region.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 05/05/2017
(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/24/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/05/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

There were no changes in the sheltered PIT count methodology. The CoC works to ensure all sheltering programs participate in the count every year. 85% of the sheltered count was completed through HMIS data pulls with the remaining 15% of the sheltered count coming from client level surveys administered by agencies providing shelter. The CoC provided extensive training to HMIS data entry staff at sheltering programs and staff completing client surveys for programs not in HMIS. The training ensured all staff fully understood how to administer the survey, complete accurate HMIS data entry and critical definitions for the count, including the definition of chronic homelessness.

The intensive training provided enabled the CoC to more accurately collect information about the chronic homeless population in the region resulting in an increase in the number of households identified as chronically homeless.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? No

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The CoC conducts the unsheltered PIT count annually. There were no changes in the unsheltered PIT count methodology from 2016 to 2017. The CoC utilized the expertise of existing outreach efforts to complete the unsheltered count. The outreach teams identified known locations to target for the Point in Time Count and worked with community volunteers to complete service based count.

In the 2017 unsheltered count the CoC worked to improve training for volunteers administering the PIT survey to ensure a full understanding of how to complete the survey and an understanding of the definitions of all terms associated with the survey. There were targeted efforts to ensure all participants understood the chronic homeless definitions and the questions associated with it. As a result, the community was able to more accurately capture the chronically homeless population leading to an increase in the CH unsheltered count from 2016 to 2017.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The CoC worked with Covenant House, the primary provider of services to homeless youth in the region, to complete PIT planning and ensure both sheltered and unsheltered youth were captured in the 2017 count. In addition to working with Covenant House, outreach was done to inform the local homeless liaisons of the 2017 PIT count and include them in the planning and implementation of the 2017 PIT.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The CoC improved the training of all volunteers participating in the PIT count to ensure they understood how to accurately capture information about chronic homelessness and veteran status. The training focused on helping surveyor understand the definitions associated with the sub population and how to best phrase questions to obtain accurate answers.

The CoC worked to ensure stakeholders serving families, the chronically homeless and veterans were included in the planning process to ensure effective outreach and coverage of those subpopulations experiencing homelessness. A wide array of community partners were engaged in the process including mental health service agencies, police, veterans organizations (SSVF providers), shelters, domestic violence programs, community welfare agencies, hospitals and others enabled the CoC to reasonably reach all populations experiencing homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

There was a 5% reduction in first time homelessness between 2015 (72%) and 2016 (67%).

The CoC collects information about cause of homelessness through the annual point in time count and utilize HMIS data to identify factors common among households experiencing homelessness for the first time. In addition to these methods, the Single Point of Entry completes assessments of all households seeking assistance and compiles annual reports that are used to help generate a profile of the at risk population.

All at risk households presenting at the single point of entry are connected with prevention resources managed by the single point of entry, or are referred to prevention programs in the region operated by other agencies. In addition, the CoC is working to develop formalized agreements between the SPOE and community agencies operating prevention services.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

There was a 15% reduction in the length of time homeless for ES & SH programs and an 8% reduction in the length of time homeless for ES, SH & TH programs.

The CoC has established a standard that seeks to reduce the length of time households remain homeless. The standard calls for a 5% reduction in the average length of time households remain homeless annually.

The HART committee works closely with community providers and the single point of entry to identify households that have been homeless for the longest periods of time. The Single Point of Entry completes an evaluation of households to prioritize based on their severity of need and length of time homeless. High priority households are connected with permanent housing resources.

JFS, a CoC partner agency, secured 50 vouchers for chronically homeless households through the NJ Housing First program. These vouchers were used to house chronically homeless households with the longest histories of homelessness.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.

(limit 1000 characters)

The rate of exits to permanent housing slightly decreased (9%) but stability in PH increased (6%). The CoC is expanding housing opportunities for the homeless. Jewish Family Services secured 50 rental assistance vouchers dedicated to the chronically homeless through the State of NJ Housing First program. The vouchers housed those with the most severe needs and longest histories of homeless coming from the streets and emergency shelter. The Single Point of Entry is expanding partnerships with PH providers to ensure access for prioritized households. The CoC evaluates the success of PH program retention rates. Outcome data is reviewed quarterly and projects are monitored annually. The CoC is working with PH providers to develop standards for supportive housing and intends to help PSH programs in identifying and reducing barriers to program entry and retention. The PH committee is responsible for developing and implementing strategies and the Executive Committee provides oversight.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.

(limit 1000 characters)

The CoC had a rate of 10% returning to homelessness in both and 2016. While the CoC did not see a reduction in returns to homelessness, it continually works

to ensure the rate remains low. The CoC has implemented a policy requiring all CoC funded programs to use a Housing First philosophy. As such all programs are required to reduce barriers to program entry and eliminate barriers impacting program retention. Programs are monitored annually on their implementation of policies regarding program eligibility and termination. In addition, the CoC is perfecting the Single Point of Entry process so that all persons assessed in the system are connected with the most appropriate services and housing based on household need to help ensure the right level of services are provided to keep people in housing once they have exited homelessness.

3A-5. Performance Measures: Job and Income Growth

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)**

The Atlantic County Div. of Family and Community Development (ACDFCD), the local welfare agency, is an integral part of the Single Point of Entry. Every person seeking assistance in the homeless service system is assessed for eligibility in mainstream benefits programs due to the co-location of the Single Point of Entry in the ACDFCD offices. This has resulted in a 12% increase in the number of people increasing income from mainstream benefit programs between 2015 and 2016.

The Single Point of Entry completes a comprehensive assessment to identify all areas of need and connects individuals with employment needs to the local employment services of the Workforce Investment Board. In addition, CoC funded projects work with clients to develop individualized plans and have successfully assisted participants in connecting with employment services and jobs

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. 06/05/2017
(mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	49	99	50

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	
Total number of beds dedicated to individuals and families experiencing chronic homelessness	
Total	0

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input type="checkbox"/>
Number of previous homeless episodes	<input type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Atlantic County has a sheltering protocol that places all homeless families in local shelters rather than hotel placements. This enables families to receive critical case management services that enable them to more successfully exit to permanent housing.

The County is expanding the rapid re-housing program with several agencies securing ESG funding from the state to implement rapid re-housing. This program will be connected to the Single Point of Entry to ensure equal access.

All families in shelter are connected with the Single Point of Entry where they are assessed and assisted in developing a housing & service plan to help them successfully address their housing barriers. The SPOE successfully placed 13 households in HCV through a partnership with the Pleasantville Housing Authority.

The CoC has a partnership with the State Child Welfare Agency (DCP&P) for case conferencing on families at risk of homelessness with an open DCP&P case.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	2	16	14

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC’s efforts. (limit 1500 characters)

The CoC has a long history of working with the homeless youth provider in the community to ensure a full range of services are available to homeless youth. In the FY2016 competition the CoC allocated resources to Covenant House, the primary provider of services to homeless youth, to expand a rapid re-housing program for youth. In addition, the CoC has supported Covenant House’s efforts to successfully secure rapid re-housing funds through the state ESG program for homeless youth.

The CoC has developed performance standards that are applied to all CoC and ESG funded programs which are monitored quarterly. The CoC compares the number of youth identified in the PIT count and the number of youth in HMIS. This information is compared with the utilization rates of the youth programs (ES, TH, PSH & RRH). In addition the CoC looks at the numbers of people served and their destination at program exit.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The CoC is working to develop a stronger relationship with the LEAs. While the CoC does not have a formal planning partnership with the McKinney Vento education liaisons, programs serving school-aged youth regularly work with the liaisons to ensure youth are provided with the educational services they may need. The CoC has done outreach to the local school districts informing them of how to connect with the homeless services available in the community.

Covenant House, the primary youth service provider in the region, is an active member of the CoC and attends full membership meetings.

All programs serving children have policies in place where they assess the educational needs of the children in the households shortly after program entry. For those children displaced from their original school districts or in need of additional supports, the program case managers connect with the district and/or school homeless liaisons to begin the process of enrolling the students in services.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

(limit 1000 characters)

All sheltered and unsheltered homeless households are assessed by the Single Point of Entry. At that time, when veterans are identified, the Single Point of Entry refers those veteran households to the SSVF and HUD VASH providers. Referrals are completed through a warm hand-off where case managers call the SSVF/HUD-VASH agencies with the veterans in their office, or they are connected in person when the SSVF & HUD VASH staff are present in the Single Point of Entry offices.

The SSVF provider attends bi-monthly CoC meetings and does outreach to community providers to ensure all those encountering homeless individuals are aware of the veteran's services available and who to contact. The SSVF provider participates in outreach with community outreach teams to increase connections with homeless veterans. All community programs have been informed of the resources of the SSVF and VASH program and have the necessary information to make appropriate referrals when they encounter a veteran.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:		
Non-Profit, Philanthropic:		
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

The Atlantic County Div. of Family & Community Development, the local welfare agency, is a partner in the CoC serving as the CoC lead, chair of the data committee, member of the HART committee, participating in the Executive Committee, and staffing the Single Point of Entry.

Those entering the Single Point of Entry are assessed for eligibility in mainstream benefit. All homeless service providers follow protocol where they send any person seeking assistance or persons they are serving, to ACDFCD for connection to benefits.

Community Programs serving the homeless and at risk populations are informed of programs, procedures and changes in mainstream benefit access at

bi-monthly ACHC meetings and subcommittee meetings.

The ACDFCD is responsible for ensuring community agencies are connecting with their staff to enroll eligible households in mainstream benefits. The Exec Committee reviews HMIS data quarterly to evaluate the rate of households connected to mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	0.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	0.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The CoC outreach includes several teams: JFS PATH (targeting those with mental illness), VOA (targeting the re-entry population), NJ Transit (targeting those in public transportation facilities) & the Police (targeting those at risk of arrest). All outreach teams work together to connect unsheltered homeless to shelter and services. The outreach teams also work with service based organization such as the hospitals, soup kitchens, day centers, libraries and local municipalities to identify and connect with unsheltered persons. The outreach teams visit locations in the region and respond to requests for support throughout the CoC. Outreach teams connect with groups serving sub-populations to connect with communities that don't engage in services. Teams use the language line for translation services and have access to bi-lingual staff to help in working with those with limited English proficiency. Street outreach is conducted 7 days a week with on-call services available after hours.

4A-5. Affirmative Outreach

Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Agencies within the CoC adhere to fair housing standards. CoC funded agencies are monitored quarterly with review of adherence to fair housing. Agencies within the region use the language line to enable communication with persons with limited English proficiency. Agencies often rely on bi-lingual staff to communicate with persons who speak Spanish as a primary language. Agencies work with community organizations serving subpopulations that have traditionally had difficulty accessing services. Efforts are made to ensure the availability of services are widely known to the community through presentations and participation in community events for various ethnic groups. The CoC has developed a training agenda which include training on cultural awareness and strategies to affirmatively further fair housing.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	19	70	51

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC - HMIS MOU	09/17/2017
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX System Perform...	09/17/2017
14. Other	No		
15. Other	No		

Attachment Details

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Document Description: CoC - HMIS MOU

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Document Description: HDX System Performance Measures

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Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/09/2017
1B. Engagement	Please Complete
1C. Coordination	09/17/2017
1D. Discharge Planning	09/09/2017
1E. Project Review	09/17/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/17/2017
2B. PIT Count	09/17/2017
2C. Sheltered Data - Methods	09/17/2017
3A. System Performance	09/17/2017
3B. Performance and Strategic Planning	Please Complete

4A. Mainstream Benefits and Additional Policies	Please Complete
4B. Attachments	Please Complete
Submission Summary	No Input Required

10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)

13.304

Homeless Management Information System (HMIS) Lead Agency
MEMORANDUM OF UNDERSTANDING
Between
Atlantic County
And
The New Jersey Homeless Management Information System Collaborative

This memorandum of understanding establishes the governance and structures for the partnership between New Jersey Homeless Management Information System Collaborative (hereinafter called NJHMIS Collaborative) and the county-based Continuums of Care (CoC) throughout New Jersey, New Jersey Housing and Mortgage Finance Agency (NJHMFA) and the NJ Advisory Council with regard to understanding the roles and responsibilities of each stakeholder.

I. PURPOSE AND BACKGROUND

The purpose of this Memorandum of Understanding ("MOU") is to confirm agreements between the **Atlantic County CoC** serving the **County of Atlantic** Jurisdiction(S) and the NJHMIS Collaborative, acting through the NJHMFA, related to management of the New Jersey Homeless Management Information System (NJHMIS). The participation cost share for your **County CoC** is \$17,000.00 annually. This MOU establishes NJHMFA as the HMIS Lead Agency for the CoC, defines general understandings, and defines the roles and specific responsibilities of each party related to key aspects of the governance and operation of the HMIS Project. HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD CoC funds and Emergency Solutions Grant (ESG) funding. HMIS is essential to efforts to coordinate client services and inform community planning and public policy. Through HMIS, homeless households would benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in New Jersey, including required HUD reporting. The parties to this MOU recognize that thorough and accurate capture and analysis of data about homeless services and households is necessary to service and systems planning, effective resource allocation, and advocacy, and thus, share a mutual interest in successfully implementing and operating HMIS in New Jersey.

II. DURATION

Except as provided in Section VIII (Termination), the duration of this MOU shall be from Fiscal year November 1st through October 31st. It is anticipated that this MOU will not need to be renewed annually once agreed upon and signed.

III. GOVERNANCE AND PARTICIPATION

1. CoC Governance:

The CoC is the lead planning group for HUD-funded efforts to end homelessness and for implementing and operating a homeless CoC system in New Jersey. As such and per HUD policy, the CoC is responsible for HMIS Project oversight and implementation, which encompasses planning, administration, software selection, managing the HMIS Data Warehouse in compliance with HMIS Standards if one exists, and reviewing and approving all policies, procedures, and data management plans governing Contributing HMIS Organizations (described in section IV 4 below). The CoC's oversight and governance responsibilities are carried out by a minimum of two representatives from each of the participating CoC's to the Collaborative Advisory Council.

2. Purpose:

The purpose of the Advisory Council is to provide support and recommendations and directions to the HMIS Lead Agency and their CoC related to the HMIS regulations and standards as set forth by HUD and our State Partners.

3. Lead Agency Designation:

The CoC designates NJHMFA as the Lead Agency for the New Jersey Balance of State Homeless Management Information System Collaborative. The NJHMFA is charged with managing the HMIS Data System/Warehouse operations on its behalf and providing HMIS Project administrative functions at the direction of the CoC, through its Advisory Council Members.

4. Contributing HMIS Organizations (“CHO”):

A CHO is defined as an organization (inclusive of the HMIS Lead) that operates a provider program and a program-level, HMIS-compliant system (described in Section II(5) below), whether or not it is a member of the CoC, and that contributes Protected Personal Information or other client-level data to the HMIS Data System/Warehouse. CHOs must enter into Participation Agreements in order to contribute such data to the HMIS Data System/Warehouse. The authority to enter into Participation Agreements with CHOs for the purposes of ensuring compliance with all applicable HUD and CoC HMIS Project requirements, including the operation of a program-level HMIS-compliant system, rests with the HMIS Lead Agency.

5. Program-level HMIS-compliant System:

A program-level HMIS-compliant system is defined as a client management information system operated by a provider program that allows the provider program to collect the minimum required data elements and to meet other established minimum participation thresholds as set forth in a CHO HMIS Agency Participation Agreements. These systems may include CARES, AWARDS, and other data systems owned or operated by providers.

6. CHO HMIS Administrator (Agency Site Administrator):

A CHO HMIS Administrator is defined as a single point-of-contact established by each CHO who is responsible for day-to-day operation of the CHO’s data collection system, ensuring program-level data quality according to the terms of the Agency Participation Agreement and associated data quality plans. If applicable, managing the upload process from the CHO program-level HMIS-compliant system to the Lead Agency’s HMIS Data System/Warehouse.

7. End User:

An End User is defined as an employee, volunteer, affiliate, associate, or any other individual acting on behalf of a CHO or an HMIS Lead Agency who uses or enters data in the HMIS Data System/Warehouse or program-level HMIS-compliant system from which data are entered or periodically uploaded to the HMIS Data System/Warehouse.

8. Software and Hosting:

The participating CoC’s Advisory Council Members along with the HMIS Lead Agency have selected a single product—Foothold Technology Service (“FTS”)—to serve as the sole HMIS Data System/Warehouse for the New Jersey HMIS Collaborative. All CHOs are expected to regularly input or upload data, at intervals and through mechanisms specified by the HMIS Vendor or the HMIS Lead Agency, to the Data System/Warehouse. The authority to enter into contracts with FTS for the purposes of operating and overseeing the HMIS Data System/Warehouse is the responsibility of the HMIS Lead Agency.

IV GENERAL UNDERSTANDINGS

1. Funding:

1a. HUD Grant(s) - HMIS Project activities are funded in part by HUD CoC grants or direct payments from counties which do not have room under their HUD pro-rata share to offer a grant? The CoC authorizes NJHMFA, as the HMIS Lead Agency, to apply for and administer these funds. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.

1b. Cash Match -The HUD CoC grants require a cash match. The match is made up of CHO Agency License fees and our state Partners (Department of Community Affairs and Department of Human Services) contributions.

2. Fees:

The HMIS Lead Agency annual participation license fees cover the fiscal year November 1st to October 31st. The CHOs are invoiced in November of each year. CHOs that upload HMIS data will be required to pay their own costs associated with establishing and operating their own program-level, HMIS-compliant system in accordance with the terms of the Agency Participation Agreement. At the discretion of the HMIS Lead Agency, with approval from the Advisory Council, a small annual increase can be provided to help offset costs to the HMIS Lead Agency.

3. Compliance with HMIS Standards:

It is the responsibility of the CoC to ensure that the HMIS Lead Agency is operating the HMIS Project in compliance with HUD HMIS Technical Standards (2004), HUD HMIS Data Standards (2010), other applicable laws, and any future standards HUD will release. The parties agree to update this MOU (as provided in section VII, Amendment/Notices), other HMIS Project operational documents, and HMIS Project practices and procedures in order to comply with any updates to these standards established in notices or other guidance, within the HUD-specified timeframe for such changes.

4. Local Operational Policies and Agreements:

The CoC charges the NJHMIS Collaborative, with the support of the Advisory Council, with developing and maintaining agreements, policies, and procedures. These agreements, policies and procedures include, but are not limited to, an operating policies and procedures manual for use and management of the data system/warehouse (including procedures for ensuring the security of data, disaster recovery, and data quality assurance), privacy policies and notices, data collection and technical standards for CHOs, Agency Participation Agreements, and End User Agreements. Once reviewed and approved, changes to the policies and procedures may be made from time to time at the request of NJHMFA or the CoC, through its Advisory Council Committee Members, to comply with HUD HMIS standards or otherwise improve HMIS operations. During any such modification periods, all existing HMIS policies and procedures will remain in effect until such time as the CoC Steering Committee approves the changes.

V. SPECIFIC RESPONSIBILITIES OF THE PARTIES

1. CoC Responsibilities:

The CoC shall select the representatives to the Advisory Council which serves as the lead HMIS Project governance body, providing oversight, project direction, policy setting, and guidance for the HMIS Project. The CoC exercises all its responsibilities for HMIS governance through its Advisory Council Members, with guidance from the CoC's Data Management Committee, effective as of the date of the authorization of this MOU. These responsibilities include:

- a) Ensuring and monitoring compliance with relevant HUD regulations and standards;
- b) Reviewing all official meeting minutes and all approvals, resolutions, and other key decisions of the Advisory Council that may be required by HUD rules related to the HMIS governing body;
- c) Reviewing all HMIS Lead Agency's Project policies, and procedures;
- d) Reviewing and approving all Local CHO's involvement in their CoC's HMIS;
- e) Reviewing all HMIS Lead Agency's Project policies, and procedures;
- f) Establishing data quality standards and benchmarks for all CHO's;
- g) Reviewing data quality standards and plans, and establishing protocols for addressing CHOs' compliance with those standards;
- h) Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs;
- i) Using HMIS data to inform CoC programs and system design, and measuring progress toward implementation of the CoC Strategic Plan and other CoC-established goals ;
- j) Provide all local information as necessary for compilation of the annual Housing Inventory Count (HIC), the HMIS elements of the annual Point-in-Time (PIT) Count, Annual Homeless Assessment Report (AHAR), Federal and local reports;

- k) Coordinating participation in the HMIS (and broader CoC) by all homeless prevention and assistance programs and other mainstream programs serving homeless people or working to prevent homelessness;
- l) Coordinate and producing the data quality and outcomes reports to present to CHO at monthly meetings;
- m) CoC will make the final decision on a CHO participation in their HMIS system.

2. NJHMIS Collaborative Responsibilities:

NJHMFA serves as the Lead Agency for the HMIS Project, managing and administering all HMIS operations and activities. NJHMFA exercises these responsibilities at the direction of the CoC with directions from its Advisory Council Members. These responsibilities are contingent on continued receipt of the appropriate HUD grant funding, our State Partners, User License Fees and are as follows:

a) Governance and Reporting

- Provide staffing for operation of the HMIS Project;
- Create system to generate data quality reports and analyses for review by the CoC and for submission to HUD;
- Provide, at least annually, a point-in-time unduplicated count of clients served in the HMIS (for sheltered PIT Count, AHAR, APR Pulse reports and/or other reports as required);
- Create annual report of unduplicated count of clients served in the HMIS over the course of one year (for AHAR);
- Create reports, at least annually, that can account for the lodging units in the HMIS (for HIC, AHAR, and Pulse reports, or as required); and an unduplicated count of newly homeless clients;
- Ensure the consistent contribution of data that meets all HUD-established data standards, at minimum, every program operating with funds authorized by the McKinney-Vento Act as amended by the HEARTH Act, including ESG funds;
- Work with the CoC to facilitate participation by all homeless prevention and assistance programs and other mainstream programs serving homeless people to participate in the HMIS;
- Facilitate the Collaborative Advisory Council Meetings.
- Attend local CoC and Data Committee meetings as often as possible;
- Determine the length of time that records must be maintained for inspection and monitoring purposes pursuant to HUD standards and ensure compliance with these standards;
- Respond to CoC Steering and Data Management Committee directives; and
- Provide data needed to inform CoC's progress toward achieving its Strategic Plan goals.

b) Planning and Policy Development

- Manage and maintain mechanisms for soliciting, collecting and analyzing feedback from end users, CHO HMIS Site administrators, CHO program managers, CHO Executive directors, and homeless persons;
- Identify general milestones for project management, including training and expanding system functionality, and ensure that the HMIS Action plan is carried out and regularly reviewed;
- Develop and, upon adoption by the CoC Advisory Council Members, implement written policies and procedures for the operation of the HMIS Project and HMIS Data Warehouse, including requirements and standards for any CHO, and provide for the regular update of these procedures as required by changes to policy;
- Provide assistance to the CoC adopted and implemented data quality plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations, notice, or guidance;
- Develop and, upon adoption by the CoC Advisory Council Members, implement a security plan consistent with requirements established by HUD, and review and update this plan annually and upon update to HUD regulations or guidance;
- Develop and, upon adoption by the CoC Advisory Council Members, implement a disaster recovery plan

consistent with requirements established by HUD, and review and update this plan annually according to the most current HUD regulations or guidance;

- Develop and, upon adoption by the CoC Advisory Council Members, implement a privacy policy specifying data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; and process and protections for victims of domestic violence, dating violence, sexual assault, and stalking included in the data warehouse;
- **Ensure privacy protection in project administration; and**
- Develop and, upon approval by the CoC Advisory Council Members, execute HMIS Participation Agreements with each CHO, including:
 - Obligations and authority of the HMIS Lead and the CHO;
 - Protocols for participation in HMIS Project;
 - Requirements of the policies and procedures by which the CHO must abide;
 - Sanctions for violating the HMIS Participation Agreement; and
 - Terms of sharing and processing Protected Identifying Information between the HMIS Lead and the CHO;
 - CHO's annual participation fees to be paid to the Lead HMIS Agency.

e) Grant Administration

- Prepare and submit NOFA Project Applications for HUD's HMIS grants for those counties that allowed grant funds to the Lead HMIS Agency via E-SNAPS;
- Create annual budgets outlining the most efficient resource allocation to meet HMIS Project requirements;
- Support HMIS by funding eligible HMIS activities with eligible matching sources to serve as the HUD-required match;
- Manage spending for both HUD grants and matching funds;
- Manage the reimbursement payment process and maintain records of all reimbursement documents, funds, approvals, denials, and other required or relevant records;
- Ensure accurate and regular (quarterly, at minimum) draw down of HUD grant funding; and
- Complete and submit APR for HUD grants.

d) System Administration

- Oversee the day-to-day administration of the HMIS system;
- Manage contracts for FTS, which includes training for CHOs and DHS staff, and licensing of HMIS Server;
- Ensure HMIS software meets the minimum data and technical functionality requirements established by HUD in rules or notices, including un-duplication, data collection, maintenance of historical data, reporting (including HUD-required reports, data quality and audit reports), and any other requirements established by HUD or our State Partners (Department of Community Affairs & Department of Human Services);
- Ensure HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data and the maintenance of privacy, security, and confidentiality protections;
- Develop standard reports and queries of HMIS data (e.g., data quality report, CoC quarterly report, etc.);
- Oversee and relate small- and large-scale changes to the HMIS software through coordination with Staff, the CoC's Advisory Council Members, and CHO HMIS administrators, if applicable;
- Maintain continuous End users trainings and CHO User Group meetings to discuss implementation of policies and procedures and data entry and upload processes when and if feasible;
- Update contact list of HMIS administrators for all CHOs in conjunction;
- Maintain original copies of all CHO's Participation Agreements and other required documents the end users must sign in a fire proof cabinet; and
- Maintain original copies of all CoC's MOU's agreements in a fire proof cabinet;

e) End-User Administration

- Provide or coordinate technical assistance and support structure;
- Document technical issues experienced by providers;
- Develop and deliver a comprehensive training curriculum and protocol, including accompanying tools and resources, that:
 - o Includes, but is not limited to, data entry requirements and techniques, client confidentiality and privacy requirements, data security and data quality;

- Requires all CHO Site Administrators to participate in trainings; it is the responsibility of the CHO Site Administrator to ensure end users at the CHO receive training and HMIS information;
- Is encouraged for all HMIS end users, including intake staff, data entry staff and reporting staff at all CHOs;
- Is offered, at a minimum, monthly;
- Is offered in a manner that assures every new end user completes training prior to or shortly after collecting any HMIS data or using the HMIS; and
- Is conducted in a manner that assures every current end user completes a training update at least annually.

f) Data Quality and Compliance Monitoring

- Consistent with the CoC data quality plan, support the data quality plan by developing report tools needed;
- Consistent with the CoC data quality plan, develop reporting tools to allow monitoring of established data quality benchmarks for CHOs, including bed coverage rates, service-volume coverage rates, missing/unknown value rates, timeliness criteria, and consistency criteria;
- Consistent with the CoC's data quality plan, run and disseminate data quality reports on a quarterly basis to CHO programs indicating levels of data entry completion, consistency with CoC program models, and timeliness;
- Consistent with the CoC data quality plan, provide quarterly reports on HMIS participation rates, data quality and other analyses to the CoC and Data Management Committee; and
- Monitor compliance by all CHOs with HMIS participation requirements, policies and procedures, privacy standards, security requirements, and data quality standards through an annual review per the process outlined in the Agency Participation Agreement and approved by the CoC Advisory Council Members.

G) Examples of Data Quality:

The CoC in collaboration with the HMIS Lead Agency are jointly responsible for ensuring that the HMIS data processing capabilities, including the collection, disclosure, transmission, and destruction of data and the maintenance privacy, security, and confidentiality protections.

The CoC will set benchmarks that will measure the reliability and validity of the data collected in the AWARDS application. Timely and accurate data is considered to be within 3 days of a client's admission into your program.

Example:

Looking at a particular data element and assessing how many client records have blank or missing data helps analyze how reliable the data is. The more clients with missing or incomplete information, the less valid the data is.

Data Quality benchmark 5% or less missing

Data Quality Plan

- Rationale behind its inclusion
- Factors to address for relevant component
- Special Issues and Exceptions to be considered
- Set benchmarks as a starting point for discussion, and make them based on the program types

Timeliness Criteria Benchmark

- Intake data should be entered in the HMIS AWARDS application within 3 days.
- Services and special issues data is to be entered into the HMIS system within 2 days of the client being serviced.
- A client must be discharged from the HMIS AWARDS system within 2 day after leaving a program.

Overall Goals

- No less than 5% of incomplete data for all HUD Universal and Program Specific Elements data
- Complete and accurate data for the month must be entered into the HMIS AWARDS system by the last Friday of the month.
- Uploading programs will not follow the above benchmarks and instead will upload their data in accordance to the guidelines setup with the CoC

VI. DATA ACCESS AND MANAGEMENT:

NJHMFA's authorized staff shall manage the data that is maintained in the FTS data system/warehouse and will have access to all data entered by CHOs. NJHMFA staff will only use the data for purposes having to do with the CoC. The CoC and State Partners will have access to aggregated and/or otherwise de-identified data that have met quality assurance standards as stipulated by NJHMFA HMIS staff.

VII. AMENDMENT/NOTICES:

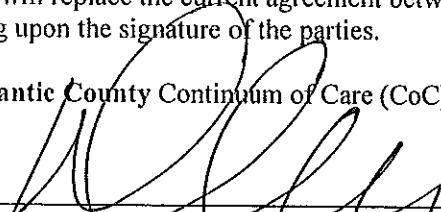
This MOU may be amended in writing by either party once amendments have been approved by a majority of the Advisory Council Members. Notices shall be mailed or delivered to NJHMIS Collaborative, Assistant Director of HMIS at New Jersey Housing and Mortgage Finance Agency -- 637 South Clinton Avenue -- P.O. Box 18550 Trenton, New Jersey, 08650-2085

VIII. TERMINATION:-

Either party may terminate this MOU at a date prior to the renewal date specified in this MOU by giving sixty (60) days written notice to the other party. If the funds relied upon to undertake activities described in this MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within thirty (30) days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

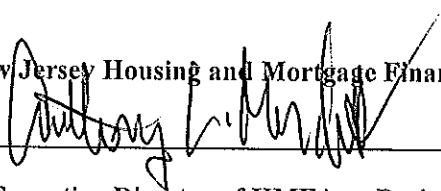
This MOU will replace the current agreement between the Continuum of Care and the HMIS Lead Agency commencing upon the signature of the parties.

For the Atlantic County Continuum of Care (CoC) serving the County of Atlantic Jurisdiction(S)

Signed:  Date: 12.17.13
County and/or Continuum-of Care Representative

Title: Dennis Levinson, County Executive

For the New Jersey Housing and Mortgage Finance Agency

Signed:  Date: 1/31/14
Executive Director of HMFA or Designee.

13. HDX - System Performance Measures

2017 HDX Competition Report

PIT Count Data for NJ-500 - Atlantic City & County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	476	422
Emergency Shelter Total	323	275
Safe Haven Total	0	0
Transitional Housing Total	37	38
Total Sheltered Count	360	313
Total Unsheltered Count	116	109

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	53	104
Sheltered Count of Chronically Homeless Persons	22	57
Unsheltered Count of Chronically Homeless Persons	31	47

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	14	15
Sheltered Count of Homeless Households with Children	14	15
Unsheltered Count of Homeless Households with Children	0	0

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	51	59	56
Sheltered Count of Homeless Veterans	43	54	51
Unsheltered Count of Homeless Veterans	8	5	5

2017 HDX Competition Report

HIC Data for NJ-500 - Atlantic City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	303	18	285	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	48	0	48	100.00%
Rapid Re-Housing (RRH) Beds	70	0	70	100.00%
Permanent Supportive Housing (PSH) Beds	223	0	134	60.09%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	644	18	537	85.78%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	49	99

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	2	16

2017 HDX Competition Report

HIC Data for NJ-500 - Atlantic City & County CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	19	70

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for NJ-500 - Atlantic City & County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	1982	1985	1751	66	66	56	-10	18	18	9	-9
1.2 Persons in ES, SH, and TH	2046	2021	1786	77	74	68	-6	21	20	10	-10

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	1751	-	142		-	30	
1.2 Persons in ES, SH, and TH	-	1786	-	153		-	32	

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	6	16	0	2	13%	0	1	6%	0	0	0%	3	19%
Exit was from ES	61	568	9	21	4%	4	17	3%	3	22	4%	60	11%
Exit was from TH	0	2	0	0	0%	0	0	0%	0	0	0%	0	0%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	98	86	0	3	3%	0	2	2%	1	1	1%	6	7%
TOTAL Returns to Homelessness	165	672	9	26	4%	4	20	3%	4	23	3%	69	10%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	548	476	-72
Emergency Shelter Total	440	323	-117
Safe Haven Total	0	0	0
Transitional Housing Total	34	37	3
Total Sheltered Count	474	360	-114
Unsheltered Count	74	116	42

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	2064	2036	1795	-241
Emergency Shelter Total	2000	2000	1759	-241
Safe Haven Total	0	0	0	0
Transitional Housing Total	80	46	42	-4

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	20	21	6	-15
Number of adults with increased earned income	3	2	0	-2
Percentage of adults who increased earned income	15%	10%	0%	-10%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	20	21	6	-15
Number of adults with increased non-employment cash income	1	1	1	0
Percentage of adults who increased non-employment cash income	5%	5%	17%	12%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	20	21	6	-15
Number of adults with increased total income	4	3	1	-2
Percentage of adults who increased total income	20%	14%	17%	2%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	18	18	0	-18
Number of adults who exited with increased earned income	7	7	0	-7
Percentage of adults who increased earned income	39%	39%		

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	18	18	0	-18
Number of adults who exited with increased non-employment cash income	1	1	0	-1
Percentage of adults who increased non-employment cash income	6%	6%		

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	18	18	0	-18
Number of adults who exited with increased total income	8	8	0	-8
Percentage of adults who increased total income	44%	44%		

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1804	1786	1634	-152
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	503	489	531	42
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1301	1297	1103	-194

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1874	1840	1696	-144
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	518	502	542	40
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1356	1338	1154	-184

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	383	266	280	14
Of persons above, those who exited to temporary & some institutional destinations	70	34	74	40
Of the persons above, those who exited to permanent housing destinations	117	87	113	26
% Successful exits	49%	45%	67%	21%

Metric 7b.1 – Change in exits to permanent housing destinations

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	2014	2042	1778	-264
Of the persons above, those who exited to permanent housing destinations	451	475	255	-220
% Successful exits	22%	23%	14%	-9%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	219	84	88	4
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	196	73	82	9
% Successful exits/retention	89%	87%	93%	6%

2017 HDX Competition Report

FY2016 - SysPM Data Quality

NJ-500 - Atlantic City & County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report

FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	632	384	291	291	4	52	48	48	89	78	153	152			18	19				
2. Number of HMIS Beds	632	384	291	291	4	52	48	48	51	74	90	92			18	19				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	57.30	94.87	58.82	60.53			100.00	100.00				
4. Unduplicated Persons Served (HMIS)	951	2838	2188	1842	3	36	46	42	89	81	94	85	100	73	54	69	0	0	129	90
5. Total Leavers (HMIS)	670	2564	1950	1699	0	34	13	23	20	18	26	19	93	73	40	47	0	0	91	71
6. Destination of Don't Know, Refused, or Missing (HMIS)	411	1370	115	102	0	0	0	1	0	1	1	1	0	0	0	0	0	0	2	17
7. Destination Error Rate (%)	61.34	53.43	5.90	6.00		0.00	0.00	4.35	0.00	5.56	3.85	5.26	0.00	0.00	0.00	0.00			2.20	23.94

2017 HDX Competition Report

Submission and Count Dates for NJ-500 - Atlantic City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/24/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	5/5/2017	Yes
2017 HIC Count Submittal Date	5/5/2017	Yes
2016 System PM Submittal Date	6/5/2017	Yes