

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: FL-604 - Monroe County CoC

1A-2. Collaborative Applicant Name: Monroe County Homeless Services Continnum-of-Care, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Monroe County Homeless Services Continuum-of-Care

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

HIV & AIDS organization	Yes	Yes

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

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

Monroe County is a 120 mile long chain of islands & presents a geographical challenge for individuals & organizations to participate. The CoC conducts its monthly Board, Planning Meetings & Oversight Grant Scoring Committee Meetings via video conferencing in three regions of Monroe County each no more than 50 miles apart. PIT, HMIS, CAS & subcommittees utilize a conference call system. The executive committee and board is a diverse group of providers and non-providers. The COC is also part of the Upper Keys Community Resource Council consisting of churches and other interested parties that are not necessarily members of the COC. The COC maintains a website and a facebook page which has nearly 200 followers throughout the county. The COC distributed 14,000 copies of an annual report which included point in time count and contact information in the newspaper.

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

Each member is tasked annually with recruiting one new member. In addition, solicitations are sent on the website, the facebook page, and the annual report. The monthly meetings are publicly noticed. Finally, Monroe is a small county, and face-to-face interactions are important. In July, the executive director traveled from Key West to Tavernier, about 90 miles, to invite the pastor of a large church and meet with her in person. (The pastor did end up joining and paying dues.)

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

Announced via email to all COC members July 17th.
 Posted to www.monroehomelesscoc.org July 17th.
 Posted to <https://www.facebook.com/MonroeHomelessCoC/> July 17th.
 Published in the Keynoter newspaper July 29th and August 2nd.
 Published in the Citizen newspaper July 28th and August 2nd.

Followed up email to all COC members with Changes since last year notice on July 26th.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

The MCCoC, working in conjunction with the Office of Homelessness Con Plan, developed performance standards for all ESG sub recipients for Outreach, Shelter, Prevention and RRH using MC CoC HMIS, PIT and CAPER reports.

The performance measures include creating new beds for chronic homeless, decreasing homeless households with children, victims of domestic violence and youth homelessness. The MCCoC annually submits the CoC Consultation Survey for ESG Action Plan, HIC and PIT data the Florida Dept. of Children & Families (DCF). It also submits monthly HMIS and CAPER on ESG sub recipients reports for measuring the performance and updating the Con Plan to DCF. The Con Plan jurisdiction for Monroe County is the State of Florida, due to the smaller size of the County. DCF evaluates and approves the allocation of ESG funds to meet the goals in the Con Plan.

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

The MCCoC works closely with the Domestic Abuse Shelter (DAS). DAS has 2 emergency shelters in two areas of the Keys: Key West & Marathon. The Key West shelter had been closed due to a financial situation, but reopened in early 2017. Other MC CoC ES and TH programs, both HUD funded and not HUD funded, the PHA, Dept of Justice and Florida Dept of Children and families work closely with DAS to provide housing options for victims of Domestic Violence. The Monroe County Sheriff & Key West Police also work w/DAS to protect victims of DV. The shelter location is unmarked, unpublished, and is monitored by staff 24/7.

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

- (1) Training is provided annually by the Domestic Abuse Shelter (DAS) representatives.
- (2) The Domestic Abuse Shelter uses
- (3) If a client states that they are fleeing domestic abuse during the entry process, the provider immediately contacts DAS, and refers the client to DAS (or the hotline). Providers only accept clients fleeing Domestic Abuse if DAS is full or otherwise unable to take them. Key West Conventional Public Housing: 32%

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Key West Conventional Public Housing	32.00%	No
Key West Section 8 HCV Program	50.00%	No
Monroe County Conventional Public Housing	33.00%	No
Monroe County Section 8 HCV Program	26.00%	No

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

The COC has reached out the PHA to recruit one of their representatives to sit on the Board of Directors but due to evacuation of Monroe County the meeting to elect the representative was cancelled. The MC CoC has homeless housing on property given to homeless providers through the BRAC process and is now under the auspices of the Key West Housing Authority so communication occurs as needs arise. The CoC is working with the KW PHA and the local Monroe County PHA to develop a homeless admission policy. The need for low cost housing or even moderate income housing is so limited in Monroe County that people on the wait lists are often waiting 2-3 years.

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

- 1) The Florida Keys and Key West is a diverse, non-judgmental community. The Florida Keys Children's Shelter uses LGBTQ status as one (of many) means to prioritize services and housing to the most vulnerable youth. Another agency, AIDS Help Monroe, offers free testing, counseling and outreach to LGBT clients. The Board and COC staff are comprised of several LGB members.
- 2) HUDs own Equal Access training materials were distributed to all providers in December, 2016 and the agencies updated policies as necessary to comply. This training will be refreshed each year with or without updates on the HUD rule. As part of the project scoring, points were awarded based specifically on the Gender Identity rule.
- 3) The policies and procedures of the COC, implemented in 2015, contain anti-

discrimination policies both for clients and members of the COC. These policies and procedures are regularly reviewed and will be updated in October, 2017 in order to include "gender identity."

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Crminlztion cost data used to train LE & officials	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

not applicable

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

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

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

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

Instructions

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

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

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

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

1E-2. Severity of Needs and Vulnerabilities

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

The MCCOC Board, Planning and Oversight Committee created project priority criteria that awarded higher scores for those serving individuals & families who are Chronic, Unaccompanied Youth, Veterans, Victims of DV or Human Trafficking. Higher scores were also given to projects that had no income, eligibility requirements (current or past alcohol or substance abuse or criminal records) or entry guidelines that violate the Equal Access Rule. Projects were scored higher for increasing income, remaining in permanent housing or moving to permanent housing above 90%, & using Housing First Model. Points were also given for projects with dedicated Chronic beds and dedicated Rapid Rehousing beds. Projects were also scored on utilization rates, fund drawdown and timelines of drawdown, HMIS data quality, use of CAS and financial audit.

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

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

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

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

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

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

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

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

Reallocation: Option 1

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

reallocation.

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

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/12/2017

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

Reallocation Supporting Documentation

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

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

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. 34

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

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

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	251	14	204	86.08%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	150	0	144	96.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	202	0	197	97.52%
Other Permanent Housing (OPH) beds	11	0	11	100.00%

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

(limit 1000 characters)

not applicable

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

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 05/01/2017
(mm/dd/yyyy)

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

Instructions:

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

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/01/2017

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

Instructions:

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

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

NA

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

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

Beds Added:	6
Beds Removed:	0
Total:	6

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

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

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

1. The methodology did not change - Monroe County does a complete census including taking boats to survey people on derelict vessels in the surrounding waters. This excludes the uninhabitable area in the everglades (see 3A.6a. for more detail).
2. To improve data quality, the survey was shortened a bit, because Florida Department of Children and Families decided not to require additional questions as they had in the past.
3. Also to improve data quality, 3 training sessions were held in Key West and additional sessions were held in the Middle and Upper Keys.

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

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

The COC engaged the Monroe County School District's McKinney Vento Liaison who registers homeless youth in the county. This often helps identify youth who are doubled up, couch-surfing, in motels or shelters that may not otherwise be counted. We also poll the residential women & children programs (Samuel's House and FKOC) to identify their youth as well as have Florida Keys Children's shelter answer for youth in the emergency youth shelter in Tavernier. Project Lighthouse Outreach teams engage the assistance of our "kids" to help spread the word about the survey a couple days leading up to it.

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

A formerly homeless veteran was a member of the PIT planning committee and provided direct feedback regarding what questions to ask, what time to look for people, and specifically identified "hiding spots" that he had used when

homeless.

We solicited the help of a provider in the Upper Keys who specifically serves homeless veterans - "The Long Walk Home" - to identify locations, times, and to survey his own clients, in order to improve the count outside of Key West. In the upper keys specifically, veterans tend to hide or to not comply with surveys. We also wore T-shirts that identified us as "CENSUS" so we would not be confused with law enforcement, of whom many homeless are fearful. We also provided survival bags filled with food, hygiene kits, resource books and other items in order to entice participation.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

- 1) an increase of 437 was reported.
- 2-3) MCCoC CES intake workers are located countywide including mental health facilities, food pantries and program provider's sites. They are trained in identifying individuals & families that are about to become homeless or are newly homeless. The CAS workers use the Housing Resource Guide and HMIS to access various services & programs in order to prevent homelessness or rapidly rehouse newly homeless persons & families. The CAS HMIS data is reviewed to discover specific risk factors in Monroe County and determine if they are in one area or throughout the county. MCCoC uses these prevention & outreach programs offered countywide, TANF, ESG, FI. State funded Challenge Grant Prevention and Outreach, Monroe County Social Services, to reduce the number of first time homeless.
- 4) the CoC Board of Directors is responsible to review and implement the strategy.

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

- 1)SysPM 1.2: average nights homeless decreased 254(352 to 98). Median nights decreased 215(230 to 15).
- 2)MCCoC requires all HUD, ESG, TANF, RRY, and FL Challenge recipients to use the HMIS CES & Housing Resource Guide. CES workers are trained to

- prioritize services & housing to individuals & families who are chronic or experienced the longest time of homelessness in order to get them off the streets & stably housed. The MCCoC in its Policies & Procedures & HUD scoring procedures sets DV, chronic, families & unaccompanied youth experiencing long term homelessness as its top priority. MCCoC has designed a new RRH program to more quickly house clients.
- 3)HMIS, Planning & CAS Committees meet monthly to analyze & track length of time homeless, episodes of homelessness & barriers of those that remained homeless longest. PIT 2013-2017 data recorded length of time homelessness & barriers to become housed.
- 4)Executive Director and the Board of Directors is responsible for this oversight.

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

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

- 1) Sys PM 7b.2 - % successful exit/retention marginally changed from 91% to 90%.
- 2) MCCoC HMIS & CAS committees meets monthly to analyze & discuss client departures. All data is brought to the CoC Board & Planning Committees. Upon entry into the MC CoC permanent housing system, all clients are assigned a case manager. Agencies provide resources for clients including financial, employment, and personal counseling, drug and alcohol treatment programs, and health and wellness activities including yoga. These resources and programs, and the nature of being in a small community that does not have a large number of permanent housing options, are the reason for such a high successful retention rate.
- 3) Executive Director and the Board of Directors is responsible for this oversight.

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

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

- 1)SysPM Measure 2: in FY 2015, 131(35%) returned to homelessness. In FY2016, 98(36%) returned to homelessness.
- 2)MCCoC HMIS/CES committees meet monthly to analyze & discuss client data before data is brought to the CoC Board & Planning Committees. For all clients the COC tracks length of stay, progression toward self-sufficiency, links to mainstream & community resources via the Housing Resource Guide & HMIS. All participants are followed up and contacted at 3 mo., 6 mo. and 1 year post discharge to ensure success. The MCCoC actively identifies housing,

pursues funds to expand housing options and follows all people leaving ES, TH, RR-PH and PHS to assure they stay housed.

3)To further reduce returns, the COC is revising the CES process to align with HUDs latest rule; the COC will strengthen outreach and follow up efforts; the COC will continue to search for additional Permanent Housing sources.

4)Executive Director and the Board of Directors is responsible for this oversight.

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

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

(limit 1000 characters)

1)MCCOC has a SOAR trainer who has trained all CES workers how to access SSI, SSDI, Vet benefits & other mainstream resources. 100% of the HUD funded providers are Career One Stop Centers set up through the FL Dept. of Children & Families to sign up participants for SS, Food Stamps, Medicaid, Healthy Children and other FL benefits.

2)Voc Rehab & Florida Career Source/One Stop (in Housing Resource Guide) attend several MCCoC Board and member meetings a year to offer their services to providers.

3)95% of MCCoC programs are trained in SOAR & work with Career Source, One Stop, CFIL (Community for Independent Living) & Voc Rehab to help individuals & heads of household find & keep employment. MCCoC advertises Chamber of Commerce Job Fairs, trainings, and other opportunities. Of 7 CoC funded projects, 100% have min. monthly meetings with mainstream employment organizations, Voc Rehab, One Stop & Career Source.

4)Executive Director & Board of Directors is responsible for this oversight.

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

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

The area of Monroe County, FL located on mainland FL is uninhabited by virtue of being part of the Everglades National Park, and the remainder by the Big

Cypress National Preserve in the northeastern interior. The area, officially named Cape Sable Census County Division, is virtually uninhabited. As of the Census of 2000, this area had 86.9 percent of the county's land area (2243.58 out of 2,582.00 sq.km.), but only 0.075 percent of its population (60 out of 79,589).

For this reason, the PIT count is limited to the chain of islands (the Keys) and the surrounding waters (derelict boats and other vessels).

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. 05/22/2017
(mm/dd/yyyy)

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	50	54	4

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

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	54
Total	54

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

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

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

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

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

MCCoC outreach procedures utilize CES HMIS upon identifying unsheltered homeless families with children & through Housing Resource Guide & County School liaison to prioritize placing families in the appropriate program. CES data is analyzed monthly at HMIS CES meetings to find & specialize services for families. MCCoC uses TANF, ESG & FL Challenge Prevention/RRH funds to pay First, Last & Security deposits to get families off streets & boat dockage fees as houseboats are affordable housing here. In 2017, MCCoC began work on a new Rapid Rehousing program. The program was expected to begin running by fall 2017, but due to Hurricane Irma may be delayed. The program gets up to 6 clients into the unit immediately. The program then provides the clients access to services. Clients will be moved into PH within 6 months.

2) Florida Keys Outreach Coalition (FKOC) will manage the RRH program and the COC executive director and board of directors is responsible for the oversight.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	0	0

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

HUDs own Equal Access training materials were distributed to all providers in December, 2016 and the agencies updated policies as necessary to comply. Equal access training, which includes prohibiting involuntary family separation, will be refreshed each year with or without updates on the HUD rule. As part of

the project scoring, points were awarded based specifically on equal access. The providers submitted their program entry guidelines/procedures for additional review. Generally clients are assigned rooms/beds based upon their own request and there have been zero incidents in Monroe County to date.

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

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

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

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

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

The MCCoC and all providers serving families with children and unaccompanied youth have MOU's or MOA's with Wesley House Family Services (Head Start)(Child Find) (Licensing of Child Care programs), Early Learning Coalition, Our Children, Healthy Start, Monroe County School System, Boys and Girls Club for after school care and the Florida Keys Children's Shelter in order to work with programs that serve infants, toddlers and young children

3B-2.8. Describe: (1) How the CoC collaborates with youth education

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

Early Learning Coalition, Head Start & Wesley House Family Services & Florida Keys Children Shelter CEOs are on the CoC Board & part of the monthly Planning Committee meetings. MCCoC has MOU's with the Early Learning Coalition, Head Start & Local School System & DJJ to coordinate educational services for homeless children, unaccompanied youth & families. The Monroe County School Homeless Liaison is also a member of the MCCoC and attends monthly meetings. All of the above agencies attend quarterly at a minimum State Educational Meetings through Our Children of Miami Dade. The Florida Keys Children Shelter directs a homeless outreach center and director sits on the HMIS/CAS committee to address unaccompanied youth homelessness. The MCCoC Director, ES, TH & PH agencies CEOs and staff attend the Florida Homeless Coalition Conference to discuss homeless children and unaccompanied youth services and issues.

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

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

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
 (limit 1000 characters)**

MCCoC utilizes CAS intake workers who ask if a person has ever been in the military & use the Homeless Housing Resource Handbook to identify, assess and quickly refer veterans to HUD-VASH, VA Health Clinic for Homeless (HCHV), SSVF or VAMC or Monroe County Veterans Affairs or any other

appropriate service. VA Healthcare for Veteran Homeless and SSVF are the primary programs with outreach to veterans. MCCoC has waived membership fees for "A Long Walk Home" and new HCHV program to become active in the CoC & apply for CoC funding. VOAF operates a 15 client TH program for Veterans and is on the MCCoC board and updates the CoC availability of funding and services. The Homeless Veterans Supported Employment Program operates out of the Florida Workforce office to return vets to work. The MCCoC Director is working with SSVF to expand services in Monroe County. ES, Th & PH all house homeless veterans.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? No

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? No

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

Because Florida is not a Medicaid Expansion State, MCCoC providers and members coordinate with local providers. Woman Kind, Rural Health Network, Area Health Education, (AHEC, FI Keys Health Systems, & Baptist Hospitals) are navigators on the Federal Health Care Exchange. Outreach/CAS intake workers use the Housing Resource Guide to direct participants to a navigator or the web exchange. Programs are trained in SOAR & 80% are One Stop programs w/applications to Medicaid/Medicare & Dept of Children& Families. Rural Health Network has a homeless healthcare grant that provides free or reduced health care & dental to Monroe clients. The Upper Keys Good Health Clinic offers lower cost care to patients accessing them. All providers are trained annually on mainstream benefits resources & applications. The emergency shelters all have programs to enroll clients in SSI/SSDI and others.

The COC executive director and board of directors is responsible for the oversight.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	7.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	7.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	7.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	7.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

- 1) Providers throughout the keys have drop-in locations, temporary locations such as public libraries and bus stops where homeless are known to congregate, liason with the Monroe County public schools, jails, foster care and hospitals that cover all areas of the keys.
- 2) Most drop in centers are open 5 days a week. The largest emergency shelter, run by the city of Key West, dispatches an outreach worker to the libraries and as far north as the middle keys 5 days per week.
- 3) Veterans (especially in Key Largo and the upper keys) and children are least likely to look for help. The FLorida Keys children's shelter (FKCS) and VOA specifically target areas where clients are known to congregate and FKCS also works closely with foster homes and the school district.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or

disability; who are least likely to apply in the absence of special outreach.

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

- 1) COC policies explicitly forbid discrimination in providing housing or services for any reason. During HUD-COC program competition, entry policies are reviewed and scored. All other funding also carries equal access requirement, including TANF, ESG and FL Challenge grants. Providers are refreshed annually even if HUD does not change the Equal Access/fair housing rules.
- 2) In Monroe County the primary non-english languages are Creole and Spanish. Florida Dept. of Children and Families requires annual training on deaf or hard-of-hearing clients as well. While many providers have employees who communicate in spanish and/or creole, All providers know where to reach interpreters (whether in person, telephone, or electronic service) and how to file the appropriate report. The COC reports to Florida Dept. of Children and Families monthly if any interpretive service was used.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	0	0

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

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