

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): UT-504 - Provo/Mountainland CoC

CoC Lead Organization Name: United Way of Utah County

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

Instructions:

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

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

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

Name of primary decision-making group: Mountainland Continuum of Care Executive Committee

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 59%

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

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

Specify "other" process(es):

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

The CoC sought out representatives from all appropriate entities and organizations. The representatives from governmental entities were appointed by their jurisdictions. Non-profit organizations assigned individuals from their organizations to serve on the CoC. Businesses are chosen, recruited and elected by the full membership of the CoC. Homeless individuals volunteer and are then voted onto the CoC.

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

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

Specify "other" process(es):

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

Yes. The Mountainland CoC has chosen United Way of Utah County as their lead organization, fiscal agent and grant award recipient. United Way has assigned staff to serve in a supportive role in supporting the activities of the CoC (calling meetings, sending out funding announcements, doing press releases, notifications, etc.) With the necessary administrative funds from HUD, United Way of Utah County has committed to expand its staffing capacity to carry out and be responsible for applying, serving as the grantee, providing project oversight and monitoring and all other required activities.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Discharge Planning Committee	Addresses issues related to persons being discharged from hospitals, county jail and other institutions to ensure persons are not released to homelessness	Bi-monthly
Re-Entry Assistance Program Committee	Provides oversight and planning for specific re-entry program for homeless persons released from County Jail and participating in REAP program.	Monthly or more
Community Relations Committee	Promotes community understanding and awareness of homelessness	Monthly or more
Executive Committee	Provides planning leadership for C of C planning processes and to identify agendas and issues	Quarterly
Housing Project Task Force	To work with public and non-profit agencies to identify, promote, seek funding and assist in the development of housing and homeless projects.	Quarterly

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Utah Department of Workforce Services	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Provo City Redevelopment/Utah Valley Consortium...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Provo City Mayor's Office	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Orem City	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Mountainland Association of Governments	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Utah County Substance Abuse	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substance Ab...
Utah County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	HIV/AIDS
Utah County Council of Governments	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Provo City Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Housing Authority of Utah County & Weatherizati...	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Provo School District	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
Provo City Police	Public Sector	Law enf...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Utah County Sheriff	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
American Red Cross, Mountain Valley Chapter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Community Action Services	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Friends of the Coalition (Food and Care Coaliti...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...

Center for Women and Children in Crisis-CWCIC- ...	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domesti c Vio...
Peace House-domestic violence shelter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
United Way of Utah County	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Rural Housing Development	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Veterans Center/SL Veterans Program	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veteran s
Heber Valley Counseling-Mental Health Authority	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Utah Valley Ministerial Alliance	Private Sector	Faith -b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Gardner and Associates-Housing Developer	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Othe r	Committee/Sub-committee/Work Group	Seriousl y Me...
Children's Justice Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth
Utah Homeless Management Information System	Public Sector	Stat e g...	Committee/Sub-committee/Work Group	NONE
Utah Valley Regional Medical Center	Private Sector	Hos pita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mountainland Community Housing Trust	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Habitat for Humanity	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Bank of American Fork	Private Sector	Busi ness es	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Central Utah Center for Independent Living	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
I Care, Inc.	Private Sector	Faith -b...	Primary Decision Making Group, Attend 10-year planning me...	Substan ce Abuse
Utah Alcoholism Foundation, House of Hope	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Substan ce Abuse

LDS Church Welfare Services	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Papilion House, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Utah County Association of Realtors	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Provo School District Homeless Liason	Public Sector	School...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Alpine School District Homeless Liason	Public Sector	School...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

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

Instructions:

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

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

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

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

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

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

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

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

Emergency Shelter: Yes

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

The primary reason for the decrease in the number of emergency shelter beds is that the Transient Bishop's office for the LDS Church dramatically reduced their capacity statewide including in our local community. The LDS Church has seen a huge increase in their welfare services due to the recession, and therefore they have made a significant change in their policy for providing shelter assistance.

Safe Haven: No

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

Not applicable.

Transitional Housing: Yes

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

We had an expansion in one of our transitional housing projects which resulted in an increase in transitional housing beds. We also have a large local project which is funded and built but not yet filled.

Permanent Housing: Yes

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

We have gone from 249 to 244 permanent supportive housing beds. A project that was hoped to begin in this year did not get fully funded and implemented.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/24/2009

Attachment Details

Document Description: Housing Inventory Chart UT 504 CoC

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

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

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

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion
(select all that apply)

Specify "other" data types:

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

Our primary method was to complete a mathematical comparison between the housing chart (resources) and the sheltered (using HMIS data/point in time count) and unsheltered count (using point in time count). We discussed our findings. We also reviewed a study completed by a local university to see if there was agreement between our findings and their report. There was agreement with our conclusions.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: UT-504 - Provo/Mountainland CoC, UT-500 - Salt Lake City & County CoC, UT-503 - Utah Balance of State CoC
(select all that apply)

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: MetSys

What is the name of the HMIS software company? MetSYS Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 09/01/2005
(format mm/dd/yyyy)

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

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, HMIS unable to generate APR data, Other
(select all the apply):

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

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

Utah HMIS is doing the following to overcome the identified barriers:
We are bringing on more team members who will help manage user issues so that concerns can be addressed in a timely manner. We're also developing a comprehensive website that will provide numerous resources for our users and agencies. This will allow users to access FAQs and also to view tutorials on how to navigate the software.

With previous inconsistency in the set up of agencies, there have been complications in populating accurate APR from the HMIS software. We're currently in the process of restructuring the setup of the agencies and their services within the software so that they will be able to populate APRs directly from HMIS.

Because of the recent required upgrades, there have been major updates to the software the CoC is using and has caused some performance issues. We have addressed the majority of them and are working with agencies to get caught up on data entry.

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

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

Organization Name State Community Services Office
Street Address 1 324 S. State St.
Street Address 2 Suite 500
City Salt Lake City
State Utah
Zip Code 84111
Format: xxxxx or xxxxx-xxxx
Organization Type State or Local Government
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? Yes

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

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

Prefix: Mrs.
First Name ReAnne
Middle Name/Initial
Last Name Hart
Suffix
Telephone Number: 801-538-8882
(Format: 123-456-7890)
Extension
Fax Number: 801-538-8888
(Format: 123-456-7890)
E-mail Address: rhart@utah.gov
Confirm E-mail Address: rhart@utah.gov

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

Instructions:

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

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

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

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

* Emergency Shelter (ES) Beds	51-64%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	86%+

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

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

Several of the agencies who provide shelter in the C of C region are domestic violence shelters and are therefore exempt from entering data into HMIS. Our domestic violence providers provide 24% of our shelter locally. Our single largest shelter provider is the local Transient Bishops office for the Church of Jesus Christ of Latter Day Saints. They provide about 28% of all local shelter services. They do not intend to enter their data into HMIS in the foreseeable future. Two of the three remaining providers enter all of their shelter data into HMIS. We will approach this one agency and request that they enter their data into HMIS. This program serves youth under the age of 18.

All of the transitional housing family units serve victims of domestic violence therefore they are not required to enter data into HMIS. 100% of transitional housing providers that do not serve victims of domestic violence do enter their data into HMIS.

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

Instructions:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	2%	16%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	2%
* Gender	0%	0%
* Veteran Status	2%	0%
* Disabling Condition	21%	3%
* Residence Prior to Program Entry	5%	0%
* Zip Code of Last Permanent Address	14%	0%
* Name	0%	0%

Instructions:

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

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

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

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

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

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

Utah HMIS staff provides onsite training with each agency to ensure accurate data entry. They also provide quarterly training on quality. Specific training for APR and AHAR data has been developed and is provided annually. Utah HMIS staff provides monthly data quality and bed utilization reports to each participating agency. HMIS performance indicators will be provided to the SLHCC at their monthly meetings. HMIS staff run data quality reports monthly and contact any agency who has a drop in data quality.

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

Utah HMIS has changed its procedures so that our software ensures that all client entry and exit data are mandatory fields and need to be filled in before proceeding to the next steps. HMIS staff provide monthly reports to agencies and the CoC which shows percentage of complete entry and exit data. Emphasis on capturing entry and exit data has been data to existing training.

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

Instructions:

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

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

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

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

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

Instructions:

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

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

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 08/24/2009

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

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

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

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

Instructions:

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

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

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	16	25	0	41
Number of Persons (adults and children)	42	80	0	122
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	103	30	44	177
Number of Persons (adults and unaccompanied youth)	103	30	44	177
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	119	55	44	218
Total Persons	145	110	44	299

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

Instructions:

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	52	44	96
* Severely Mentally Ill	12	10	22
* Chronic Substance Abuse	22	20	42
* Veterans	7	5	12
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	5	1	6
* Unaccompanied Youth (under 18)	0	0	0

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

Instructions:

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

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2010
(mm/dd/yyyy)

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

Emergency shelter providers: 100%
Transitional housing providers: 100%

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

Instructions:

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

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

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

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

If Other, specify:

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

We participated in the statewide point in time count which was done online. All service providers for shelter in the region were required to participate in the statewide shelter point in time count. Follow up was done to insure that agencies entered the data and completed the online survey in a timely manner. The result was: 16 families were sheltered (42 persons) and 103 adults and unaccompanied youth were sheltered.

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

In 2008 we sheltered 37 persons in families as compared to 42 (a increase of 5 persons). In 2008 we sheltered 103 individuals as compared to 37 in 2008. We believe that the numbers were higher for two reasons: agencies had additional resources and more year-round shelter services were available and the need was much greater in 2009 due to the bad economy, rising housing costs and rising cost of living. Our agencies have seen a steady increase in persons seeking assistance in homeless and other services beginning in January 2008.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Persons who were sheltered were interviewed and data was placed into HMIS. Our questions about the subpopulations was improved from the previous year therefore information about subpopulations was available through that source. The calculations came additionally from the expertise of the homeless service providers. Our main conclusions came from the PIT count.

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

The PIT sheltered and unsheltered count interviews asked better questions about the subpopulations therefore the information gathered is more accurate. Therefore we saw the greatest increase in the number of seriously mentally ill, substance abuse and veterans. Seriously mentally ill was 6 in 2008 and 22 in 2009; substance abuse was 24 in 2008 and 42 in 2009; veterans was 6 in 2008 and 12 in 2009.

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

Instructions:

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

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

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

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

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

If Other, specify:

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

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

Instructions:

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

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

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

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

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

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

If Other, specify:

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

Homeless persons were interviewed and surveyed at the soup kitchen, food pantries, at Dept. of Workforce Services (employment, TANF, food stamps), and churches during the week of the homeless point in time count. The surveys were color-coded. All who were asked to complete the survey were asked if they had completed the survey at any other location (shelter, etc.) already that week. Any that had already completed the survey interview were excluded from doing a second survey. In addition the only people who completed the survey at these community services were those who stated that they were homeless and were NOT staying in one of the shelters or shelter programs (i.e. unsheltered). None of these homeless persons surveyed at these locations would have been entered into HMIS as they were not in a shelter program.

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

Our Continuum has very few unsheltered homeless households with dependent children. It has been our experience that families seek assistance and are either being sheltered by a shelter program or are doubled up with friends or relatives. We see more unsheltered homeless families during the spring and summer months. Generally we see that homeless families will camp in campgrounds, near the river, and with friends. Therefore our outreach team seeks families in these locations to offer shelter and other services.

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

Persons who sleep on the street or other places not meant for human habitation generally routinely seek assistance at our local soup kitchen and/or the food bank. Staff members routinely interview persons seeking that type of assistance and offer services to persons who are homeless. In addition, local law enforcement is very familiar with the shelter and homeless assistance programs and routinely inform people who they perceive to be homeless as they encounter them. Local, downtown churches are also very familiar with the shelter and homeless assistance programs; these churches routinely refer homeless persons to the services.

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

In 2007 our unsheltered count was as follows: 29 individuals and 0 persons in families with children. In 2008 our unsheltered count was as follows: 47 individuals and 0 persons in families with children. The number of chronic homeless persons who were unsheltered went from 29 in 2007 to 47 in 2008. In 2009 our unsheltered count was as follows: 44 individuals and 0 families. In all years we used the same strategies to do the unsheltered count. Most unsheltered individuals seek help in the winter months from the local soup kitchen. We made sure to have surveys completed by those who went to the soup kitchen during the point in time count. As stated above we believe that most families with children seek shelter help or are staying temporarily with family or friends due to the cold weather. We believe there was an increase in the number of unsheltered individuals (including chronic homeless) due to the poor economy, and an increase in lack of affordable housing in the general community.

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

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

Instructions:

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

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

1. Seek C of C funding for new Golden Spike permanent housing project - 2 beds.
2. Fully fill the newly funded Golden Spike PH Project - 5 units and 5 beds.
3. Seek funding for the Papilion House - PH Bonus project to serve 9 individuals, 6 of whom will be chronic homeless.

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

1. Support the efforts of Food and Care to attain state/private funding to lease 5-10 additional PH units in the community.
2. Support the efforts of Wasatch Mental Health to purchase, construct and/or rehab units to develop 5-12 PH units. These units will be owned by Wasatch Mental Health.
3. Encourage and support the Wasatch County Housing Authority to purchase, build and/or rehab a minimum of 4 PH units for the mentally ill chronically homeless persons in the rural counties.
4. The housing authorities in partnership with Wasatch Mental health will seek state funding and tax credit funding to develop additional PH housing units.
5. Utilize planned housing study to inform public officials about need for housing.
6. Partner with the state office and homeless coord committee to inform legislators regarding need for housing to result in increased state funding.
7. Continuously identify barriers to achieving these goals and develop possible solutions to overcome these barriers.

How many permanent housing beds do you currently have in place for chronically homeless persons? 198

How many permanent housing beds do you plan to create in the next 12-months? 205

How many permanent housing beds do you plan to create in the next 5-years? 228

How many permanent housing beds do you plan to create in the next 10-years? 243

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

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

Instructions:

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

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

In this last project performance year, we attained 76%. The CoC will do the following to increase to at least 77%:

1. Complete a landlord survey which will identify barriers, landlord concerns and potential solutions to keeping people in PH units.
2. Share results of the landlord survey with PH service providers and lead a process to carry out the identified solutions; work with major landlords and property managers to address their concerns.
3. Ensure that a minimum of 80% of PH program participants take the tenant rights and responsibilities class to increase their skill and knowledge in maintaining housing.

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

1. The CoC will further build upon the knowledge gained in the landlord survey by further identifying and carrying out activities which directly address the issues and concerns of landlords and property managers.
2. Case Managers will participate in an upcoming specialized training program provided by the state which will deepen their skills and capacity to assist clients in maintaining housing and in working with property managers and owners.
3. The CoC will set up an advisory committee made up of property managers and landlords to further these relationships and to continuously seek ways to increase the percentage of persons remaining in PH and to overcome barriers to success.

What percentage of homeless persons in permanent housing have remained for at least six months? 76

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 78

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 80

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 80

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

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

Instructions:

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

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

The CoC has already surpassed the goal of 65 percent; in this last year we achieved 77%. We will carry out the following activities to ensure that we maintain this number over the next 12-months:

1. Re-apply for HOME funding to fund the REAP transitional housing program for chronic homeless persons
2. Fill the Food and Care transitional housing project (38 units) with chronic homeless and other homeless individuals. Case managers and mentors at FCC will build the capacity of program participants to maintain housing through life skills training, case management, problem-solving, etc.
3. Papilion House will seek CoC funding to provide essential support services to the participants of their transitional housing units (60% chronic homeless). Papilion House will provide life skills training, case management and other services to increase success in transitioning to permanent housing.

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

1. Case managers working with persons living in transitional housing units will participate in the new state training program which will increase their skills and capacity to work with landlords/property managers and to increase success of program participants in transitioning to permanent housing.
2. Utilize the results of the landlord survey/study to improve relationships with property owners and managers to result in improved results.
3. Ensure that 85% of all program participants in transitional housing also participate in the community action tenant rights and responsibilities classes; follow up with individuals to teach individualized instruction as needed on an ongoing basis.
4. Utilize and/or seek federal, state and private funding to increase resources to program participants to support their move to permanent housing - i.e. furniture, household goods, apartment set-up kits, emergency fund to address emergency needs.

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

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 78

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 80

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 82

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

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

Instructions:

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

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

The CoC attained 39% of persons employed at exit in 2008. The CoC will carry out the following to ensure that we will maintain/exceed this number:

- 1.Utilize the employment specialists at the Department of Workforce Services to assist participants in attaining and maintaining employment;
- 2.Clients will participate in the newly established employment workshops at DWS;
- 2.Utilize the newly hired community action employment coach to assist persons in attaining and maintaining employment. Mentor 15% of those participants in the community action program that have had little success with employment in the past;
- 3.The employment coach will recruit and work with a minimum of 4 local employers who are willing to hire persons who have barriers to successful employment;
- 4.Service providers will provide internet access for participants to access jobs through the Dept. of Workforce Services.
- 5.Mentors in the REAP Program will work with their participants to overcome barriers to employment.

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

The CoC will carry out the following activities:

- 1.Community Action will seek ongoing funding to support the ARRA funded education coach at community action. The education coach will work with a minimum of 15% of program participants in the CoC projects in order to promote training and education to build employability;
- 2.REAP Program mentors will receive periodic training regarding employment;
- 3.CWCIC (domestic violence program) will continue to seek funding to develop and operate a special site-specific employment program.
- 4.Agencies will continue to work closely with Dept. of Workforce Services to address barriers, seek solutions and access needed services.

- What percentage of persons are employed at program exit?** 39
- In 12-months, what percentage of persons will be employed at program exit?** 40
- In 5-years, what percentage of persons will be employed at program exit?** 42
- In 10-years, what percentage of persons will be employed at program exit?** 45

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

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

Instructions:

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

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

1. Two local agencies have contracted with Provo City and the state to provide HPRP assistance to eligible families;
2. These two agencies (who provide rapid re-housing and homeless prevention) will help in recruiting for and holding the landlord/property management advisory committee to result in a reduction in the number of families who are evicted from housing units.

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

1. CoC members will fund and provide leadership for a three-county housing study which will identify the number of affordable housing units needed by all of the subpopulations including families with children;
2. Work with a specialized non-profit to identify housing projects, potential funding resources and more to address the affordable housing gaps identified in the housing study;
3. Support the efforts of individual CoC member organizations to build and/or develop affordable housing for sub-populations including families with children;
4. Seek federal, state, private and other funding to provide homeless prevention and rapid re-housing assistance after the HPRP funding is ended.
5. Work with landlord advisory committee to continually identify and address barriers and to develop solutions to retaining and placing homeless households with children into housing.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 16

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

In 5-years, what will be the total number of homeless households with children? 10

In 10-years, what will be the total number of homeless households with children? 5

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

The State of Utah Department of Human Services (DHS) has two systems for discharging youth from custody, the Division of Juvenile Justice Services (JJS) and the Division of Child and Family Services (DCFS). The DCFS Practice Guidelines specify the requirement for a transition plan to be developed with the youth prior to exiting after the age of 18. The following briefly describes the DCFS plan. Prior to Exiting:

- ¿ The caseworker and the youth will develop a plan for transitioning from state custody at least 90 days prior to exiting care.
- ¿ A specific exit plan will develop that includes connections, support services, housing, health insurance, vocational and educational goals, and employment.
- ¿ Plan will be updated in SAFE .
- ¿ Caseworkers are responsible for carrying out the tasks to help the youth prepare to exit out of foster care.

Youth who exit may return to live with family members, foster parents, apartments, student housing, transition to supervised living from other systems such as the Division of Services for People with Disabilities (DSPD). DWS and DHS Discharge Planning Workgroup is comprised of: JJS, Division of Mental Health and Substance Abuse, DSPD, and DCFS. Others include Housing Authority agencies with Family Unification Programs, Utah Job Corp, Court Improvement Project, Office of the Guardian Ad Litem, Initiative of Utah Children in Foster Care, the Mentoring Project, Utah Foster Care Foundation, and Wasatch Mental Health Vantage Youth Services.

Health Care:

The Mountainland C of C has a Discharge Planning Committee whose goal is to ensure that no one is discharged from a medical facility to the streets. The persons on this committee who are developing the final protocol for health care discharge are: homeless service providers, housing providers, emergency room case workers, hospital social worker and representation from the largest local health care system (Intermountain Healthcare). Due to the challenges of the number of local health care facilities, we do anticipate a final protocol to take a year or two or more to complete and adopt.

Mental Health:

Utah Division of Substance Abuse and Mental Health (DSAMH) serves patients with mental illnesses in the least restrictive setting possible. The discharge plan prioritizes home and community based services and supports for patients discharged from Utah State Hospital (USH). DSAMH developed a tracking system to document services that are needed and received by patients discharged from USH. A directive was issued to all local Community Mental Health Centers and the USH to use a State-wide program called REDI (Readiness Evaluation and Discharge Implementation) to identify preferences and obstacles to transition from institutional treatment settings. Persons with mental illness are staffed with the person, family (when available) and treatment providers from the USH and the Utah Public Mental Health system to identify the level of care needed at discharge. Levels of care standardized by DSAMH include intensive community resources: psychiatric and medical inpatient units, Community-based acute treatment unit (ATU), Residential placement, various Housing options, Independent living with ACT, and various levels of Case Management, Nursing home, and Family. Stakeholders include clients and family members, and treatment providers. Others are, PHAs statewide, Disability Law Center, faith based organizations, SDCC, DHS, PATH Providers, VA, SSA, local governments, DWS, Departments of Corrections, Education, Health, Federal Qualified Health Care Clinics and housing agencies.

Corrections:

In addition to private organizations, such as the Prisoner Information Network (PIN) and the Harm Reduction Project, which provide prisoners being discharged with information and services as they leave the state prison, State Corrections has developed programs inmates are able to access before their release. The Women's Correctional Facility has developed the Your Parole Requires Extensive Preparation (YPREP) office which is opened to women prior to their release and offers much information for successful living outside the facility. The office is currently in the process of assessing the housing needs of the female population. Each month community members meet for the Women's summit and Men's Summit meetings. The summit meetings are used to identify and develop resources needed for successful transition. The Mountainland CoC has a strong relationship with the local county jail and is successful in ensuring that jail inmates are informed about community and housing resources before they are released.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

The Consolidated Plan for this Continuum Region describes the status of the Continuum (serving as the Homeless Coordinating Council) and states the following goals:
Update the Mountainland Regional 10-Year Plan to End Chronic Homelessness in line with the update of the state plan;
Increase the percentage of homeless persons staying in permanent housing;
Increase the percentage of homeless persons moving from transitional to permanent housing;
Increase the percentage of homeless persons becoming employed by 11%;
Insure that the Continuum has a functioning HMIS;
Increase entry into mainstream services;
Reduce entry into homelessness by ensuring effective discharge planning and prevention efforts for those in custodial care.

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

The C of C set up an Ad Hoc HPRP Planning Committee to work with the local HPRP funded jurisdiction (Provo City) to carry out the following tasks and activities in order to implement the HPRP program: assess need; assess current homeless prevention and rapid housing providers; determine best practices in coordination with the state Centralized Intake and Assessment Committee (HPRP); insure proper training of selected agency personnel; develop and implement a community agency referral form and process. C of C staff participates in the state Centralized Intake and Assessment Committee/HPRP Committee which has helped the several funded jurisdictions in the state to develop and implement consistent policies, forms, assessment processes, etc. In addition the C of C is carrying out a survey of landlords to assess barriers and solutions to overcoming those barriers for low-income and homeless households.

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

C of C staff and Executive Committee members ensured that all members of the C of C received consistent information regarding the availability of NSP funds and led discussions regarding potential projects and uses of the funds. The C of C set up an ad hoc NSP planning committee for the purposes of identifying potential projects and resources to address homelessness. NSP updates is a regular agenda item for C of C meetings. The local housing authorities have submitted requests for HUD VASH funding but have yet to be successful. The C of C will work with the PHAs to support their efforts in the future.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	11	Beds	12	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	80	%	76	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	70	%	77	%
Increase percentage of homeless persons employed at exit to at least 19%	30	%	39	%
Decrease the number of homeless households with children.	8	Households	45	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

Each of the attained goals is higher than the national standard. We did not attain one of the goals. We attained 76% of those staying in PH over six months rather than the goal of 80%. We initiated a new 5 unit PH project in this program year which was specifically targeted to serve chronic homeless persons who have substantial barriers including substance abuse, mental illness, etc. The majority of the participants in this new program had both alcohol and drug abuse issues. Several of these program participants were not successful in transitioning to PH. Several of these participants choose to return to their previous life style. This impacted our goal.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	39	62
2008	53	111
2009	96	198

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$39,500	\$155,000	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$39,500	\$155,000	\$0	\$0	\$0

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

The number of chronic homeless individuals did increase from 53 to 96. This was due to improved street/unsheltered count and shelter count. Certainly the recession and economic downturn has had an impact upon the members of the economy. Our community has seen a big increase in unemployment. We have also seen an increase in the number of persons leaving the local county jail who have little or no housing when they exit the jail. We have seen an increase in meth addiction and prescription drug abuse. This increases incarceration and chronic homelessness.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	66
b. Number of participants who did not leave the project(s)	129
c. Number of participants who exited after staying 6 months or longer	48
d. Number of participants who did not exit after staying 6 months or longer	101
e. Number of participants who did not exit and were enrolled for less than 6 months	28
TOTAL PH (%)	76

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	13
b. Number of participants who moved to PH	10
TOTAL TH (%)	77

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

Instructions:

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

Total Number of Exiting Adults: 564

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	34	6	%
SSDI	8	1	%
Social Security	10	2	%
General Public Assistance	19	3	%
TANF	20	4	%
SCHIP	37	7	%
Veterans Benefits	0	0	%
Employment Income	220	39	%
Unemployment Benefits	5	1	%
Veterans Health Care	0	0	%
Medicaid	50	9	%
Food Stamps	130	23	%
Other (Please specify below)	48	9	%
child support,family			
No Financial Resources	52	9	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

The Rating and Review Committee annually reviews the APR and provides a summary report to the full Continuum. The Continuum members and the Mainstream Resources Committee can see from the consolidated report of all APR reports where agencies and programs are successful and not as successful in accessing mainstream resources. We then can strengthen relationships, provide additional information/training, etc.

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

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

July 6, 2009
July 27, 2009
October 7, 2009

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

Work with the Local Department of Workforce Services to provide services in conjunction with TANF funding.

Has the CoC participated in SOAR training? Yes

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

March 2 and 3, 2006
September 14 and 15, 2006

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case managers help clients in completing paper applications, submitting those to the appropriate agencies and following up with caseworkers as needed to resolve problems and address barriers.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Food stamps, general assistance, employment, Medicaid, SCHIP	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Home visits and contact with clients; when a problem is identified the case worker will either assist the client in calling or will call the specific program caseworker to resolve the issue.	

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

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

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

Part A - Page 2

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

Part A - Page 3

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

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter Plus Care...	2009-10-20 18:02:...	1 Year	Provo City Housin...	123,984	Renewal Project	S+C	TRA	U
Renewal HUD 1 - U...	2009-10-26 18:18:...	1 Year	Mountainlands Com...	74,094	Renewal Project	SHP	TH	F
Support Services ...	2009-11-12 23:36:...	1 Year	Center for Women ...	16,252	Renewal Project	SHP	SSO	F
Papilion House, I...	2009-11-24 16:28:...	2 Years	Papilion House, Inc.	70,112	New Project	SHP	PH	P1
GSTR-Housing Proj...	2009-11-24 12:17:...	2 Years	Golden Spike Rehab	15,069	New Project	SHP	PH	F2
HMIS MtLAND 1	2009-10-27 18:06:...	1 Year	Provo/Mou ntainlan...	17,500	Renewal Project	SHP	HMIS	F
Housing Project f...	2009-11-23 14:33:...	1 Year	Communit y Action ...	34,926	Renewal Project	SHP	PH	F
S+C Renewal #4 - ...	2009-11-16 10:57:...	1 Year	Housing Authority...	153,204	Renewal Project	S+C	TRA	U
HMIS MtLND 2	2009-10-27 18:11:...	1 Year	Provo/Mou ntainlan...	8,242	Renewal Project	SHP	HMIS	F
Support Services ...	2009-11-23 13:46:...	1 Year	Communit y Action ...	228,653	Renewal Project	SHP	SSO	F
Renewal HUD 2 - U...	2009-10-27 13:14:...	1 Year	Mountainlands Com...	50,820	Renewal Project	SHP	TH	F
Hope Promise 13 R...	2009-11-16 11:00:...	1 Year	Housing Authority...	103,776	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2009-10-20 18:32:...	1 Year	Provo City Housin...	123,984	Renewal Project	S+C	TRA	U

Supportive Housin...	2009-10-21 10:29:...	1 Year	Provo City Housin...	21,379	Renewal Project	SHP	SH	F
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Budget Summary

FPRN	\$466,935
Permanent Housing Bonus	\$70,112
SPC Renewal	\$504,948
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consistency with ...	11/24/2009

Attachment Details

Document Description: Consistency with CP for all projects