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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	NH-502 - Nashua/Hillsborough County CoC
Collaborative Applicant Name:	Harbor Homes Inc.
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure:	Greater Nashua Continuum of care
How often does the CoC conduct open meetings?	Monthly
Are the CoC meetings open to the public?	Yes
Is there an open invitation process for new members?	Yes

If 'Yes', what is the invitation process? (limit 750 characters)

All GNCOC members are "ambassadors" of the GNCOC and as such share information to their peers about the GNCOC, inviting any interested parties to attend meetings. Information about meetings is posted on our website and all who inquire about the GNCOC are invited to participate. The City of Nahua also publishes in the local newspaper, a listing of all public meetings and lists the GNCOC meeting there.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Community Advocate

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	No

**If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)**

The GNCOC realizes that we have some work to do in order to come into compliance with HEARTH requirements. We have begun discussion about centralized assessment processes and have working models from various networked GNCOC members in the community to reference. We are well connected with the State of NH, who is the grantee for the ESG money and we are working with them to understand best practices and put monitoring activities into place. Plans are in place to form workgroups to review HEARTH requirements and develop a centralized assessment system and comply with ESG regulations.

**Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)**

Committee work as described above. Regarding agendas of the meeting, the Chair of the GNCoC follows a standard template when creating the agenda. Input is provided by subcomittees and members of the Continuum on a monthly basis. The agenda is emailed to all members one week prior to the scheduled monthly meeting.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	No
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
GNCoC Employment Committee	Coordinates employment activities across the CoC. Meets to identify and share strategies and best practices to increase access to employment by homeless persons. Promotes through education and advocacy enhanced employment opportunities. Develops specifics activities such as the annual Project Employment Connect to educate homeless persons, potential employers and the public about employment possibilities.	Monthly or more
GNCoC Executive Committee	identify HEARTH implementation activities. Develops strategies to eradicate homelessness and chronic homelessness aligning with the community's 10-year plan, City and State Consolidated Plan and makes recommendations to entire GNCoC voting body	Monthly or more
Ending Homelessness Committee	Oversees updates and implementation of the 10-year plan goal to end homelessness; engages the community to increase awareness and coordinates collaborative efforts to meet these goals.Coordinates annual Project Homeless Connect event to connect homeless and at risk persons to services	Monthly or more
Data Gathering/ HMIS Committee	Conducts the annual point-in-time homeless census; identifies gaps; determines strategy effectiveness and future needs around data collection. Also, oversees the statewide HMIS implementation and deployment. Oversight of data processes for NOFA, AHAR, project performance	Monthly or more
Community Relations Committee	Serves as the public relations vehicle for the GNCoC; it is the primary contact with local and regional news media; makes presentations to general public and other community leaders about homeless issues in order to engage community members through outreach and education	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	0	9	0	1	2	5	0

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	0	0	0	0	0	0	0
Substance abuse	0	0	0	0	0	0	0
Veterans	0	0	0	0	0	1	0

HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	0	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	0	8	0	1	2	5	0
Authoring agency for consolidated plan	0	5	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0	0	0	0	0
Lead agency for 10-year plan	0	2	0	1	0	0	0
Attend 10-year planning meetings during past 12 months	0	2	0	0	0	0	0
Primary decision making group	0	2	0	1	0	0	0

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	8	1	4	24	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	1	0	3	4	0
Substance abuse	0	0	0	3	2	0
Veterans	0	0	0	1	2	0
HIV/AIDS	0	0	0	3	1	0
Domestic violence	0	0	0	0	3	0
Children (under age 18)	0	0	0	0	2	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	8	1	3	23	1
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	0	0
Lead agency for 10-year plan	1	0	0	2	9	1

Attend 10-year planning meetings during past 12 months	0	4	0	2	11	0
Primary decision making group	0	1	0	2	9	1

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	1	2	2

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	2	0

HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	2	2
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	1	2	2
Primary decision making group	0	0	0

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

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

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):	d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	m. Assess Provider Organization Capacity, h. Survey Clients, n. Evaluate Project Presentation, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), a. CoC Rating & Review Commitee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

The Rating Committee reviews the selected items above through a standardized form that all renewal and new projects must submit annually, outlining their performance in meeting the above criteria. The Committee discusses each project and its impact in the community and scores each project based on this criteria, and ranks projects based on their score. Based on priority need in our community, Permanent Housing projects are ranked first, followed by Transitional Housing, then Supportive Services Only projects. When scores are tied, the committee takes into consideration the longevity of the program, the number of households served and the amount of funding. The ranking is then presented to the full GNCOC membership for a vote of approval.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes
Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	b. Consumer Representative Has a Vote, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The GNCOC widely publicizes the opportunity to apply for the NOFA by placing an ad in the local newspaper, as well as posting on the GNCOC webpage and emailing to the GNCOC membership. All interested parties are required to submit a letter of intent and then they are immediately brought into the NOFA planning process, and are expected to assist with the general COC application as well as their own project application. If more than one agency applies, the ranking committee reviews all proposals and votes on one for submission with the NOFA. All GNCOC members are invited to participate in this vote, if they choose to attend. All applicants are involved in this process and are also given a written notice advising them if their project was accepted or rejected. The chosen applicant is given the full support of the NOFA committee and the technical assistance provider hired by the GNCOC to provide assistance with the application.

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

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

The GNCOC experienced a decrease of 24 Emergency Shelter beds. Changes are attributable to programs being removed from the HIC because their beds were not specifically reserved for homeless persons. This differed from guidance we received in previous years, where we were instructed to list all those programs that were housing homeless persons. However, the majority of the "lost" beds still provide housing for homeless individuals and families. Additionally one agency had miscounted the number of emergency beds in 2011 and the data was cleaned up in the 2012 HIC.

HPRP Beds: Yes

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

While 33 beds were changed from "Beds HH w/ Children" to "Beds HH w/o Children", there were no changes in the total number of year round beds available. These beds were redesignated to better reflect their actual need for and utilization by households without children.

Safe Haven: No

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

Transitional Housing: Yes

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

GNCOC experienced a decrease of 45 Transitional Housing beds. Changes are attributable to programs being removed from the HIC because their beds were not specifically reserved for homeless persons. This differed from guidance we received in previous years, where we were instructed to list all those programs that were housing homeless persons. However, the majority of the "lost" beds still provide housing for homeless individuals and families.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?	No
If yes, how many transitional housing units in the CoC are considered "transition in place":	

Permanent Housing: Yes

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

GNCOC experienced a decrease of 307 Permanent Housing beds. Changes are attributable to programs being removed from the HIC because their beds were not specifically reserved for homeless persons. This differed from guidance we received in previous years, where we were instructed to list all those programs that were housing homeless persons. However, the majority of the "lost" beds still provide housing for homeless individuals and families. Notwithstanding the technical decrease explained above, the Continuum created an additional 2 beds for the chronically homeless.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Provider opinion through discussion or survey forms, Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion, HUD unmet need formula
Specify "other" data types:	

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

The GNCOC Lead Entity analyzed various data sources such as HMIS data, the housing inventory and PIT count using the state inventory to deduplicate at a statewide level; and in conjunction with HUD's unmet need formula determined the unmet need in Greater Nashua.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS (select all that apply):	NH-502 - Nashua/Hillsborough County CoC, NH-500 - New Hampshire Balance of State CoC, NH-501 - Manchester CoC
Is there a governance agreement in place with the CoC?	Yes
If yes, does the governance agreement include the most current HMIS requirements?	Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	01/01/2004
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	Inadequate resources, Inadequate staffing

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)

N/A

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

NH-HMIS will utilize web-based training and work to improve the NH-HMIS website, streamline service requests from partner agencies with a on-line ticketing system. Increasing CoC capacity to measure and monitor CoC outcomes thereby reducing the workload of the sponsor agency. All State wide Funded Emergency and Transitional Housing programs are required contractually to enter data into NH-HMIS. NH-HMIS will work with non participating providers/programs to increase awareness of the benefits of participation in NH-HMIS. The CoC will seek additional funding through other non-HUD opportunities and funding sources. Maximizing available staff resources by minimizing travel time and down-time through use of online meetings, trainings, etc. Making extensive use of group trainings, recording and re-broadcasting of trainings.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Yes

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	June	2012
Operating End Month/Year	July	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$12,170
ESG	$32,568
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	$44,738

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	$105,579
Other Federal - Total Amount	$105,579

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
State and Local - Total Amount	

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	$150,317

Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

Data and other Committees will seek to identify non-HUD funding sources as they become aware of them. The CoC will work toward expanding HMIS funding when applicable funding streams become available. The CoC will consider the reallocation of HUD funding to HMIS wherever applicable or possible.

How was the HMIS Lead Agency selected by the CoC? Agency Applied

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

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**	65-75%
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Housing (PH) beds**	76-85%

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	4
Transitional Housing	5
Safe Haven	6

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	1%
Social security number	6%	0%
Date of birth	1%	0%
Ethnicity	2%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	4%
Gender	0%	0%
Veteran status	0%	6%
Disabling condition	2%	4%
Residence prior to program entry	0%	1%
Zip Code of last permanent address	2%	1%
Housing status	1%	13%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Monthly

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

Monthly data quality reports are mailed to all HMIS-participating agencies. Annual required user training and monthly refresher training, as well as ad hoc training, is provided to insure and improve data quality of all agency HMIS adminstrators and staff entering data.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

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

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

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

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

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

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

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	11/01/2012
If 'Yes', does the manual include a glossary of terms?	Yes
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	

2G. Homeless Management Information System (HMIS) Training

Instructions:

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

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

*** Privacy/Ethics training**	At least Annually
*** Data security training**	At least Annually
*** Data quality training**	At least Annually
*** Using data locally**	At least Annually
*** Using HMIS data for assessing program performance**	At least Annually
*** Basic computer skills training**	At least Annually
*** HMIS software training**	At least Annually
*** Policy and procedures**	At least Annually
*** Training**	At least Monthly
*** HMIS data collection requirements**	At least Annually

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/25/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		35%		65%
Transitional Housing				100%
Safe Havens				100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The CoC experienced an increase of 2 emergency shelter households and 11 transitional households. Due to economic factors, and veterans returning from the wars with no employment opportunities, there was an increased demand for housing and services. There were 49 additional households with children served in 2012 resulting in an increased Point In Time Count. There were additional chronically homeless persons identified and served due to improved outreach. Sub population numbers decreased due to increased specialized housing and services provided

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	Additional permanent supportive housing focusing on new beds for the chronic population are needed. Additional Rapid Re Housing units are needed for homeless individuals and families who have become homeless due to job loss and economic issues. Additional Section 8 vouchers and decreased wait list times are needed.
*** Services**	Additional outreach, in particular assessment and coordinated outreach services are needed. Vocational training and job placement services should be expanded. Additional prevention and Refugee services are needed
*** Mainstream Resources**	Improved access to food stamps and Social Security benefits via additional SOAR trainings are necessary. Improved access to Veteran's services . Increased substance abuse services for young women are needed.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The New Hampshire Point-In-Time Committee (NH-PIT) was formed and began to meet in March 2007 to standardize a sheltered data collection methodology across the three NH Continua of Care. The methodology that was adopted throughout NH included mandatory reporting from every emergency shelter and transitional housing program, a set of universal elements on a common survey tool, and a verification process through NH-HMIS. NH-HMIS staff analyzes the data once collected and verified by each CoC. The counts created for each CoC separately are then combined for a statewide number.

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

Instructions:

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

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

If Other, specify:

Survey conducted by the one Emergency Shelter program not reporting into HMIS. Remaining data was taken directly from HMIS.

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The sheltered methodology that was adopted throughout New Hampshire (NH) included mandatory reporting from every emergency shelter and transitional housing program, a set of universal elements (including subpopulation data) on a common survey tool, and a verification process through NH-HMIS. NH-HMIS staff analyzes the data once collected and verified by each CoC. The counts are created for each CoC separately and then combined for a statewide number.

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

Instructions:

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

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

NH-PIT created a duplication reduction process for all sheltered and unsheltered data collected. The duplication was reduced by analyzing unique client information within each CoC and then across all three NH CoC. The NH-PIT survey tool contained the following data elements by which we could de-duplicate the data: the first letter of the first name, the first letter of the last name, third letter of the last name, year of birth and gender. These elements were combined to create a unique code for each client; for example, John Doe 1965 would become jde1965m. Once the unique client code was created we would identify duplicates and determine if they were actually duplicates based upon their subpopulation data and location. This process has proven very effective in identifying duplicates.

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations
(limit 1500 characters)

HMIS utilization reports were run for each HMIS particpating agency with regards to the sub-populations being sheltered on the night of the point-in-time count. Non-HMIS participating agencies were surveyed with regard to the sub-populations they were serving on the point-in-time count night. These were tallied to determine total demographics for the subpopulations being sheltered on the night of the count.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count?	annually (every year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/25/2012
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011
(limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change
(limit 750 characters)

There was a decrease in the number of homeless families as many more were served in shelter and HPRP services. In terms of numbers of individuals on the street, there was an increase in first time homeless due to unemployment and circumstances related to veterans returning from the Wars overseas without jobs. Youth numbers increased as a result of better identification and loss of State Children in Need of Services (CINS) program. The CoC implemented an improved counting methodology for chronically homeless people. The health care for the homeless clinic stayed open for 24 hours during the day/night of the 2012 Census which resulted in additional unsheltered people counted.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

N/A

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

The unsheltered methodology that was adopted throughout New Hampshire (NH) included mandatory reporting from local service agencies that would possibly have contact with unsheltered individuals and families, including local welfare offices, emergency rooms, schools, police departments, outreach providers, shelters (for turn-away information) other human services agencies, and help lines; collecting a set of universal elements (including all sub-population data) on a common survey tool. NH-HMIS staff analyzes data, once collected and verified by each CoC. The counts are created separately and then combined for a statewide number.

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

Instructions:

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

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	A Combination of Locations

If Other, specify:

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

Instructions:

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

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

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

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

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

NH-PIT created a duplication reduction process for all sheltered and unsheltered data collected. The duplication was reduced by analyzing unique client information within each CoC and then across all three NH CoC. The NH-PIT survey tool contained the following data elements by which we could de-duplicate the data: the first letter of the first name, the first letter of the last name, third letter of the last name, year of birth and gender. These elements were combined to create a unique code for each client; for example, John Doe 1965 would become jde1965m. Once the unique client code was created we would identify duplicates and determine if they were actually duplicates based upon their subpopulation data and location. This process has proven very effective in identifying duplicates.

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

The number of unsheltered homeless households decreased by 12 households/32 persons. ESG funds are now being utilized to serve families under a Rapid Re Housing Model. The CoC has a new program serving women with addiction with children who are pregnant or post partum which should further reduce our unsheltered families. Additonal outreach is accomplished via the CoC's Project Connect events in December with a very large turn-out resulting in increased access to services for families. This year there was additional collaboration between homeless health care and homeless providers resulting in earlier identification and improved access to services for homeless families with children.

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

The GNCOC has employed a comprehensive outreach strategy through the Homeless Outreach and Intervention Program (HOIP) for over 10 years. The HOIP workers focus on all homeless clients including persons that routinely reside in places not meant for human habitation. The HOIP workers have a working knowledge of homeless encampments throughout the State and routinely engage those individuals with the basic necessities. HOIP workers attempt to engage clients and provide them with shelter, but many do not accept until winter begins and sleeping outdoors is not only dangerous, it is deadly.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	115
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	121
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	131
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	141

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

The GNCOC remains committed to creating new PH beds for CHI. The GNCOC will launch an assertive strategy to create new permanent housing beds for chronically homeless individuals. The core element of this approach is to create new beds by accessing mainstream housing programs and resources. By working closely with its affordable housing players, its PHA, and NHHFA the GNCOC is confident that units can be made available for CHI. In addition, the CoC will create an additional 3-4 CH beds using the Permanent Housing Bonus. Additional strategies will include the pursuit of additional allocations of VASH, HOME, CDBG and other resources. Finally, the GNCOC will review its entire inventory of housing to determine if any additional units can be set aside for a CH only population.

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

GNCOC will increase the capacity of current homeless housing and service providers to create housing and operate housing for this population by obtaining TA for capacity building workshops to increase service provider capacity to manage PSH projects. By expanding the number of skilled PSH providers, the CoC will increase the CHI units created. The second strategy is to further partnerships with the larger affordable housing community to embrace this goal and incorporate CH housing into their own housing plans by creating MOUs between these mainstream housing providers and service providers, assisting these programs to access Medicaid and other services available through other resources. The CoC will identify mainstream housing resources to create new beds for CH. The CoC will work with the local and state PHAs to explore the possibility of designating some additional VASH Housing Choice Vouchers (HCV) for CH and/or creating a HCV or Public Housing waiting list preferences for CH.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

Achieving the goal of ending chronic homelessness by 2015 is a challenging one. In addition to the strategies described above, through the work of our HEARTH Committee and implementation of a coordinated assessment/intake process, we will target resources toward chronically homeless individuals. As new beds come online, and as turnover presents in current CoC PH programs, those beds will be filled with chronically homeless individuals and families. We currently have 32 unsheltered chronically homeless people in our CoC, thus while the 2015 goal is in site, we also realize that more people will become homeless in our CoC, thus even with our low numbers, we still require additional resources to accomplish this goal.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	90%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	90%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	91%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	92%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The GNCOC exceeds HUD's goal to maintain participants in PH. To build upon this success the CoC will conduct monthly reviews of program data to identify areas of concern early on. This monthly review of data allows the CoC to immediately troubleshoot problems a specific program may be experiencing as well as problems in the system. In addition, the CoC's Wraparound Services Committee will monthly identify both systems wide as well as case specific needs. The Wraparound Committee will then identify additional services and supports for the specific participant or the program or CoC-wide which can quickly address risks to stability and prevent someone from becoming homeless

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

While the CoC has consistently exceeded HUD's goal for long term stability in PH, it realizes for long term success it must have an aggressive strategy to ensure that the housing is affordable and that services are available for participants. For long range affordability the CoC will work with providers to obtain available resources for energy efficiency innovations to reduce housing operating costs which impacts the cost of housing. For services, the CoC will work to identify all elements of the Affordable Care Act that can be shaped in New Hampshire to provide participants with services for which they are entitled and will assist the State to incorporate as possible needed supportive services in its Medicaid Planning. Furthermore, the CoC will conduct a longitudinal assessment of stability but also access to services to identify early any trends that would forecast problems such as the loss of substance abuse services may result in loss of housing in 6-8 months .

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	62%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	65%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	68%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	70%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC will continue to actively develop new PH opportunities for homeless people as part of the GNCOCs overall affordable housing strategy. Over the next 12 months, the CoC anticipates new PH units will be created for non-chronic homeless persons through VASH vouchers, HUD homeless, and local and State funding sources. The GNCOC will track progress on this goal through HMIS on a regular basis including progress reports highlighting specific cases or outliers to be addressed. The Executive Committee will monitor the performance of each TH provider on a quarterly basis to determine program & CoC barriers toward achieving goals. Programs not meeting their goals shall be placed on performance improvement plans. Programs which are unable to meet their goals will be subject to having their funds reallocated. Finally the CoC will work to expand successful community based services so that people leaving TH will feel safe going into PH knowing that they will have the necessary supports

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

To ensure long term success at moving people from TH to PH, the CoC recognizes that there must be sufficient affordable housing and a means for disseminating information about these units. The CoC will work to increase access to affordable housing by linking with PHA to apply for all available new Housing Choice Vouchers that are made available by HUD, including new VASH and Family Unification Program vouchers. Equally as important, is a systematic way for linking homeless people with these PH resources. In the coming years, the GNCOC will benefit from the online housing access database the State of NH plans to implement. Once established, this database will inform the public of housing resources that are available and vacant, including affordable PH resources.

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

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

Instructions:

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

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	27%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	30%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	31%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	33%

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

The GNCOC has worked hard to increase the number of employed at exit. To maintain this successful level, the CoC and it's employment sub-committee will maintain the following practices: 1) require employment to be a component of all appropriate Individual Service Plans (ISPs); 2) monitor projects to ensure that employment is a component of ISPs; and 3) continued linkages to mainstream employment training and support programs. The CoC will continue to have its Ending Homelessness Subcommittee and its Executive Subcommittee focus on employment and will continue to have a monthly HMIS report on progress toward this goal at each GNCOC meeting. By checking monthly, the CoC will be able to intervene quickly to address any reduction in the number of persons obtaining employment. The CoC also has multiple programs used to connect individual and families to employment and job training opportunities, the Reintegrating Program, the CLIC and Project Employment Connect.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

While the GNCOC has been successful in exceeding the HUD mandated goal of 20%, it is committed to increasing employment of those who have traditionally been unable to work due to their disability. Addressing those with significant disabilities is the only way the number of employed will increase significantly beyond the current rate. The CoC will also work to strengthen its relationships with the local labor and job training organizations, in an effort to identify existing barriers to homeless people in accessing their employment resources.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	50%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	52%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	55%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	60%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC currently exceeds the 20% objective with 50% of homeless people exiting our system with some type of mainstream benefit. We believe this is due to the commitment our COC members make to ensure their clients have access to available benefits. The following are services the COC will continue to utilize to connect their clients with benefits and increase participation: NH Electronic Application System (NH Easy) offers clients the option to apply online for mainstream State benefits. Clients unable to access benefits online or physically apply can request a home visit to enroll and/or select a payee designation. Another vehicle to obtain benefits is the use of our 211 system which connects callers to information about critical health and human services available in their community. COC members have staff trained in SOAR (SSI/SSDI Outreach, Access and Recovery) which facilitates clients' connections with SSI/SSDI benefits. As a COC we will continue to enhance these practices.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC is currently exceeding this objective of obtaining mainstream benefits at exit. The implementation of the Affordable Care Act will offer many of our single homeless clients to obtain Medicaid Insurance. This could increase the percentage of people receiving benefits a great deal. The implementation of a coordinated assessment and intake process will result in the ability to assist clients in obtaining mainstream benefits at an earlier point in their homeless history, which will result in better screening for benefit eligibility. The COC will continue to utilize NH Easy, Department of Health and Human Services offerings and SOAR to increase mainstream benefit participation.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

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

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	50%
In 12 months, what will be the total number of homeless households with children?	48%
In 5 years, what will be the total number of homeless households with children?	45%
In 10 years, what will be the total number of homeless households with children?	40%

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

The CoC has improved our outreach methods directed at homeless families, thus resulting in earlier identification and thus placement into housing. The CoC will continue to work to reduce the number of homeless families over the next 12 months by ensuring coordination with the State's ESG resources directed toward Prevention and Rapid Re Housing projects funded through ESG funds. These RRH and prevention resources will target families to prevent or leave homelessness quickly and become permanently housed successfully in the community, as well as prevent homelessness. These projects will be monitored closely and funds shifted within communities as needed to ensure that families are moved out of homelessness quickly and successfully.

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

The long term plan to reduce family homelessness involves the creation of broad based affordable housing options in the community. For many families, the lack of affordable housing is the primary barrier to getting and staying out of homelessness. The GNCoC will work with the State of New Hampshire and New Hampshire Housing to ensure that affordable housing resources are allocated in a manner ensuring a viable pipeline of units that are affordable to low income families. GNCOC will also work with PHAs to apply for any new housing resources (e.g. Section 8, VASH) that are made available. Coordination with the State's ESG resources is ongoing, as is HMIS analysis to track and reduce the length of stay of families in our Continuum.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	16
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

Given the anticipated level of HUD funding, the CoC has determined that all projects will reduce their administrative line item, as well as reducing the funding amounts for two permanent housing projects with funding being reallocated to create a new reallocated PH project in Tier 2. These reductions were not based on project performance, rather the funding available in Tier 1. In future years, the GNCOC will be reviewing project applications and may be reallocating funding based on performance when deemed necessary.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)

The changes noted above will not impact housing or services to current participants.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

The discharge plans are both State and CoC mandated as the GNCOC works closely with the Balance of State to ensure seamless discharge planning.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The GNCoC works closely with the Division of Children, Youth and Families (DCYF) to enforce the policy that children leaving foster care must have appropriate housing. Together the GNCoC and DCYF implement planning for kids in foster care including: adult living preparation, educational and career planning, employment options, vocational training programs, adult connections and/or mentors, family supports, medical coverage, and adult housing options or alternatives that are safe and affordable. In addition, this Discharge Planning Protocol is understood and agreed to by the Balance of State CoC and the GNCoC along with the systems of care in the GNCoC.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

DCYF Aftercare Services provides pre-planning and continued planning and support for eligible young adults between the ages of 18-21 formerly in DCYF/DJJS foster care. This program offers a range of supports and services designed to assist young adults in reaching their educational, employment and personal goals including limited services and funds for housing and related expenses.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Housing options for youth leaving foster care include a range of viable choices depending on each young adults needs and interests. These housing choices include: private rental market with roommates; shared living; university housing; and non-federally funded transitional housing.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

The discharge plans are both State and CoC mandated as the GNCOC works closely with the Balance of State to ensure seamless discharge planning.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Homeless Prevention Discharge Plan was adopted in March 2007. This Discharge Plan is understood and agreed to by the GNCoC and the institutions and systems of care in the GNCoC. The Plan restricts to the greatest extent possible discharge to homelessness.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The State Discharge Planning Committee monitors the status of the Plan and how it is implemented. The Chair of the Balance of State CoC is a member of the Discharge Planning Committee and reports regularly to this committee. Any complaints or violations are reviewed thoroughly by the Discharge Planning Committee.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The GNCoC works closely with health care institutions to provide training and information on appropriate housing resources for individuals leaving these facilities. There are state-funded and privately funded housing programs that are appropriate settings to which individuals are referred and discharged.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

The discharge plans are both State and CoC mandated as the GNCOC works closely with the Balance of State to ensure seamless discharge planning.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The NH Hospital's Discharge Policy requires an individualized discharge plan (IDP) for each individual in its care. The development of this IDP is initiated by the assigned treatment team upon admission and modified to reflect new data throughout the treatment process. The patient, family and significant others, as well as relevant outpatient providers, are included in the development and implementation of the discharge plan. It is designed to facilitate a smooth transition of the patient from the Hospital to the community.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Administrator of the Div. of Community Integration, under the direction of the Medical Director, oversees this process. Case managers at the hospital work to ensure that the IDP is carried out in accordance with the policy and that no one is discharged without appropriate housing.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The discharge plan shall address all aftercare needs in order to ensure continuity of care, including the patient's housing preferences, level of care needs, accessibility to services and affordability. Discharge to homeless shelters, motels and other non-permanent settings shall be avoided to the maximum extent practicable. According to the Bureau of Homeless and Housing Services, shelters and McKinney-Vento funded transitional and permanent housing programs are not appropriate housing for this population.This Discharge Planning Protocol is understood and agreed to by the GNCoC

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

The discharge plans are both State and CoC mandated as the GNCOC works closely with the Balance of State related to ensuring seamless discharge planning.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Department of Corrections has a formal policy in place for assisting parolees to locate housing when they leave incarceration. The policy requires inmates to develop a formal discharge/parole plan. As a part of this plan, the State has an existing Memorandum of Agreement with the Department of Corrections facilitating Medicaid eligibility determination so that it is in place at least 90 days prior to an inmate's release.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Department of Corrections has on-site staff whose job responsibilities include Individual Discharge Planning and working with parolees to identify appropriate state-funded transitional housing programs or halfway houses or to return to their families. The GNCoC Discharge Planning Committee monitors the implementation of all plans to ensure that they are working and that individuals are not falling through the "cracks" and into homeless settings or MV programs.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

In developing each individual's discharge plan, parolees are linked to their previous housing and families if appropriate or to an on-site transitional housing facility or to a Department of Corrections Halfway House upon release. According to the Bureau of Homeless and Housing Services, shelters and McKinney-Vento funded transitional and permanent housing programs are not appropriate housing for this population. This Discharge Planning Protocol is understood and agreed to by the GNCoC and the institutions and systems of care in the CoC.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

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:	Goals of the CoCs 10 Year Plan in Nashua's Consolidated Plan: Goal 1: Prevent Homelessness Whenever Possible Providing one-time or short-term rent or mortgage subsidies, legal assistance, and housing placement services are critical in order to reduce the high cost of providing services care and to eliminate the disruption that results when people become homeless. Goal 2: Re-House People When Homelessness Cannot be Prevented Goal 3: Provide Wrap-Around Services that Promote Housing Stability and Self-Sufficiency. Once clients are in housing, a key strategy for addressing homelessness is allocating resources and providing support services to stabilize the housing environment and encourage households to maintain housing. The GNCOC's 10-Year Plan was revised to include a simple, six-page document that outlines HUD's goals for Continua of Care, as well as the GNCOC's action steps in the quest to end homelessness. The action steps are attached in Appendix B of Nashua's Consolidated Plan

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The CoC is working with service providers to access new resources made available by the State Department of Behavioral Health to replace HPRP funds. These new resources will allow CoC RRH and Prevention programs to continue uninterrupted. In addition, the CoC trains providers on how to access other resources including the State's Security Deposit Guarantee Fund. The CoC met with the State in identifying the priorities for its ESG funding including creating 31 RRH units and Prevention programs. In addition, the CoC makes available eviction prevention services, utility assistance and crisis hotel placement from the City Welfare Department. Lastly, the CoC trains all service providers on the expanded 211 program that provides referrals to services and hotel placements

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)

The CoC coordinates with several initiatives, including a $2.1 million Neighborhood Stabilization Program specifically targeted to provide individuals & families with disabilities earning less than 50% of the AMI with access to quality, residential environmentally-conscious permanent housing in the heart of downtown Nashua where the majority of service providers are located, are managed by GNCoC member agencies. GNCoC endorsed or actively participated in the design and implementation of the programs. All initiatives target individuals/families experiencing or at risk of becoming homeless, and/or those who are classified as special populations. VASH: VASH works with the community through interface/sharing resources. Several member agencies, including Harbor Homes, Southern New Hampshire Services, and The Front Door Agency have made presentations to area veteran organizations/VA hospital describing their supportive services available. Harbor Homes, in partnership with NH Housing Finance Authority, administers 21 units of Project Based VASH. There are 48 tenant based VASH via NHHFA. Tracey Noonan, the local VASH program manager, attends GNCoC meetings, & the VASH homeless coordinator, Lisa Jacobus, attends GNCoC meetings on a regular basis. 21 individuals received VASH certificates and reside in the Nashua area. Harbor Homes operates 3 homeless veterans transitional housing programs in Nashua, NH and working with member GNCoC agencies, the VA, and other service providers, has used VASH to coordinate a continuum of care that has led to a dramatic decrease in area veteran homelessness since 2004. Harbor Homes opened the area's first and only federally qualified Healthcare for the Homeless clinic, which provides primary, preventive, and supplementary health care to approximately 900 homeless men, women, and youth. In addition, the agency also operates a SAMHSA-funded Services in Supportive Housing which brings increased services for hundreds of Nashua's permanent supportive housing residents with severe mental illness, substance abuse issues, and/or co-occurring disorders. Again, conceptual support was provided by GNCoC membership agencies, and a large number of referrals come from member agencies. HOPWA provides 31 units of subsidized housing and has no wait for short term housing goals. ESG is providing funding for 31 units of Rapid Rehousing. In terms of CDBG funds, the State provided $68,430 in CDBG funding directly to Homeless Continuum of Care projects.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	Local school district staff attend GNCOC meetings on a regular basis, and work together with GNCOC member agencies to address the needs of homeless children. Agencies within the CoC maintain the following practice: When a homeless family with dependent children enter into any program within the GNCOC the program will, through interviews with the family, identify any children of school age. The programs will follow up through case management the coordination with the school district's homeless liaison to make sure the children's educational needs are being met while the family stabilizes in shelter and then eventually returns to permanent housing.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

School liaison staff are invited to GNCOC meetings. CoC agency case managers are trained and skilled to work with the representives from the 10 school districts to ensure they are informed and connected to homeless families within the CoC programs as described above. Case managers routinely follow up on IEPs (Individual Education Plans) and make sure families know their educational rights

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC’s practice is not to separate children from their families. Agencies make every effort to keep families intact. Since the CoC has not experienced any issue with maintaining families together, this has not been an issue which has been focused on, however the GNCOC will monitor this issue for future compliance.

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

GNCOC members were involved in creating a 4 Year plan to end veteran homelessness in NH, adopted by Governor Lynch and the NH DHHS. Local VA staff attend GNCOC meetings on a regular basis, and work together with GNCOC member agencies to address the needs of homeless veterans, especially through participation in an annual Stand Down and Project Homeless Connect. In the GNCOC catchment area, 60 units of TH for homeless veterans are operated by Harbor Homes; with a number of supportive services provided by members of the GNCOC. Additionally, Harbor Homes operates a DOL VETS funded HVRP program. Now in its fifth year, the program provides homeless veterans with employment services, including job training and supportive services. The CoC has twenty-one units of project based VASH and access to 31 VASH vouchers available via the State. Prevention is also stressed. Harbor Homes operates a Supportive Services for Veteran Families grant, designed to provide low-income and homeless veterans and their families with supportive services before they become homeless, as well as end their bout with homelessness. All of these efforts result in a marked decline in homelessness among veterans within the GNCOC; a trend expected to continue.

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

The efforts of Nashua Children's Home (NCH) in addressing homeless youth begin with initiatives designed to prevent at-risk youth from becoming homeless. These include not only working to successfully reunify youth with their families of origin, but also in promoting their learning and practice of adult living skills prior to their entering adulthood at 18. Youth in the Independent Living Programs of NCH maintain their own checking accounts, share in paying the expenses of their living space, seek employment, schedule their appointments and arrange their transportation.
NCH more directly responds to youth who are at imminent risk of becoming homeless, or who are presently homeless, through its Transitional Living Program (TLP). Young tenants are provided housing in units owned by NCH, as well as ongoing staff support and guidance. The TLP is made available not only to youth aging out of New Hampshire's child-protective or juvenile justice systems, but to any young person, age 18-22, who is at risk of homelessness. Other Transitional programs that include children, such as Marguerite's Place Inc., assist families in obtaining transportation to student's schools of origin. In 2012, the children of Marguerite's Place Inc. that would be geographically districted at Ledge Street School in fact attended several different elementary schools in the city. In this way, homeless children receive consistent support in both their home and educational environments.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The administrator of the State ESG programs came to Nashua's GNCoC Committee and did a presentation focusing on ESG funds. The CoC's input was requested and provided as to how funds would be allocated. This resulted in 31 units of Rapid Rehousing being funded in Nashua via ESG. Individual CoC members also attend Con Plan meetings, and there is coordination with the local and State jurisdictions related to the Consolidated Plan, in particular the State plan related to ESG funding.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

Nashua provides a Tool Kit with list of community resources available to all persons regardless of race, color, national origin, religion, sex, age, familial status or disability. Housing and Services are marketed on the CoC Website and 211 also markets the CoC housing and services.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? No

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The GNCOC takes a very active role in implementing housing and services. Every other month at the COC meeting, there is a presentation by housing and services providers or funders/jurisdictional parters, who identify new and existing services and the Committee discusses referral process, and identifies barriers. Further, the CoC facilitates a Wrap Around Committee which focuses on individual and systemic barriers which prevent individuals and families from having their needs met.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The entitlement jurisdiction representatives from the State and City contacts the CoC Chair and requests information on CoC Statistics, needs and gaps. In addition, as referenced above, representatives attend the CoC meetings to present on the current Consolidated Plan and gather feedback from CoC members. Once the information is provided it is integrated into the Consolidated Plan. The information includes new programs funded as well, which the entitlement jurisdictions are aware of via their participation in the NOFA process. In addition, the City of Nashua's Community Development Department conducts publicly noticed strategy area meetings focusing on shaping the Con Plan related to housing, healthcare, etc. and invites homeless and other CBO's to participate and provide input into the Plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The Ending Homelessness committee meets Monthly. The 10 Year plan is updated at each membership meeting. The Plan is truly an organic document which is updated every six months, based on the information presented and collected at the Monthly meetings. On a Monthly basis, progress toward goals are measured and updated on the CoC website. Data from the plan is provided to the jurisdictional partners as well for their use in updating their Consolidated/Action Plan and CAPERs

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

Many of the goals and themes in Opening Doors are addressed in the CoC's 10 Year Plan. Nashua's 10 Year Plan has 3 main goals: 1. Preventing homelessness whenever possible; 2. Rapidly re-housing people when homelessness cannot be prevented; and 3 Providing wrap-around services that promote housing stability and self-sufficiency. The plan also contains an action plan with goals of ending chronic homelessness, increasing affordable housing, rapid rehousing, and decreasing the number of homeless households with children.
In addition, the local ICH representative will be invited to the next GNCOC meeting to make a presentation on Opening Doors for any future updates to the GNCOC's 10 Year Plan.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

While the CoC member agencies are typically sub-grantees for ESG funding, and are not directly involved in developing or determining actual funding or standards, they do provide input through CoC meetings and attendance at Consolidated Plan meetings. Through the implementation of HEARTH, and the planning grant, if funded, the CoC will be working directly with the State entitlement jurisdiction (which is responsible for ESG funding) to perform these functions

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living
(limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
This list contains no items				

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
$35,749					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
PH 2	NH0043B1T021104	$200,511	$196,762	$3,749	Regular
PH 3	NH0038B1T021104	$889,812	$873,170	$16,642	Regular
PH 4	NH0039B1T021104	$106,433	$104,440	$1,993	Regular
PH 5	NH0040B1T021104	$174,575	$171,308	$3,267	Regular
PH 6	NH0041B1T021104	$57,212	$56,141	$1,071	Regular
PH 7	NH0042B1T021104	$13,723	$10,401	$3,322	Regular
PH 8	NH0050B1T021103	$13,371	$13,121	$250	Regular
PH 9	NH0033B1T021102	$13,368	$13,118	$250	Regular
PH 10	NH0055B1T020900	$13,368	$13,118	$250	Regular
Employment Advoca...	NH0034B1T021104	$60,679	$59,545	$1,134	Regular
Transitional Livi...	NH0044B1T021104	$61,227	$60,083	$1,144	Regular
Shelter Plus Care	NH0051C1T021103	$33,975	$33,804	$171	Regular
Nashua Homeless O...	NH0037B1T021104	$32,804	$32,191	$613	Regular
Marguerite's Place	NH0036B1T021104	$59,594	$58,480	$1,114	Regular
HMIS	NH0035B1T021104	$13,021	$12,778	$243	Regular
A Place to Live	NH0068B1T021100	$27,320	$26,784	$536	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 2
Grant Number of Reduced Project:	NH0043B1T021104
Reduced Project Current Annual Renewal Amount:	$200,511
Amount Retained for Project:	$196,762
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$3,749

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 3
Grant Number of Reduced Project:	NH0038B1T021104
Reduced Project Current Annual Renewal Amount:	$889,812
Amount Retained for Project:	$873,170
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$16,642

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 4
Grant Number of Reduced Project:	NH0039B1T021104
Reduced Project Current Annual Renewal Amount:	$106,433
Amount Retained for Project:	$104,440
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,993

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 5
Grant Number of Reduced Project:	NH0040B1T021104
Reduced Project Current Annual Renewal Amount:	$174,575
Amount Retained for Project:	$171,308
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$3,267

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 6
Grant Number of Reduced Project:	NH0041B1T021104
Reduced Project Current Annual Renewal Amount:	$57,212
Amount Retained for Project:	$56,141
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,071

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 7
Grant Number of Reduced Project:	NH0042B1T021104
Reduced Project Current Annual Renewal Amount:	$13,723
Amount Retained for Project:	$10,401
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$3,322

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 8
Grant Number of Reduced Project:	NH0050B1T021103
Reduced Project Current Annual Renewal Amount:	$13,371

Amount Retained for Project:	$13,121
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$250

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 9
Grant Number of Reduced Project:	NH0033B1T021102
Reduced Project Current Annual Renewal Amount:	$13,368
Amount Retained for Project:	$13,118
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$250

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	PH 10
Grant Number of Reduced Project:	NH0055B1T020900
Reduced Project Current Annual Renewal Amount:	$13,368
Amount Retained for Project:	$13,118
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$250

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Employment Advocacy Program
Grant Number of Reduced Project:	NH0034B1T021104
Reduced Project Current Annual Renewal Amount:	$60,679
Amount Retained for Project:	$59,545
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,134

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Transitional Living Center
Grant Number of Reduced Project:	NH0044B1T021104
Reduced Project Current Annual Renewal Amount:	$61,227
Amount Retained for Project:	$60,083
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,144

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Shelter Plus Care
Grant Number of Reduced Project:	NH0051C1T021103
Reduced Project Current Annual Renewal Amount:	$33,975
Amount Retained for Project:	$33,804
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$171

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Nashua Homeless Outreach
Grant Number of Reduced Project:	NH0037B1T021104
Reduced Project Current Annual Renewal Amount:	$32,804
Amount Retained for Project:	$32,191
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$613

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	Marguerite's Place
Grant Number of Reduced Project:	NH0036B1T021104
Reduced Project Current Annual Renewal Amount:	$59,594
Amount Retained for Project:	$58,480
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$1,114

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	HMIS
Grant Number of Reduced Project:	NH0035B1T021104
Reduced Project Current Annual Renewal Amount:	$13,021
Amount Retained for Project:	$12,778
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$243

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name:	A Place to Live
Grant Number of Reduced Project:	NH0068B1T021100
Reduced Project Current Annual Renewal Amount:	$27,320

Amount Retained for Project:	$26,784
Amount available for New Project: (This amount will auto-calculate by selecting "Save" button)	$536

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$35,749				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
17	PH 12 Reallo...	PH	$35,749	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	17
Proposed New Project Name:	PH 12 Reallocation Project
Component Type:	PH
Amount Requested for New Project:	$35,749

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$35,749
Amount requested for new project(s):	$35,749
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	157	**Beds**	115	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	87	**%**	90	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	83	**%**	62	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	35	**%**	27	**%**
Decrease the number of homeless households with children	49	**Households**	50	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

In terms of new beds for the chronic population, there were errors in the HIC as described in section 4 B. The actual number of chronic beds in 2012 should have been reported as 145, not 115 as indicated above. Unfortunately there were human errors on this year's HIC and the 115 reported above is reflective of the HIC, rather than the number of 145 which should have been recorded on the HIC. Also, as previously described, the CoC removed beds from the HIC which had been reported in 2011 as homeless beds and were not truly dedicated to the homeless. The transitional housing goals were not met due to significant changes in the participant's opiate and prescription drug use in one program which is now serving many more people with serious substance abuse issues.Economic factors also made it more difficult for graduates of the program to be out-placed. Best practice modifications to this program are being addressed. While employment outcomes still exceeded the HUD requirements of 20%, goals were impacted by economic factors and veterans returning from the Wars overseas with no limited/no employment opportunities. The number of homeless households was off by just 1 for our goal. Due to economic factors, the CoC served an additional 49 households, and under the circumstances did well with this goal.

How does the CoC monitor recipients' performance? (limit 750 characters)

The goals and progress toward goals is posted monthly on the GNCOC website and are reviewed by the Ending Homelessness committee and the Executive committee. Programs negatively impacting COC-wide goals are provided with peer support and HMIS assistance to improve numbers. APRs are reviewed systematically and on an annual basis the NOFA ranking committee reviews several markers of performance and ranks projects for renewal based on these criteria.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

As described, Monthly review of Provider performance is posted on the CoC website. Speakers attend CoC meetings every other Month and provide information related to best practices. The Wrap Around Committee reviews individual cases and specific provider barriers toward meeting their goals and provides input from multiple agencies in attendance focusing on improved outcomes.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The Wrap Around Committee focuses on specific client issues and resources and identifies system and program barriers. The Wrap Around Committee is a case review committee with multiple agencies at the table. Program and system barriers addressed by the Wrap Around Committee are then shared with The Ending Homelessness, Executive and GNCoC Committee. The CoC provides training such as HMIS to improve data. Agency staff provide peer to peer training as well.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
0	0	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)

Length of Stay is tracked in HMIS. There is a review of APRs which includes length of stay data. Through the implementation of the HEARTH requirements, the CoC will be developing processes via the planning grant to track Length of Stay in housing levels of the CoC.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

The HMIS advisory council is working to move the emergency shelter system toward an open system so that all agencies can track people across programs. This improved access to data will allow agencies to determine previous lengths of stay, and individuals/families who have had multiple encounters in various programs. The Wrap around committee addresses chronically homeless participants or those "stuck" in moving to different levels of care, on a case by case basis and communicates with outreach to ensure appropriate referrals.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)

The CoC's outreach teams, including its CoC-funded and PATH meet monthly to review procedures and adjust its outreach procedures. These procedures currently include proper data collection, mapping of locations visited and location of homeless persons, menu of available services to offer including emergency hotel placements, shelter placements, etc. The procedures outline required follow up. At the quarterly meetings, outreach staff gain peer-to-peer support, training on techniques and procedures, and are provided with updated services and supports that can be offered. In addition, the CoC sponsors an annual Project Connect event in December for the dual purpose of outreach and service provision. It also conducts the Project Homeless Employment Connect to conduct further outreach and provide employment assistance.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)

The GNCOC provides a Homeless Prevention Tool Kit which includes housing search, landlord-tenant mediation, legal services, and services in housing court. In addition to eviction prevention resources, the GNCoC provides education and awareness to tenants through an annual tenant rights workshop. The GNCOC will continue to keep this goal a priority as many state resources have been cut from the State budget over the last year, as an effort for State Legislators to balance the state budget. Prevention strategies are shared with the jurisdictional representatives for input into their Consolidated Plans. The 10 Year Plan is updated to provide current information on prevention strategies. The CoC's website has been enhanced to improve access to housing and services. A local High School marketing class is working to develop public relations tools to improve visibility of the CoC and it's member agency's housing and services in the community.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
(limit 1500 characters)

Not Applicable

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living
(limit 1500 characters)

Not Applicable

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	104	170
2011	30	155
2012	85	115

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

The CoC utilizes the HUD definition and HUD guidebook to provide direction to CoC member agency and program staff. CoC members participate in a PIT Webinar, which is recorded and available online on the COC website related to chronic eligibility. All 3 COCs in the State meet and use the same methods and perform their Census on the same night, using the same collection forms and methods, thus ensuring uniformity in data collection.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 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 beds for chronically homeless was incorrectly reported in the 2012 HIC due to human error and will be corrected and updated in 2013 HIC. Non homeless beds were removed from the HIC. In actuality the number of chronic beds should have been reported as 145 for 2012, which represents two additional beds for the chronically homeless. Due to economic factors, veterans returning from the Wars, there is an increase in the number of people staying homeless long enough to be considered chronically homeless. In addition, given that the unemployment rate in Nashua is low and there are more jobs then in more Rural areas of the State, more people are coming here seeking housing and services resulting in more chronically homeless people

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$13,063	$0	$0	$0	$1,360
Total	$13,063	$0	$0	$0	$1,360

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	36
b. Number of participants who did not leave the project(s)	113
c. Number of participants who exited after staying 6 months or longer	33
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	13
TOTAL PH (%)	90

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	45
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	28
TOTAL TH (%)	62

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 234

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	63	27%
Unemployment insurance	3	1%
SSI	29	12%
SSDI	43	18%
Veteran's disability	1	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	11	5%
General assistance	2	1%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	1	0%
Child support	4	2%
Alimony (Spousal support)	0	0%
Other source	14	6%
No sources (from Q25a2.)	72	31%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 234

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	89	38%
MEDICAID health insurance	13	6%
MEDICARE health insurance	12	5%
State children's health insurance	0	0%
WIC	1	0%
VA medical services	0	0%
TANF child care services	2	1%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	13	6%
Other source	1	0%
No sources (from Q26a2.)	117	50%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	No

4G. 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 HMIS Administrator provides a monthly summary to the GNCOC and each member agency. The Executive Directors of all agencies funded by the CoC serve on the Executive Committee of the GNCOC. As a part of the GNCOC planning process, we regularly review and receive presentations of various Mainstream resources so all agencies within the GNCOC can work toward the goal of improving access to mainstream resources. Annually the GNCOC Executive Committee, as part of the SuperNOFA ranking process, systematically analyzes each APR.

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

If 'Yes', indicate all meeting dates in the past 12 months:

The Wrap-Around Committee of the GNCOC meets monthly to improve participation in mainstream resources. Meeting dates were: 1/4/12, 2/1/12, 3/7/12, 4/4/12, 5/2/12, 6/6/12, 8/1/12, 9/5/12, 10/3/12, 11/7/12

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: Bi-monthly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

May 23, May 24th, 2012

4H. 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.	100%
1a. Describe how service is generally provided:	
Services are provided one on one by homeless providers.	

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:	100%
3.a Indicate for which mainstream programs the form applies:	
Food Stamps, TANF, APTD, SCHIP, Medicaid, Child Care Assistance	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
Case managers work with clients one-on-one to follow up on benefits. While participant's benefits are pending, they have access to Harbor Clinic Care (healthcare for the homless clinic at Harbor Homes).	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?	No
Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?	No

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/03/2013
CoC-HMIS Governance Agreement	No	HMIS Governance d...	12/20/2012
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Certificate of Consistency with Consolidated plan

Attachment Details

Document Description: HMIS Governance document

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/05/2013
1C. Committees	01/15/2013
1D. Member Organizations	01/15/2013
1E. Project Review and Selection	01/15/2013
1F. e-HIC Change in Beds	01/08/2013
1G. e-HIC Sources and Methods	01/05/2013
2A. HMIS Implementation	01/15/2013
2B. HMIS Funding Sources	01/15/2013
2C. HMIS Bed Coverage	01/10/2013
2D. HMIS Data Quality	01/05/2013
2E. HMIS Data Usage	12/14/2012
2F. HMIS Data and Technical Standards	12/14/2012
2G. HMIS Training	12/14/2012
2H. Sheltered PIT	01/15/2013
2I. Sheltered Data - Methods	01/15/2013
2J. Sheltered Data - Collections	01/10/2013
2K. Sheltered Data - Quality	12/19/2012
2L. Unsheltered PIT	01/10/2013
2M. Unsheltered Data - Methods	12/19/2012
2N. Unsheltered Data - Coverage	12/14/2012
2O. Unsheltered Data - Quality	01/15/2013
Objective 1	01/11/2013
Objective 2	01/15/2013
Objective 3	01/15/2013
Objective 4	01/15/2013

Objective 5	01/15/2013
Objective 6	01/10/2013
Objective 7	01/15/2013
3B. Discharge Planning: Foster Care	01/14/2013
3B. CoC Discharge Planning: Health Care	01/15/2013
3B. CoC Discharge Planning: Mental Health	01/14/2013
3B. CoC Discharge Planning: Corrections	01/14/2013
3C. CoC Coordination	01/15/2013
3D. CoC Strategic Planning Coordination	01/11/2013
3E. Reallocation	01/03/2013
3F. Eliminated Grants	No Input Required
3G. Reduced Grants	01/08/2013
3H. New Projects Requested	01/08/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/15/2013
4C. Housing Performance	12/17/2012
4D. CoC Cash Income Information	01/14/2013
4E. CoC Non-Cash Benefits	12/20/2012
4F. Section 3 Employment Policy Detail	12/20/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/08/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/15/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/03/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Greater Nashua Continuum of Care

Project Name: see attached list

Location of the Project: Serving Nashua and 9 surrounding towns within the Greater Nashua Continuum of Care. See project listing for specific locations of each project

Name of the Federal Program to which the applicant is applying: FY2012 CoC Program Notice of Funding Availability (NOFA)

Name of Certifying Jurisdiction: City of Nashua, New Hampshire

Certifying Official of the Jurisdiction Name: The Honorable Donnalee Lozeau

Title: Mayor of Nashua

Signature: Donnalee Lozeau

Date: December 19, 2012

OMB Approval No. 2506-0112 (Exp. 7/31/2012)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Greater Nashua Continuum of Care

Project Name: see attached list

Location of the Project: Serving Nashua and 9 surrounding towns within the Greater Nashua Continuum of Care. See project listing for specific locations of each project

Name of the Federal Program to which the applicant is applying: FY2012 CoC Program Notice of Funding Availability (NOFA)

Name of Certifying Jurisdiction: State of New Hampshire

Certifying Official of the Jurisdiction Name: Dean J. Christon

Title: Executive Director, New Hampshire Housing Finance Authority

Signature:

Date: December 10, 2012

Greater Nashua Council on Alcoholism, Inc
Transitional Living Center
Pine Street Extension, Nashua, NH, 03060

State of New Hampshire
Permanent Housing 2
12 Amherst Street, Nashua, NH, 03060

Harbor Homes, Inc.
Permanent Housing 3
45 High Street, Nashua, NH, 03060

Harbor Homes, Inc.
Permanent Housing 4
45 High Street, Nashua, NH, 03060

Harbor Homes, Inc.
Permanent Housing 5
45 High Street, Nashua, NH, 03060

Harbor Homes, Inc.
Permanent Housing 6
12 Amherst Street, Nashua, NH, 03060

Harbor Homes, Inc.
Permanent Housing 7
45 High Street, Nashua, NH, 03060

Harbor Homes, Inc.
Permanent Housing 8
45 High Street
Nashua, NH 03060

Harbor Homes, Inc.
Permanent Housing 9
45 High Street
Nashua, NH 03060

Harbor Homes, Inc.
Permanent Housing 10
45 High Street
Nashua, NH 03060

Marguerite's Place, Inc.
Marguerite's Place, Inc. Program
85-89 Palm Street, Nashua, NH, 03060

Nashua Housing Authority
Shelter + Care
40 East Pearl Street, First Floor
Nashua, NH 03060

Harbor Homes, Inc.
Nashua Soup Kitchen and Shelter Employment Advocacy Program
42 Chestnut Street, Nashua, NH, 03061

Southern New Hampshire Services, Inc.
Homeless Outreach and Case Management Program
40 Pine Street, Manchester, NH

State of New Hampshire
Homeless Management Information System (NH-HMIS)
Harbor Homes 45 High St, Nashua, NH 03060

Greater Nashua Mental Health Center
A Place to Live-Permanent Housing
100 W. Pearl St
Nashua, NH 03060

Reallocation Project
Harbor Homes, Inc.
Permanent Housing 12
45 High Street
Nashua, NH 03060

Planning Grant
Harbor Homes, Inc.
45 High Street
Nashua, NH 03060

Bonus Project
Harbor Homes, Inc.
Permanent Housing 12A
45 High Street
Nashua, NH 03060

CoC Names: BOS, MCOC, GNCOC
CoC Subcommittee/ Working Group Name: New Hampshire HMIS Advisory Council
HMIS Lead/ Grantee Name: State of N.H., Dept. of Health & Human Services, Bureau of Homeless & Housing Services
Other Agency (Specify Name): Harbor Homes, Inc.

Governance Area	Responsible Entity					
	CoC	**HMIS Grantee**	**HMIS Lead Org**	**HMIS Advisory Committee**	**Participating Agency**	**Other**
Planning and Software Selection						
HMIS Planning and Strategic Activities - Insures that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC's goals.	X	X	X	X		
HMIS Program Milestones Development – Identifies general milestones for project management, including training, expanded system functionality, etc.	X	X	X	X		
Universal Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Date Elements as outlined in the HMIS Data and Technical Standards.			X			
Program-Specific Data Elements – Ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Program-specific data elements as outlined in the HMIS Data and Technical Standards.			X			
Unduplicated Client Records -Ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.			X			
APR Reporting - Ensures the HMIS is consistently able to produce a reliable APR.	X	X	X		X	
HMIS Reports - Ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.	X	X	X			

HMIS Management and Operations - Governance and Management						
HMIS Governance Structure – Ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency/grantee and the community planning body(ies). Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project as been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). Regularly monitors the HMIS Lead/Grantee and the CoC HMIS Oversight entity on adherence to the agreement.	X	X		X		
HMIS Oversight Inclusive Participation – Insures membership of the HMIS steering committee or advisory board is inclusive of decision makers representing the CoC and community.	X	X		X		COMMUNITY /CONSUMER S
HMIS Technical Support - Provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS Software changes in response to the changing requirements of participating agencies; and, generally reviews and authorizes special issues brought to it by participating agencies.		X	X			HUD, NERHMIS, HMIS Vendor
HMIS Software Technical Support – Provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.		X	X			HUD, NER HMIS
HMIS IT Issue Tracking – Maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.			X			
HMIS IT Issue Monitoring (Community Level) - Regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.		X	X			
HMIS Staff Organization Chart – Maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. Organization chart is available for review.			X			
HMIS Software Training - provides regular training on software usage, software and data security, and data entry techniques to participating agencies. Develops, updates, and disseminates data entry tools and training materials, includes train the trainer. Monitors and insures system and data security.			X			

HMIS User Feedback – Manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups.			X	X	X	COMMUNITY /CONSUMERS
System Operation and Maintenance - Responsible for the day to day operation and maintain of the HMIS System.			X			

HMIS Management and Operations - Compliance Monitoring						
HMIS Management Issues - Insures that the HMIS is managed in accordance to CoC policies, protocols, and goals.	X	X	X	X		
HMIS Program Milestones Monitoring - Monitors milestones, notes variances, and reports variances to CoC membership.	X	X	X	X		
Agency and Program HMIS Participation – Regularly monitors program and agency-level participation in HMIS via comparison of point-in-time census of beds/slots versus clients served and reports findings to CoC on a regular basis. Evidence of monitoring reports are available for review.	X	X	X	X	X	
AHAR Participation – Ensures participation in the AHAR (Annual Homeless Assessment Report).	X	X	X	X		
Client Consent - Ensures the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols.			X	X	X	COMMUNITY /CONSUMER
Data and System Security - Ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and Technical Standards.			X		X	

HMIS Management and Operations - Data Quality						
Data Quality Standards - Develops and enforces community level data quality plan and standards.	X	X	X	X		
Universal Data Elements – Ensures the collection of each data variable and corresponding response categories on all clients served by HUD & The State of NH.	X	X	X	X	X	
Program-Specific Data Elements – Ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by HUD & The State of NH.	X	X	X	X	X	
Data Quality Reports – Regularly runs and disseminates data quality reports **to participating programs** that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.		X	X			
Data Quality Reports – Provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.		X	X			
Data Quality Reports – Regularly runs and disseminates data quality reports **to the community planning entity** that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality		X	X			

Data Quality Reports - **Regularly reviews data quality reports at community planning level** on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.	X	X	X	X		COMMUNITY /CONSUMER
HMIS Policy Development and Oversight						
Client Confidentiality and Privacy Training - provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. Insures all agencies have sufficient privacy policies and protocols in			X		X	
Performance Measurement Training - provides regular training and guidance on program performance measurement.			X			HUD
Community Planning Goals and Objectives Training - provides training and regularly reviews the progress of the Community Planning Goals and Objectives.	X		X			
Business Practices Training - provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethnics, strategies for communication, etc.)			X	X		
Program Funding Training and Orientation – All required HMIS participants (McKinney-Vento funded programs such as ESG, SHP, S+C, SRO, and HOPWA projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento		X	X			HUD
Participating Agency Documentation – Maintains documentation of the number of participating agencies (utilizing the system) is up-to-date. A comparative analysis of planned versus actual deployments at the project level is highly desired but not compulsory.	X	X	X			
Participation Rates – Regularly reviews and monitors the HMIS coverage rates of the CoC. If coverage rates have not achieved a 75% level of participation, can provide an explanation for the barriers to implementation at specific agencies. Ensures that ongoing engagement activities and barrier resolution are occurring with non-participating agencies.	X	X	X	X		HIC
Participation Rates – Provides regular reports on HMIS participation rates to CoC Subcommittee. An analysis of agency-specific barriers with potential solutions is highly desired but not compulsory.			X			
Policies and Procedures - Ensures the existence and use of HMIS Policies and Procedures.	X	X	X	X		
Agency Participation Agreement – Ensures and maintains written agreements with participating agencies that describes the protocols for participation in the HMIS.	X	X	X	X		
Data Sharing Agreements – Ensures and maintains written agreements with participating agencies who share client level data that describes the level of data element or program information sharing among the data sharing HMIS agencies.			X		X	

HMIS End-User Agreement – Ensures and Maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.			X	X	X	
Client Consent – Ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client consent protocol for use as a baseline practice among all participating HMIS users.	X	X	X	X	X	
Data Release – Ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented HMIS data release protocol that governs release of all	X	X	X	X	X	

Other Federal Requirements						
Drug-Free Workplace – The HMIS Grantee has adopted a drug-free workplace policy. The policy is posted and available for review.		X				
Homeless Client Participation – At least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee	X	X	X	X		Community/Consumers
Conflict of Interest – The HMIS Grantee has adopted a conflict of interest policy for board members, staff, and volunteers.		X				
Equal Opportunity and Non-Discrimination Policy – The HMIS Grantee has adopted an equal opportunity and non-discrimination		X				

HMIS Governance Model Appendix

The HMIS Governance model is developed and formally documented between the HMIS Lead, Grantee and COC. It ensures a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding). The approval process is the HMIS Advisory Committee creates the Governance model, and will then look to the COC leadership for full agreement and sign off. This is the same process for the HMIS Policies and Procedures document.

Drafting, approving, and revising NH HMIS Policy

NH HMIS policy is agreed upon and revised when necessary through COC representation on the statewide HMIS Advisory Council. The Council evaluates information regarding policy recommendations provided from each CoC. The Council reaches consensus on policy decisions and provides those to each CoC for review and approval. Once the recommendations are approved by all NH CoCs, they are incorporated into NH HMIS policy.

Definitions:

Annual Homeless Assessment Report (AHAR) is a report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by the Department of Housing and Urban Development (HUD) and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period.

Annual Progress Report (APR) - report that tracks program progress and accomplishments in HUD`s competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee`s performance.

Bed Utilization - An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Chronic homelessness - HUD defines a chronically homeless person 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 (4) episodes of homelessness in the past three (3) 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 homeless shelter during that time.

Client Consent – this consent embodies the element of informed consent in a written form. A client completes and signs a document consenting to an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.

Continuum of Care (CoC) - A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

Coverage - A term commonly used by CoCs or homeless providers. It refers to the number of beds represented in an HMIS divided by the total number of beds available.

Data Quality - The accuracy and completeness of all information collected and reported to the HMIS.

Data Standards - See HMIS Data and Technical Standards Final Notice March 2010.

Disabling Condition - A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual`s ability to work or perform one or more activities of daily living.

Emergency Shelter - Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

Emergency Shelter Grant (ESG)- A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Homeless Management Information System (HMIS) - Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HMIS Data and Technical Standards Final Notice - Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS. The HMIS Final Notice contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.

HMIS Grantee – The State of NH

HMIS Lead Organization – An organization designated to operate the CoC's HMIS on its behalf , Harbor Homes, Inc.

HOPWA - Housing Opportunities for Persons with AIDS

Inferred Consent - Once clients receive an oral explanation of HMIS, consent is assumed for data entry into HMIS. The client must be a person of age, and in possession of all his/her faculties (for example, not mentally ill).

Informed Consent - A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his faculties (for example, not mentally ill), and his/her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.).

Participating Agency – An HMIS participant

McKinney-Vento Act - The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care Programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program.

Shelter Plus Care Program - A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

Single Room Occupancy - A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

Unduplicated Count - The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

Universal Data Elements - Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran`s status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional mandate.