Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
 - Project Listing

 Please Note:

 - Review the FY2013 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 application forms in e-snaps.
 - As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

 For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: NH-502 - Nashua/Hillsborough County CoC
1A-2 Collaborative Applicant Name: Harbor Homes Inc.
1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?   Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?   Monthly

IB-3 Does the CoC include membership of a homeless or formerly homeless person?   Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.   Volunteer, Organizational employee, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Employment Commitee	Coordinates employment activities across the COC. Meets to identify and share strategies and best practices to increase access to employment for 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	NSKS, Adult Learning Center, Marguerite's Place, HHI, GNMHC, NHEP, NHES, Voc Rehab, HPOP, Front Door, NH Works, My Turn, City Welfare, HVRP, Plus Company, Nashua Community College, Rivier, Lutheran Social Services , Boys & Girls Club, Kevin O'Meara
1C-1.2	COC Board	Drives the work and planning of COC activities and agendas. Identifies HEARTH implementation activities and forms subcommittees to address necessary tasks. 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. Works together to complete annual COC application.	Monthly	HHI, GNMHC, NSKS, Southern NH Services, Marguerite's Place, Keystone Hall, Nashua City Welfare, Neighborworks of Southern NH, Lamprey Health Center, Southern NH HIV/AIDS Task Force, Bridges, Merrimack County Savings Bank
1C-1.3	Data Gathering -QI Commitee	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	Semi-Annually	Harbor Homes, Greater Nashua Mental Health Center, Nashua Soup Kitchen and Shelter, Southern NH Services, Marguerite's Place, Keystone Hall, Southern NH HIV/AIDS Task Force

1C-1.4	Ending Homelessness Committee	Oversees updates and implementation of the 10-year plan goals and action steps 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. Facilitates wrap-around meetings to provide intensive intervention for chronically homeless individuals and others not moving forward towards permanent housing.	Monthly	HHI, GNMHC, NSKS, Southern NH Services, Marguerite's Place, Keystone Hall, Nashua Welfare, Southern NH HIV/AIDS Task Force, Bridges, Front Door Agency, HEARTS Peer Support, Kevin O'Meara, Nashua Interfaith Council, Southern NH Rescue Mission
1C-1.5	Community Relations Commitee	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. Creates marketing materials such as GNCOC brochure and maintains COC website	Quarterly	Merrimack Town Welfare, Nashua City Welfare, Southern NH HIV/AIDS Task Force, Marguerite's Place, HEARTS Peer Support, Moe Daniels (community volunteer)

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommitees, and workgroups.
 (limit 750 characters)

The GNCOC works diligently to engage as many possible individuals and organizations into its' planning process and committees. Other than the COC Board, membership to all committees is self-appointed and voluntary. Committee reports are given every other month at COC general meetings as well as information on upcoming meeting dates and locations, encouraging newcomers every time. Agencies serving the homeless and formerly homeless regularly invite clients to attend and participate in meetings, and sometimes we are fortunate to have ongoing participation. Targeted invitations have been issued as needed to engage participation from providers such as DV or school homeless liaisons.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

The GNCOC Ranking Committee, made up of GNCOC participants that do not receive HUD SuperNOFA funding, met and developed a ranking sheet which scored projects based upon information gathered via APR review and agency reporting. Programs with focus on Permanent Housing/Permanent Supportive Housing and Rapid Re-Housing were prioritized. Public notice for submission of applications for funding was made available via the GNCOC web site. Organization representatives presented program details and projects were ranked and selected based on the presentations, ranking form scores and HUD funding priorities.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The GNCOC Ranking Committee created and utilized a ranking sheet. Scores are based on APR information, data from HMIS and other agency reported data. The Ranking Committee reviewed APRs and compared scores from agency presentations to the APRs accordingly. Performance measures include HUD directed goals as well as additional outcome measures such as program cost effectiveness, leveraging, and populations served. Focus on chronically homeless, homeless families and Veterans was considered in the ranking process, along with length of stay, access to employment and mainstream resources, and obtaining permanent housing.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

All agencies submitting proposals are treated in the exact same manner. Notification of the application process is publicized on the GNCOC website and emailed to all COC participants. Support from the COC lead is available and TA from the GNCOC consultant is available to all who need or request it.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.   01/14/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?   Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?   No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in   the HDX by April 30, 2013?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

COC underwent COC HMIS assessment June 25, 2013 with Kate Lyons & Celeste Palmer from ICFI. HMIS compliance areas:

   HMIS Governance & Contract for Services
     HMIS Participation & End User Agreements
     APR & AHAR Generation
     Software Functionality
     HMIS Staffing, Budgeting & Funding Diversity
     HMIS Participation
     D Q Standards, Monitoring, & Improvement Plan
     Training
     Privacy, Security Plan & Policies
     Performance Measurement
     Data Integration
     Disaster Recovery

We spoke with Rebecca Rhoads, HUD TA, on 11/7/13, and she stated COC HMIS Assessment showed we are in great shape.

COC successfully submitted HMIS APR, all regular and veterans AHAR data and COC APR's.

The reports require the HMIS is compliant with HMIS Data Standards, March 2010.

HMIS Advisory Committee meets monthly, and this meeting allows for coordination of COC & HMIS Lead. The COC meets monthly to review COC Program interim rules to ensure program compliance.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead?
If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The three plans currently exist within other documents. It is the intent of the GNCOC to change this for next year.
The Privacy Plan and Security Plan are reviewed annually as part of the "User Confidentiality and Privacy Policy". The Data Quality Plan is part of our Policy, pages 7-10, and is reviewed at least annually.

All three Plans were reviewed and updated in August 2013.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).   ServicePoint

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).   Bowman System

2A-6 Does the CoC plan to change the HMIS software within the next 18 months?   No

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

2B-1 Select the HMIS implementation coverage area: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) NH-501 - Manchester CoC, NH-500 - New Hampshire Balance of State CoC, NH-502 - Nashua/Hillsborough County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$12,778
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$12,778

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$5,708
Other Federal	$9,144
Other Federal - Total Amount	$14,852

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$3,117
County	$0
State	$109,802
State and Local - Total Amount	$112,919

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$20,000
Private - Total Amount	$20,000

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-3.6 Total Budget for Operating Year	$160,549

2B-4 How was the HMIS Lead selected by the CoC?   Agency Applied

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2C-1 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	65-75%
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	65-75%

2C-2 How often does the CoC review or assess its HMIS bed coverage?   Quarterly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	95
Transitional Housing	196
Safe Haven	245
Permanent Supportive Housing	314
Rapid Re-housing	196

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	1%
Social security number	5%
Date of birth	8%
Ethnicity	11%
Race	11%
Gender	8%
Veteran status	2%
Disabling condition	3%
Residence prior to program entry	0%
Zip Code of last permanent address	2%
Housing status	6%
Head of household	6%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.).
(limit 1000 characters)

COC successfully submitted HMIS APR, all regular and veterans AHAR data and COC APR's. The data was generated exclusively from our HMIS.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?   Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

Monthly Data Quality Reports are run; results are reported to NH HMIS Advisory Council. Follow-up is conducted with each provider to encourage correction.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?   Monthly

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* **Measuring the performance of participating housing and service providers**	Monthly
* **Using data for program management**	Monthly
* **Integration of HMIS data with data from mainstream resources**	Monthly
* **Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.   Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Policy pages 7-10

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?   Yes

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):

01/23/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?

Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX:

04/17/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

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

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was a decrease of 1 in the sheltered count from 295 to 294. While this is not a significant drop, the GNCOC attributes the decrease to outreach and case management efforts to get the homeless into permanent supportive housing. There has been no increase in the number of emergency shelter and/or transitional housing beds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

Survey providers:	X
HMIS:	X
Extrapolation:	X
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

All shelter providers attended Statewide PIT training webinar. All shelter providers completed a shelter inventory form for the night of the PIT count. Results were tabulated and de-duplicated at a Statewide level. Data for the Nashua COC was checked against HMIS reports for accuracy and completeness. Follow-up contact was made with each shelter provider in case of any questions, or if clarification was needed.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	X
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

All shelter providers attended Statewide PIT training webinar. All shelter providers completed a shelter inventory form for the night of the PIT count. Results were tabulated and de-duplicated at a Statewide level. Data for the Nashua COC was checked against HMIS reports for accuracy and completeness. Follow-up contact was made with each shelter provider in case of any questions, or if clarification was needed.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	X
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	X
Other:	

2J-2 If other, provide a detailed description.
(limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

All shelter providers attended Statewide PIT training webinar. All shelter providers completed a shelter inventory form for the night of the PIT count. Results were tabulated and de-duplicated at a Statewide level. Data for the Nashua COC was checked against HMIS reports for accuracy and completeness. Follow-up contact was made with each shelter provider in case of any questions, or if clarification was needed.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/23/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/17/2013

**2K-4 Comparing the 2013 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 specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)**

There was a significant decrease in the number of unsheltered as the number decreased from 41 in 2012 to 12 in 2013 for a decrease of 29. The GNCOC believes this decrease is due to increased outreach (Project Homeless Connect) which has allowed outreach workers to identify and assist more unsheltered individuals. Every effort is made to have these individuals obtain shelter.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:

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:	

2L-2 If other, provide a detailed description.
(limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

All shelter providers attended Statewide PIT training webinar. All shelter providers completed a shelter inventory form for the night of the PIT count. Results were tabulated and de-duplicated at a Statewide level. Data for the Nashua COC was checked against HMIS reports for accuracy and completeness. Follow-up contact was made with each shelter provider in case of any questions, or if clarification was needed.

COC outreach workers visited known places inhabited by unsheltered homeless individuals and families. In addition, agencies, schools, police departments, hospitals, and homeless health clinics participated in gathering unsheltered homeless counts.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description.
(limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here.
(limit 750 characters)

All shelter providers attended Statewide PIT training webinar. All shelter providers completed a shelter inventory form for the night of the PIT count. Results were tabulated and de-duplicated at a Statewide level. Data for the Nashua COC was checked against HMIS reports for accuracy and completeness. Follow-up contact was made with each shelter provider in case of any questions, or if clarification was needed. Sample survey questions were provided as a framework to guide each outreach worker and person gathering data for the PIT.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		198	200	202
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	121	57	65	68
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		35	37	39
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		100%	100%	100%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		8	2	3

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

The GNCOC will work diligently to increase the number of PSH for the Chronic Homeless by accomplishing the following:
- Prioritize any COC new or reallocated funds that become available to be earmarked for Chronic Homeless.
- Work with agencies that serve the Chronic Homeless to aggressively seek funding from other sources which will be earmarked for the Chronic Homeless.
- Encourage existing agencies to earmark PSH beds for the Chronic Homeless from its current amount of 57 to 68.
- Decrease the number of unsheltered chronic homeless on the 2015 PIT count from its current 2013 count of 24 individuals.
The GNCOC also realizes that providing additional PSH beds is not in and of itself enough to reduce Chronic Homeless. In addition, the GNCOC will work on the following issues:
- Work with case managers and others who provide supportive services to assess the Chronic Homeless and to provide them the necessary services.
- Assist the Chronic Homeless with obtaining Mainstream Resources.
- Provide wrap-around services that promote housing stability and self-sufficiency.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

This goal will be overseen by the Executive Committee of the GNCOC. This Committee is the cohesive unit that not only identifies funds for future Chronic Homeless projects but also monitors current projects to make sure they are doing all they can to increase the number of beds for the Chronic Homeless and to provide them with the appropriate services they need to move onto stability with regards to not only housing but all aspects of their lives.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?   Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	154	162	165
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	137	144	149
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	89%	89%	90%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

During the upcoming year, the GNCOC will continue to work with the permanent housing
providers to ensure their clients are able to remain in the units by making sure clients are receiving appropriate after care as well as necessary mainstream resources. Most agencies are providing, or referring clients, to services such as financial literacy, job training, and credit repair which will help many people remain in PH longer. HMIS and APRs will be reviewed on a regular basis to determine if agencies will be able to meet this goal. If not, appropriate assistance will be provided. Special assistance will be provided to any agency that has a high percent of people leaving after staying less than 6 months. However, it is not believed that any special assistance will be needed as the percent is currently at 89 percent which the GNCOC hopes to increase to 90% by 2015.

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects.
(limit 1000 characters)**

These functions will be overseen by Harbor Homes and the Greater Mental Health Center. These agencies will provide case management and administrative leadership to ensure this goal of increasing housing stability in COC projects is met. They will also inform the GNCOC Board of Directors if there are any projects which are not able to meet this goal of 89 - 90 percent. If so,the Board will work with the agency and provide appropriate interventions.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 332

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	8%	42%	54%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	14%	17%	20%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	77	23.19	%
Unemployment Insurance	3	0.90	%
SSI	49	14.76	%

SSDI	76	22.89	%
Veteran's disability	7	2.11	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	14	4.22	%
General Assistance	2	0.60	%
Retirement (Social Security)	0		%
Veteran's pension	2	0.60	%
Pension from former job	0		%
Child support	9	2.71	%
Alimony (Spousal support)	0		%
Other Source	2	0.60	%
No sources	28	8.43	%

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
 (limit 1000 characters)

Over the next two years the GNCOC will make systems changes to identify those who need income from non-employment sources. The development of the coordinated assessment tool will assist case managers and service providers in identifying clients in need of benefits, while also insuring that those who do have income have it recorded in HMIS accurately. System oversight to data recording will also insure that recording obtained income will occur so the data and outcomes will be measured. The GNCOC will also continually review APR and HMIS performance and educate the COC funded projects through monitoring and training of how to increase access to participants to mainstream benefits. The GNCOC Employment Committee will continue to monitor the various projects accomplishments to ensure they are meeting the HEARTH Performance Measures and will provide agencies with any necessary training and assistance to achieve these goals.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
 (limit 1000 characters)

The GNCOC's achievement of 8 percent is below HUD's goal of 54 percent. However, if the GNCOC eliminated the data for the Employment Advocacy Program (whose funds are being reallocated to other COC projects), the GNCOC achievement level increases to 28 percent. This percent will increase over the next two years due to the adoption of the coordinated assessment system. This system will assess people within the first ten days in a GNCOC program which will enable employment planning and support to begin quickly and will seamlessly fit into service planning. Some of the services will include job counseling, GED, resume writing, transportation and child care, and other related items. In addition, more emphasis will be placed on correct and current data entry to ensure that those who receive income are reported accurately which will allow a better measurement of data and outcomes

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

The Employment Committee will be the group that will be responsible for reviewing APRs and HMIS data to determine that programs are increasing the rate of project participants in all COC funded projects that increase their income.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 332

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	28%	56%	56%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	101	30.42 %
MEDICAID health insurance	55	16.57 %
MEDICARE health insurance	36	10.84 %
State children's health insurance	22	6.63 %
WIC	0	%

VA medical services	8	2.41 %
TANF child care services	3	0.90 %
TANF transportation services	0	%
Other TANF-funded services	0	%
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	39	11.75 %
Other Source	3	0.90 %
No sources	0	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

GNCOC proposes to reach the HUD goal of 56% in each of the next 2 years. The GNCOC will review APR performance and educate COC-funded projects through monitoring and training to increase access of participants to mainstream benefits.   The GNCOC will, through its HMIS, collect more comprehensive mainstream benefits data which will impact data quality and provide the GNCOC with accurate data throughout the year.   Unfortunately the State of NH does not have many insurance benefit options for single individuals, and Medicaid benefits for singles are not expanding. This will result in not many more receiving insurance benefits even though program managers are aware of the new Affordable Care Act through various training opportunities.   However, through the upcoming coordinated assessment system, program managers benefit application and support will be able to begin quickly and will seamlessly fit in to service planning.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

This objective will be overseen by the Executive Committee of the GNCOC but it will also involve all agencies within the COC who work with individuals to guide them to access mainstream benefits. The Executive Committee will utilize the results of the APRs and other HMIS data to determine the success of increasing access to mainstream benefits. HMIS data will be provided on a minimum of a quarterly basis. This will allow the Executive Committee to address any problems a particular agency may be experiencing.

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

Objective 5:   Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	4	6
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	14	12	10
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	2	4

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

During this upcoming COC application, the GNCOC reallocated COC funds to assist four households through the Rapid Re-Housing Program. The GNCOC will continue to look for funding opportunities which will allow agencies to apply for funding for RRH. Agencies which currently have funding will be encouraged to review their projects to determine if it would be feasible to switch the housing units to RRH.   RRH will be discussed at all the GNCOC membership meetings so agencies and program administrators will be aware of the Program, how it operates, and the benefits it can provide the homeless household with children.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Keystone Hall will be the organization which will be responsible for increasing the number of households with children that are assisted through RRH in the COC area.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

Currently the GNCOC does not have any written policies and procedures regarding which households will receive rapid re-housing assistance as there are no COC projects which have this type of project. However, there are several non-COC funded projects which have these types of projects and have these policies. Contained within this GNCOC application is a project for new Rapid Re-Housing units. If the application is approved, the COC will develop written policies and procedures which address the issues of determining and prioritizing the eligible households as well as determining the amount of rent which must be paid.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Once identified as a potential participant, a Bridge Program assessment (a state-funded program modeled after HPRP) is conducted with modifications made as necessary to adhere to current state and federal guidelines. Once accepted into the program, a Case Manager will assess clients' housing and supportive service needs by meeting with the client to complete a unique Housing Placement/ Stability Plan that addresses housing barriers and preferences; and immediate interventions and ongoing supportive services to ensure housing stability at the end of the financial assistance period. This staff person will create a unique Service Plan with each participant that will include a number of eligible activities that provide the greatest chance for future independent living and self sufficiency at the end of a 13-month period of participation. Since each person's circumstances will differ, so will the solutions implemented; however, case management will be provided on at least a monthly basis.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

At the end of a participant's Bridge Program financial assistance period, follow-up case management and supportive services will occur for up to 6 months to ensure ongoing housing stability. Additionally, since the matching funds for this program come, in part, from HHI's Greater Nashua Services in Supportive Housing Program (GNSSHP) - an existing program designed to prevent previously homeless households' recidivism into homelessness - a complete array of health care, employment, and services beyond the minimum requirements will be provided

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place   Other
mandated by the State, the CoC, or other?

3B-1.1a If other, please explain.
(limit 750 characters)

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

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(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 children 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. 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-1.3 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.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place   Other
mandated by the State, the CoC, or other?

3B-2.1a If other, please explain.
(limit 750 characters)

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

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The GNCOC follows the BoSCoC (led by NH Bureau of Housing and Homelessness) discharge policy to prevent health care facilities from discharging persons into homelessness. The BoSCoC works with state health care facilities to prevent discharges to homelessness by including language in contracts prohibiting programs to discharge people into homelessness and trains discharge staff on viable housing options. The state also monitors and analyzes HMIS data to ensure that discharge into homelessness is not occurring. Working with discharge staff, people are routinely discharged to an array of housing placements including returning to family or to supportive housing programs. In other cases people go to state and privately financed respite and rehab facilities or adult nursing homes. The discharge placement is largely based on client services needs, available and appropriate housing stock, and the availability of supportive services both in housing and in community settings.

3B-2.3 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.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

**3B-3.1 Is the discharge policy in place   Other
mandated by the State, the CoC, or other?**

**3B-3.1a If other, please explain.
(limit 750 characters)**

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

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(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. 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.

**3B-3.3 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.

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

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place   Other
mandated by the State, the CoC, or other?

3B-4.1a If other, please explain.
(limit 750 characters)

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.

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(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. 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.

3B-4.3 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.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the   Yes
jurisdiction(s)
within the CoC's geography include the
CoC's strategic
plan goals for addressing and ending
homelessness?

3C-1.1 If yes, list the goals in the CoC strategic plan.
(limit 1000 characters)

Goal One: Prevent Homelessness Whenever Possible
The most economical and humane strategy for addressing homelessness for those at imminent risk is to prevent it in the first place. 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 Two: Re-House People When Homelessness Cannot be Prevented
When it is not possible to prevent individuals and families from becoming homeless, the next goal is to re-house those individuals and families as quickly as possible.
Goal Three: 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.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.
(limit 1000 characters)

GNCOC projects which receive ESG funds receive them directly from the State of New Hampshire and also provide the State with all the required reports. Prior to the State distributing ESG funds, they visited the GNCOC to obtain their input and suggestions on the implementation of the ESG Program. The State ESG Administrator is also the co-chair of the BOSCOC. This connection ensures coordination and collaboration between the COC and ESG Programs and its homeless recipients. In addition to meeting with the local COC, the State solicited input from the COC at a public COC meeting. The meeting discussed priorities, programming ideas, and other ESG related matters. In addition, the GNCOC also provides the State comprehensive data for the ESG Program to use in establishing funding priorities.

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities.
(limit 1000 characters)**

GNCOC projects receive ESG funds directly from the State of New Hampshire BOSCOC.   The BOSCOC has been actively involved in the planning and oversight of the ESG funds and works to ensure compliance with the COC goals and objectives. Updates are regularly provided to the GNCOC regarding performance outcomes, preventing homelessness, and fund balances. This has worked to ensure that ESG funds provide a leveraged addition to the overall COC strategy and that more importantly as funding is limited long-term planning for sustainability is guaranteed.   Funding has also been provided by the State to continue a portion of the HPRP Program.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.
(limit 1000 characters)**

The GNCOC works closely with the law enforcement and fire departments within the service area who identify the homeless individuals and families within the area. When a homeless individual or family is identified, the departments advise them of the services available to them and the appropriate agencies which provides them. The COC also works closely with the outreach workers in the Emergency Room who will also notify them when homeless persons come to the hospital. Prevention efforts are also undertaken to reduce families and individuals from becoming homeless. These prevention efforts are part of the COC's HPRP and veterans projects.

**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects.
(limit 1000 characters)**

A HRSA funded Health Care for the Homeless operates within the GNCOC, and the GNCOC works closely with the VA to address homelessness. Two HOPWA grants operate in the COC as well as SSVF, HVRP and ESG funds. The State Bureau of Housing and Homelessness is a close collaborator and all 3 NHCOCs communicate and work well together.   GNCOC membership includes representation from city/town welfare and legislators and the City of Nashua coordinates well with the GNCOC on Consolidated planning and CDBG and HOME dollars. The local faith community is extremely involved in the GNCOC and a group of community members started a fund to eliminate chronic homelessness by supplementing grant funds with private donations for permanent housing.

**3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness.
(limit 1000 characters)**

The local PHA within the GNCOC geographic area is involved with the homeless population as it currently has a PSH project as part of the COC funding.   The PHA provides supportive services and housing and some case management. In addition, representatives of the PHA serve on the Executive Committee of the GNCOC and are involved, as appropriate, with other homeless committees and functions.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

All the various housing programs within the GNCOC have specific guidelines with regards to income eligibility, background checks, etc. These policies are well known. By adopting the Housing First model, issues such as clean time and income are not issues in most of the programs. When creating new programs, the GNCOC Executive Committee encourages programs to set the most liberal eligibility guidelines possible. During the monitoring process the GNCOC discusses barriers with project staff, and any issues are discussed in the prioritization process and how these affect the projects overall score.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

GNCOC has several grants that target chronically homeless persons with the Housing
First approach. A case manager engages individuals with the aid of other agencies to provide complete support to build stable, permanent housing. Each person receives an intake assessment and is entered in HMIS. Some of the action taken will be to build on the participant's income and to secure a plan for health care, both mental and physical. In the case of substance abuse, they will be encouraged to look to treatment possibilities. Case management is on-going and features weekly visits along with a roundtable discussion of community partners. The case manager will work with the Employment Advocacy Center to help
persons become more employable, will meet weekly with the local mental health providers to insure adequate follow through on any treatment plan, and will maintain an active relationship with area landlords.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The GNCOC is in the process of developing a Centralized Assessment System and has created an Ad Hoc Committee to review what has worked in other jurisdictions and which way would be the best for the COC. The GNCOC is also represented on the state level committee which is also addressing this same issue.   Both are working together to determine the best system for state and local levels. It is anticipated this system will be up and operating within the next twelve months.

3C-10 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)

All agencies within the COC have in place non-discriminatory policies, and these policies are in effect when dealing with all clients including those who are homeless. The agencies of the COC market housing and supportive services by using a variety of venues such as brochures, monthly membership meetings, information placed on the HMIS Bulletin Board, 211 Center, street and targeted outreach and word of mouth. While this marketing is done by the various agencies, it is collectively accomplished for the COC. It is standard practice for workers at the various agencies to provide information to every client - not just to those who ask for it. This information is on all eligible services in the COC which the individual is eligible for, not just the services of the particular agency. 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.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

All project sponsors are trained and follow COC member agency policies/procedures to screen all families/children for educational needs/gaps in services,especially if they have moved from their school district. Every project which houses children provides case management on the needs of children, mental health issues, and family functioning so children do not have a lapse in school
attendance and emotional issues are addressed. DHHS provides care coordination funds for mental health services, including parents and children who suffer mental health issues as a result of being homeless. Each school district has coordinators for homeless children and work closely with GNCOC to access assistance they and their families need. All children attend school with younger ones going to Head Start, Early Head Start, or prekindergarten for those with special needs. HMIS data indicates if a child has been put in contact with the schools' McKinney-Vento liaison.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking 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 1000 characters)

School liaison staff are invited to GNCOC meetings. CoC agency case managers are trained and skilled to work with the representatives 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. Homeless service providers address this issue within 24 hours of the family's arrival in the shelter and inform the parents of their eligibility for McKinney-Vento services. Parents are provided printed information and verbal
explanations to ensure they understand. Parents are encouraged to read the school's handbook and they are encouraged to ask staff questions. The homeless liaison remains accessible and maintains close contact with both the parents and staff.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.
(limit 1000 characters)**

The COC collaborates and is committed to continue to collaborate with emergency shelters, transitional housing and permanent housing through regular meetings to address and ensure that families with children under the age of 18 are not denied admission or separated when entering shelter or housing. A key issue taken under consideration when working with the families is that if it is in the best interest of the child and it is the parent's desire, efforts are made to try to keep the child in their "home" school. The homeless liaison and service providers are aware of the value of keeping families intact and they stay abreast of these families and children as they make each transition. Through CoC meetings, site visits, phone calls and written communiqué, the homeless liaison and service providers, continuously follow-up on these families.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

Program participants receive priority access to all services at each of HHI's affiliate agencies, described in further detail in the Organization's Experiences and the Collaboration/Coordination sections of this proposal. At the end of a participant's HPRP-provided financial assistance period, follow-up case management and supportive services will occur for up to 6 months to ensure ongoing housing stability.

In addition participants are connected to HHI's Greater Nashua Services in Supportive Housing Program (GNSSHP) – an existing program designed to prevent previously homeless households residing permanent housing recidivism into homelessness – a complete array of health care, employment, and services beyond the minimum requirements of HVRP will be provided beyond the 12 month program.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?   No

> **3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.**
> **(limit 1000 characters)**

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?   No

> **3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.**
> **(limit 1500 characters)**

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(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.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)

The GNCOC does not have that many households with dependent children that are homeless. However, when homeless families, including veterans, enter shelters they are kept together. The case manager works to remove identified barriers that prevented families from succeeding and maintaining independence. Counseling, education, job skills and housing opportunities are made available while the case manager works to obtain permanent housing and access to mainstream resources. Those who do outreach are visible in the community and encourage families to seek
available shelter and services. They provide information on facilities and services, mainstream resources, transportation, and work with local schools.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

An ADA compliant residential facility, which contains 4 bedrooms and an apartment, houses survivors and their children during the most dangerous of domestic violence situations. The facility allows survivors and their children a safe place to live while rebuilding their lives. Advocates work daily with them to provide emotional support as well as meeting their practical needs by providing services such as counseling, support groups, safety planning, parenting sessions, and programs for children and teens. The facility provides a safe shelter from abuse while seeking help from law enforcement and the legal system. Services are provided at the most dangerous time for a domestic violence survivor as well as throughout the time of regaining stability - both housing and mental/emotional. The facility serves victims of sexual assault, domestic violence, and stalking. The GNCOC will continue their efforts to serve this group through services and by increasing community awareness.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

Housing is provided for homeless youth, ages 18-21, through the Transitional Living Program of Nashua Children's Home. Services provided are housing, as well as ongoing staff support and guidance, focusing on areas of employment, access to health care, financial management and enrollment in post-secondary education. Services are largely privately funded.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

A HRSA funded Health Care for the Homeless operates within the GNCOC, and the GNCOC works closely with the VA to address homelessness. Two HOPWA grants operate in the COC as well as SSVF, HVRP and ESG funds. The State Bureau of Housing and Homelessness is a close collaborator and all 3 NHCOCs communicate and work well together.   GNCOC membership includes representation from city/town welfare and legislators and the City of Nashua coordinates well with the GNCOC on Consolidated planning and CDBG and HOME dollars. The local faith community is extremely involved in the GNCOC and a group of community members started a fund to eliminate chronic homelessness by supplementing grant funds with private donations for permanent housing.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

GNCoC works with the Manchester VA Medical Center on providing safe and affordable permanent and transitional housing to homeless Veterans. Harbor Homes, in partnership with NH Housing Finance Authority, administers 21 units of Project Based VASH in the Nashua area. There are also 24 veterans with tenant based VASH residing in Nashua, with three more scheduled to be housed in the next few months. The vouchers are operated by NHHFA and Manchester Housing authority. Manchester VA Medical Center Homeless Staff attend GNCoC meetings on a regular basis. Harbor Homes operates 3 homeless veterans transitional housing programs in Nashua, NH that are partially funded by the Department of Veterans Affairs. This program provides transitional housing to 60 homeless veterans at any given time. Since coordination of these efforts in 2004, GNCoC has seen a dramatic decrease in area veteran homelessness.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?   Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?   Yes

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

Historically the GNCOC has always used COC funds to target permanent supportive housing projects. As a result, the COC has a significant number of PSH projects.   Most of the homeless households within the GNCOC are not chronic homeless but the area does have a lot of families that could use Rapid Re-Housing as they are dealing with substance abuse issues.   The GNCOC is knowledgeable that RRH is successful in other communities and is being marketed as a program to help those in need.   The GNCOC has developed a RRH project for this year's COC application.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?   Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$151,819				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Homeless Outreach...	NH0037L1T021205	SSO	$32,191	Regular
Employment Advocacy	NH0034L1T021205	SSO	$59,545	Regular
Transitional Livi...	NH0044L1T021205	TH	$60,083	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Homeless Outreach/Case Management Nashua
Grant Number of Eliminated Project:	NH0037L1T021205
Eliminated Project Component Type:	SSO
Eliminated Project Annual Renewal Amount:	$32,191

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

While the GNCOC recognizes the value of this program in the community, HUD's directive to cut 5% from Tier 1 and HUD's priorities that view SSO programs as less valuable than PH and RRH, as well as the ongoing need for more PH and RRH options for the chronically homeless in our community, the GNCOC felt its best course of action was to eliminate this SSO. While community programs are now available with other funding sources that provide similar services as this program, however, the value of the program is such that the COC is continuing to seek alternative funding resources to continue its operations.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Employment Advocacy
Grant Number of Eliminated Project:	NH0034L1T021205
Eliminated Project Component Type:	SSO
Eliminated Project Annual Renewal Amount:	$59,545

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

Although the GNCOC recognizes the value of this program in our community, HUD's directive to cut 5% from Tier 1 and HUD's priorities that view SSO programs as less valuable than PH and RRH, as well as the ongoing need for more PH and RRH options for the chronically homeless in our community, the GNCOC felt its best course of action was to eliminate this SSO. The sponsor agency for this program is dedicated to finding other resources to continue this program.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Transitional Living Center
Grant Number of Eliminated Project:	NH0044L1T021205
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$60,083

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

The ranking committee scored this project among the lowest among renewal projects and therefore requested that this program reallocate their funds to a RRH program based on HUD's priorities and the needs of the community.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

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

$151,819				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
13	Keystone Hal...	PH	$60,083	Regular
15	Permanent Ho...	PH	$35,612	Regular
16	Permanent Ho...	PH	$56,124	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 13

Proposed New Project Name: Keystone Hall Rapid re-housing

Component Type: PH

Amount Requested for New Project: $60,083

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 15

Proposed New Project Name: Permanent Housing 13

Component Type: PH

Amount Requested for New Project: $35,612

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 16

Proposed New Project Name: Permanent Housing 14

Component Type: PH

Amount Requested for New Project: $56,124

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "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 projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$151,819
Amount requested for new project(s):	$151,819
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals?
(limit 1000 characters)

Program progress is monitored on a monthly basis as each month a document is created which shows how the COC is accomplishing the HUD objectives. Individual program outcomes are discussed, and meetings are held with those projects which have been identified as having potential issues with achieving the HUD goals.

In addition, the Executive Committee reviews each APR as it is completed and reviews the program's accomplishments during the prior year.

The HMIS Team also looks at projects on a monthly basis and accomplishments are posted on the COC website. Also, the Ending Homeless Committee reviews the data to determine where improvements can be made and to discuss appropriate action steps.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals?
(limit 1000 characters)

After monitoring applicant performance, trends will be discussed in the Data Gathering - QI Committee, with the goal of peer support and problem solving. The cause of poor performance will be identified and training will be provided or TA requested for identified issues. Agencies that are struggling will be paired with successful agencies for peer assistance to work out program difficulties. In addition, ongoing monitoring and improvement of the HMIS system will also help program outcomes improve.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity?
(limit 1000 characters)

If GNCOC projects are not performing well, the COC will target trainings to these performance issues with guidance provided on how to better achieve the goals. In January 2014, the GNCOC created a Data Gathering - QI Committee which will review goals and accomplishments. This Committee is made up of representatives from COC funded agencies. The GNCOC will provide one-on-one trainings with agency staff to address issues that will assist their capacity. Also, the GNCOC will encourage a poor performing agency to meet with a high performing agency that provides similar services to find ways to improve service delivery and outcomes.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

The GNCOC has acquired RRH funds from various sources which will assist with the permanent housing aspect. Through ACA funding, the COC now has outreach and enrollment specialists as well as Patient Navigators which will work with homeless individuals and families to connect them with various services and affordable health care as well as to remove them from the homeless shelter to a permanent housing unit as soon as possible after arrival by having them complete and submit forms for permanent housing and other resources. Additionally, the GNCOC is implementing the Housing First model more aggressively throughout the geographic area

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

All Permanent Supportive Housing Projects within the GNCOC provide extensive case management and supportive services to those who are homeless. In addition, training is provided in financial literacy, resume preparation, GED, etc. so that those who are moving into permanent supportive housing have the means and skills to be able to support themselves and their family and to avoid the return to homelessness. All GNCOC PSH projects - with exception of the newest one - have an average length of stay participant stay of six years.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

The GNCOC has an aggressive outreach program including numerous outreach events and activities which are held on at least a quarterly basis (such as project Homeless Connect, Employment Connect, Veterans Stand Down). This has allowed the COC to identify and assist more unsheltered individuals. Outreach workers are also part of several community programs which work with the homeless, such as PATH which works with mental health issues; 2 outreach workers in health care for the homeless; 3 outreach workers for Veterans; and 1 outreach worker for The Bridge Program - a state funded program for rapid re-housing and homelessness prevention. In addition, there is a Community Health Worker who works with the homeless in the emergency room. All of these individuals are part of the GNCOC committee working on the development of the coordinated assessment system which will develop procedures to link people to services.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding?   No

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?
(limit 1000 characters)**

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?   No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the   FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA.   Please submit technical question to the OneCPD Ask A Question at   https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?   Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* **Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	100%
* **Homeless assistance providers use a single application form for four or more mainstream programs.**	100%
* **Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually?   Yes

4C-3.1 If yes, indicate the most recent training date: 02/21/2013

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)

The GNCOC had two group presentations regarding the implementation of the Affordable Care Act which explained how program recipients would be able to participate in the Program.   In addition to the presentations to the entire COC, the Patient Navigators and Care Coordinators have offered and provided training to individual agencies so their staff is informed of the Act and what is required.   There are a number of Patient Navigators and Care Coordinators throughout the GNCOC service area who have been providing a lot of outreach on the Affordable Care Act. Beginning in February 2014, there will also be weekly sign-ups and educational meetings on the Act.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

Every other month at the GNCOC General Membership meetings there are presenters from two local programs which discuss their program with regards to what it entails, participant involvement, etc. These presentations allow for all GNCOC members to become knowledgeable of the different supportive services which are available to their clients. In addition, the GNCOC has a robust email distribution list which shares information about grant and other funding resources so all agencies become aware of possible other funding sources. The GNCOC encourages collaboration among agencies in order to leverage the funds available and has a high leverage dollar amount in this COC application. Funding is being sought from agencies such as New Hampshire Foundation, SAMSHA, Veterans, DOL, etc. The GNCOC will take a very active and aggressive approach to finding alternative funding as it realizes the importance of maintaining the HUD dollars for housing.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	01/15/2014
CoC Governance Agreement	No	GNCOC guidelines	01/15/2014
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No	ranking-scoring s...	01/05/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	GIW	01/15/2014
FY2013 Rank (from Project Listing)	No	ranking committee...	01/15/2014
Other	No	public notice of ...	01/17/2014
Other	No	HMIS Governance M...	01/14/2014
Other	No	NH-HMIS-Policies-...	01/14/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certificate of Consistency with Con Plan

Attachment Details

Document Description: GNCOC guidelines

Attachment Details

Document Description:

Attachment Details

Document Description: ranking-scoring sheet

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: GIW

Attachment Details

Document Description: ranking committee minutes and ranking order

Attachment Details

Document Description: public notice of ranking and public notice of application screen shot from webpage

Attachment Details

Document Description: HMIS Governance Model & Definitions 8-2013

Attachment Details

Document Description: NH-HMIS-Policies-&-Procedures-8-2013

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/27/2014
1D. Project Review	01/27/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/27/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/22/2014
2E. HMIS Data Usage	01/22/2014
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2H. Sheltered Data - Methods	01/22/2014
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2J. Sheltered Data - Quality	01/22/2014
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3F. Grant(s) Eliminated	01/27/2014
3G. Grant(s) Reduced	No Input Required
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4A. Project Performance	01/27/2014
4B. Employment Policy	01/27/2014
4C. Resources	01/27/2014
Attachments	01/22/2014
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: FY2013 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: *[signature]*

Date: January 9-2014

form HUD-2991 (3/98)

Certification of Consistency with the Consolidated Plan

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Continuum of Care. See project listing for specific locations of

each project

Name of the Federal Program to which the applicant is applying: FY2013 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: 1/8/14

form **HUD-2991** (3/98)

GNCOC Ranking Priority for 2013 COC Application

Ranking	Score		
		TIER 1	
1	98	Harbor Homes Inc.	PH9
2	90	Harbor Homes Inc.	PH7
3	90	Harbor Homes Inc.	PH8
4	88	Harbor Homes, Inc.	PH11
5	85	Harbor Homes Inc.	PH10
6	83	Harbor Homes Inc.	PH5
7	80	GNMHC	A Place to Live Permanent Housing
8	79	Harbor Homes Inc.	PH6
9	78	State of NH/ Harbor Homes Inc.	PH2
10	77	Harbor Homes Inc.	PH3
11	76	Harbor Homes Inc.	PH4
12	68	Marguerites Place Inc	Marguerites Place Inc
13	54	GNCA Inc.	Rapid Rehousing - Updated Project
14	50	State of New Hampshire	Homeless Management Information System - Nashua
15	46	Harbor Homes Inc.	PH13 - New Project - 3 Units
		TIER 1 TOTAL	**TIER 1 TOTAL**
		TIER 2	
1	46	Harbor Homes Inc.	PH14 - New Project - 5 Units
2	41	Nashua Housing Authority	Shelter and Care PH Program
		TIER 2 TOTAL	**TIER 2 TOTAL**

Submitted – Bob Mack

New Hampshire HMIS Governance Model

The HMIS governance model:
- Defines the relationship between the HMIS implementation and the CoC;
- Establishes organizational requirements for the HMIS implementation;
- Formalizes leadership and oversight expectations; and
- Provides structure for decision-making.

2013

The New Hampshire Homeless Management Information System (NH-HMIS) Governance model is developed and formally documented between the HMIS Lead, Grantee, and Continuums of Care (CoC). It ensures that a formal agreement outlining management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding (MOU)). In order to be approved, the HMIS Advisory Committee creates the Governance model; then looks to the CoC leadership for full agreement and sign off. This is the same process as used for changes to the *HMIS Policies and Procedures* document.

NH-HMIS policy is agreed upon and revised when necessary through CoC representation on the statewide NH-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.

The tables in this document show the responsible entities that govern the following HMIS activities:

- Planning and Software Selection
- HMIS Management and Operations – Governance and Management
- HMIS Management and Operations – Compliance Monitoring
- HMIS Management and Operations – Data Quality
- HMIS Policy Development and Oversight
- Other Federal Requirements

Appendix A defines HMIS terms in more detail.

Be sure to check the NH-HMIS website at http://nh-hmis.org/ to ensure you have the most up-to-date version of this document. On the right side of the home page, see the link under the heading "HMIS Reference Materials."

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 – Ensures 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			

Governance Area	**Responsible Entity**					
	CoC	**HMIS Grantee**	**HMIS Lead Org**	**HMIS Advisory Committee**	**Participating Agency**	**Other**
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 – Ensures membership of the HMIS steering committee or advisory board is inclusive of decision makers representing the CoC and community.	X	X		X		Community/Consumers
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, NERHMIS
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			

	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Committee	Participating Agency	Other
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 ensures 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			

Governance Area	**Responsible Entity**					
	CoC	**HMIS Grantee**	**HMIS Lead Org**	**HMIS Advisory Committee**	**Participating Agency**	**Other**
HMIS Management and Operations – Compliance Monitoring						
HMIS Management Issues – Ensures 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 Acknowledgement – Ensures the completion and documentation of client acknowledgement, as appropriate with the CoC's Client Acknowledgement Policies and Protocols.			X	X	X	Community/Consumers

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Committee	Participating Agency	Other
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	

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Committee	Participating Agency	Other
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, the City of Manchester, and non-funded participating programs.	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, the City of Manchester, and non-funded participating programs.	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 standards.		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/Consumers

Governance Area	Responsible Entity					
	CoC	HMIS Grantee	HMIS Lead Org	HMIS Advisory Committee	Participating Agency	Other
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. Ensures all agencies have sufficient privacy policies and protocols in place.			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, and S+C, projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento funding.		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 Acknowledgement – Ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client Acknowledgement 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 data from the HMIS.	X	X	X	X	X	

Governance Area	**Responsible Entity**					
	o	**HMIS Grantee**	**HMIS Lead Org**	**HMIS Advisory Committee**	**Participating Agency**	**Other**
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 positions.	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 policy.		X				

Appendix A: NH-HMIS Governance Model Definitions

Annual Homeless Assessment Report (AHAR) – 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) – A 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.

Central Intake Coordinated Assessment – A centralized or coordinated process designed to make program participant intake, assessment, and provision of referrals more efficient.

Chronic Homelessness – HUD defines a chronically homeless person as
(1) An individual who:

    (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
    (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
    (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Client Acknowledgement – This Acknowledgement embodies the element of informed Acknowledgement in a written form. A client completes and signs a document acknowledging that they have 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 that 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 the document *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 Solutions 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 Standards – This document describes the Program Description Data Elements, Universal Data Elements, and Program-Specific Data Elements that are used in the HMIS electronic data collection system.

HMIS Grantee – The State of New Hampshire.

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

HUD HMIS Data Standards Final Notice – This document provides information about the 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.

Inferred Acknowledgement – Once clients receive a verbal explanation of HMIS, acknowledgement is assumed for data entry into HMIS.

Informed Acknowledgement – A client is informed of participating in an HMIS system and then specifically asked to acknowledge and sign the Client Acknowledgement form.

Participating Agency – An agency that uses HMIS to collect data.

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 Solutions 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 (SRO) – 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.

History of Changes

A high-level summary of the changes made each time this document is released are listed in the following table.

August 2013 (changes since 2011 document)

Description	Section and/or Page #
Added cover page	Page 1
Changed *Client Consent* to *Client Acknowledgement*	Pages 8 and 10
Added *City of Manchester* and *non-funded participating programs*	In description of "Universal Data Elements" and "Program-Specific Data Elements", Page 6
Deleted *SRO* and *HOPWA*	In description of "Program Funding Training and Orientation", Page 7
Added definition of *Central Intake Coordinated Assessment*	Appendix, Page 9
Updated the definition of *Chronic Homelessness* as per HUD's definition	Appendix, Page 9
Rewrote definition of *HMIS Data Standards*	Appendix, Page 10
Rewrote definition of *HUD HMIS Data Standards Final Notice*	Appendix, Page 11

In description of *Inferred Acknowledgement*, changed *oral explanation* to *verbal explanation*	Appendix, Page 11
In definition of *McKinney-Vento Act*, changed Emergency *Shelter* Grant Program to Emergency *Solutions* Grant Program	Appendix, Page 11
Added History of Changes section	Pages 12-13

STATE OF NEW HAMPSHIRE

NH-HMIS

(New Hampshire Homeless Management Information System)

Policies and Procedures Manual

August 2013

Table of Contents

HMIS Contact Information

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1. HMIS Participation Policy

1 (a) Responsibilities

Beginning with the 2003 Continuum of Care (CoC) and Emergency Shelter Grants (ESG), and continuing with the Emergency Solutions Grant Homeless Prevention and Rapid Re-Housing Programs, the United States Department of Housing and Urban Development (HUD) requires all grantees and sub-grantees to participate in their local Homeless Management Information System (HMIS). This policy is consistent with the Congressional Direction for communities to provide data to HUD on the extent and nature of homelessness and the effectiveness of its service delivery system in preventing and ending homelessness.

The HMIS and its operating policies and procedures are structured to comply with the most recently released *HUD Data and Technical Standards for HMIS*. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate agencies, the NH-HMIS may negotiate its procedures and/or execute appropriate business agreements with Partner Agencies so they are in compliance with applicable laws.

2. Participation Requirements

2 (a) Mandated Participation

All designated agencies that are funded to provide homeless services by the State of New Hampshire (NH), Bureau of Homeless and Housing Services (BHHS), City of Manchester, SSVF, and/or HUD in the State of NH must meet the minimum HMIS participation standards as defined by this Policy and Procedures manual. These designated programs include: emergency and transitional shelter, and permanent housing programs for people experiencing homelessness, Homelessness Prevention, and Rapid Re-Housing programs. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS Agency Participation Agreement.

2 (b) Voluntary Participation

Although non-funded agencies who agree to participate will meet minimum participation standards, NH-HMIS and each CoC strongly encourages non-funded agencies to fully participate with all of their homeless programs.

While each CoC cannot require non-funded providers to participate in the HMIS, the CoC works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in the State of New Hampshire.

3. Minimum Participation Standards

- Collect all of the universal data elements, as defined by HUD, for all programs operated by the agency that primarily serve persons who are homeless, formerly homeless, or at risk of becoming homeless.
- For all programs, enter federally required client-level data into the HMIS.
- For all programs funded by NH Dept. of Health and Human Services, City of Manchester, SSVF, and the Bureau of Homeless and Housing Services, enter federally-required AND state-required client level data.
- Complete data entry within specific timeframes, depending on the type of program (see *Section 9. HMIS Data Quality Policies and Procedures).*
- Comply with all HUD regulations for HMIS participation.

The NH-HMIS uses all submitted data for analytic and administrative purposes, including the preparation of NH-HMIS reports to funders and the Continuum's participation in the Federal Annual Homeless Assessment Report (AHAR).

4. HMIS Agency Participation Requirements

HMIS Agencies are required to do the following:
- Authorized agency users must directly enter client-level data into the HMIS database. Users have rights to access data for clients served by their agency and use HMIS functionality based on their user level privileges. The agency's data is stored in the HMIS central database server, which is protected by several levels of security to prevent access from unauthorized users.
- Each agency must designate at least one Agency Administrator who is the agency's point person/specialist regarding HMIS. The Agency Administrator is responsible for:
    1. Providing and maintaining agency specific information for the Executive Director and Agency Administrator (i.e.: name, address, email address and contact phone number)
    2. Organizing its agency's users
    3. Making sure proper training has taken place for the users and that all HMIS policy is being followed by all users from that agency
    4. Notifying the NH-HMIS lead agency of any staff turnover

5. Hardware, Connectivity and Computer Security Requirements

5 (a) Workstation Specification

The minimum desktop specifications for ServicePoint 5 are:
- **Computer** – PC only (Bowman does NOT officially support Macintosh)**.**
- **Tablet** – Ipads with IOS 6 and up on the Safari browser.
- **OS/Memory**
    - Vista – 4 GB recommended (2 GB minimum)
    - XP (Service Pack 3) – 2 GB recommended (1 GB minimum)
    - Windows 7 – 4 GB recommended (2 GB minimum)
- **Monitor**
    - Screen Display - 1024 x 768 (XGA)

- **Processor**
  - A Dual-Core processor is recommended.
- **Internet Connection**
  - Broadband
- **Browser**
  - Google Chrome is recommended. Internet Explorer 10 is supported. Other browsers work with varying results.

5 (b) Internet Connectivity

Participating Program must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, or T1 line.

5 (c) Security Hardware/Software

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

5 (d) Agency Workstation Access Control

Access to the HMIS will be allowed only from computers specifically identified by the Participating Agency's Executive Director or authorized designee and HMIS Agency Administrator. Laptop computers will require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations will be controlled through both physical security measures and a password. Each agency's HMIS Agency Administrator will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. Each workstation, including laptops used off-site, should have appropriate and current firewall, and virus protection as specified above, see *Section 5 (c) Security Hardware/Software.* Devices must only access secured, password-protected wi-fi with non-public access.

6. HMIS User Implementation

6 (a) Eligible Users

Each Participating Agency shall authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

All Agency Administrations and End Users will be trained – either in person or using the online training materials. After training, users will be required to pass the HMIS certification test. When HMIS verifies the user has passed the test (with a grade of 80% or above), they will be given a password so they can access ServicePoint.

The HMIS Sponsor shall authorize use of the HMIS only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out central server responsibilities.

6 (b) User Requirements

Prior to being granted a username and password, users must sign an HMIS User Policy Agreement that acknowledges receipt of a copy of the agency's privacy notice and that pledges to comply with the privacy notice.

Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with all policies and standards described within this *Policies and Procedures Manual*. They are accountable for their actions and for any actions undertaken with their username and password.

Agency Administrators must ensure that users have received adequate training prior to being given access to the database.

6 (c) Setting up a New HMIS User

User licenses are provided to the agency as determined by NH-HMIS. If the Participating Program wishes to have additional licenses, they will be available for an additional cost to that program via an invoice processed by NH-HMIS.

If the Participating Agency wants to authorize system use for a new user, the agency's Executive Director or authorized designee must:
- Determine the access level of the proposed HMIS user
- Execute an HMIS User Policy Agreement

The Agency Administrator must:
- Verify that an HMIS user confidentiality agreement has been correctly executed
- Verify that appropriate and sufficient training has been successfully completed
- Secure the new user ID and password in Service Point

Once the user ID is established, the Agency Administrator is responsible for maintaining the user account. If any user leaves the agency or no longer needs access to the HMIS, the Agency Administrator is responsible for *immediately* terminating user access by deleting or inactivating the user account by using the NH-HMIS Ticket system. To open a Ticket, click the Ticket System tab at http://nh-hmis.org/ or log on to http://support.nh-hmis.org.

Volunteers have the same user requirements as paid staff. They must have an individual user account, go through the same training, and have the same confidentiality and privacy documents signed and on file with the agency they are serving.

The Executive Director or authorized designee is responsible for ensuring that the user understands and complies with all applicable HMIS policies and procedures.

6 (d) Enforcement Mechanisms

The HMIS Sponsor will investigate all potential violations of any security protocols. Any user found to be in violation of security protocols will be sanctioned.

Sanctions may include, but are not limited to:
- A formal letter of reprimand to the State of NH, CoC Chair, Data Chair, City of Manchester, SSVF, and the Executive Director
- Suspension of system privileges
- Revocation of system privileges

A Participating Agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by agency users.

7. HMIS Agency Implementation

(Also see *Section 11. Data Quality Training*)

Prior to setting up a new Participating Agency within the HMIS database, the HMIS System Administrator and CoC shall:
- Verify that the required documentation has been correctly executed and submitted or viewed on site, including:
  - Certification of Initial Implementation Requirements
  - Agency Participation Agreement
  - Information Security Protocol
  - Additional documentation on Agency and Program(s)
  - Designation of Agency Administrator
  - Verify funding source
  - License fee, if applicable
- Request and receive approval from the HMIS Sponsor Agency (see *Section: HMIS Contact Information*) to set up a new agency.
- Work with the Agency Administrator to input applicable agency and program information.
- Work with the HMIS Sponsor to migrate legacy data, if applicable, and within the scope of normal HMIS functions. Data needing additional HMIS or third party vendor intervention will be addressed on a case-by-case basis.
- Follow the HMIS naming conventions (Agency name: Program).

7 (a) Agency Information Security Protocol Requirements

At a minimum, Participating Agencies must develop rules, protocols or procedures to address the following:

- Internal agency procedures for complying with the HMIS confidentially requirements and provisions of other HMIS client and agency agreements
- Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information
- Appropriate assignment of user accounts
- Preventing user account sharing
- Protection of unattended workstations
- Protection of physical access to workstations where employees are accessing HMIS
- Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information
- Proper cleansing of equipment prior to transfer or disposal
- Procedures for regularly auditing compliance with the agency's information security protocol

7 (b) User Access Levels

All HMIS users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Each user will only have access to client-level data that is collected by their own agency unless they participate in Open System or other Data Sharing group.

8. HMIS Client Data Policies and Procedures

8 (a) Client Notification Policies and Procedures

The NH-HMIS has prepared standard documents for the HMIS User Policy Agreement and Client Acknowledgement Form. All written consent forms must be stored in a client's case management file for record keeping and auditing purposes. Forms are located on the HMIS website http://www.nh-hmis.org.

8 (b) Open Systems Designated Groups of Common Programs that Share HMIS Data

8 (b) (1) Homelessness Prevention and Rapid Re-Housing Programs

The NH DHHS Bureau of Homeless and Housing Services (BHHS) is currently contracting with a number of community-based programs to provide Homelessness Prevention and Rapid Re-Housing (RRH) services. These funds provide assistance to individuals and families who are homeless or at risk of becoming homeless.

NH Prevention and Rapid Re-Housing programs are required to share client level information with other NH Prevention and Rapid Re-Housing programs. Shared information will improve accurate financial and service assessments, eliminate fraud, and result in better services for individuals and families. Each participating Prevention and Rapid Re-Housing program must sign a data sharing agreement that regulates how and when HMIS information is made available to all of these programs. Confidentiality and privacy are covered in the Client Acknowledgement Form that can be found on the HMIS website http://www.nh-hmis.org.

8 (b) (2) New Hampshire Emergency Shelters

On March 11, 2013, a network of New Hampshire emergency homeless shelters began sharing basic person-specific data. This action improves safety assessment and accuracy of HMIS records for these emergency shelter programs, and the individuals and families who use them. Each participating emergency shelter program must sign a data sharing agreement that regulates how and when HMIS information is made available to all of these programs. Confidentiality and privacy are covered in the Client Acknowledgement Form that can be found on the HMIS website http://www.nh-hmis.org. A list of participating Agencies can also be found on that website.

8 (c) Definitions and Descriptions of Client Notification and Consent Procedures

8 (c) (1) Client Notice

A written notice of the assumed functions of the HMIS must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. See the Client Acknowledgement Form at http://nh-hmis.org/sites/default/files/forms/client-acknowledgement-consent.pdf. The client has a right to view a copy of his/her record upon request.

8 (c) (2) Applicability of Consents

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

8 (d) Accountability for NH HMIS Policy

Participating Agencies must establish a regular process of training users on the NH-HMIS policies and procedures outlined in this manual, regularly auditing that the policy is being followed by agency staff (including employees, volunteers, affiliates, contractors and associates), and receiving and reviewing complaints about potential violations of the policy.

9. HMIS Data Quality Policies and Procedures

9 (a) Data Quality Standard

- All names provided will be accurate
- Blank entries in required data fields will not exceed 5% per month
- Data inconsistencies or missing data will not exceed 10% as per AHAR participation rules
- All services provided will be compatible with providing program
- Data entry must be complete within the timelines specified in *Section 9. HMIS Data Quality Policies and Procedures*

9 (a) (1) Responsibility

Each of the three New Hampshire Continua of Care are responsible for implementing these data standards in such a way that:
- Specifies the data quality standard to be used by all participating agencies
- Provides a mechanism for monitoring adherence to the standard
- Provides the necessary tools and training to ensure compliance with the standard

- Includes strategies for working with agencies that are not in compliance with the standard

9 (a) (2) Open Systems Data Quality

- For Emergency Shelter programs that share basic client-specific data, corrections and updates to client information will be made by the most current program. When duplicate information is found, the agency will notify NH-HMIS via a Ticket so the client data can be merged. To open a Ticket, click the Ticket System tab at http://nh-hmis.org/ or log on to http://support.nh-hmis.org.

9 (b) Data Entry Standards by Type of Program

9 (b) (1) Emergency Shelters

All State funded Emergency shelters are required to be licensed to provide client level data into the NH-HMIS. Programs shall utilize the entry/exit process for every client entered into NH-HMIS. All ShelterPoint data in a calendar week (Sunday 12:01 a.m. through Saturday 12:00 a.m.) must be entered by 9:00 a.m. of the following Tuesday. Minimum data elements required by HUD, including entry/exit data, must be entered within fourteen (14) days of an individual's entry into the program. Centralized intake requires up-to-date data.

9 (b) (2) Non-Emergency Shelters, Shelter Plus Care, Transitional Housing Programs, Permanent Supportive Housing and other Rental Assistance Programs

All programs in this program type are required to be licensed to provide client level data into the NH-HMIS. Minimum data elements required by HUD, including entry/exit data, must be entered with fourteen (14) days of an individual's entry into the program.

9 (b) (3) All HUD-Funded Outreach Programs

Outreach programs must maintain client level data as required by the State of NH, BHHS. All programs licensed to provide client level data into NH-HMIS. Programs shall utilize the entry/exit process for every client entered into NH-HMIS. Entry/exit dates and service transactions (if applicable) must be completed within forty-five (45) days of initial contact. Outreach providers who are not currently entering client level data into NH-HMIS must provide Homeless Outreach Contact Forms for clients seen the first fifteen days of the month and the last fifteen-sixteen days of the month within five (5) business days to the State of NH, BHHS.

9 (b) (4) Homelessness Prevention and Rapid Re-Housing Programs

All required data will be entered into HMIS within seven (7) business days of a person's entry into services.

9 (c) Data Quality Monitoring

It is strongly encouraged that Programs run an APR or equivalent annual report (for example, an ESG CAPER) monthly. The NH-HMIS System Administrator will perform regular data integrity checks on the HMIS data, which will include the following steps:

- Run HUD Universal Data Elements, Data Incongruities Reports, and other data quality reports as determined by NH-HMIS, CoC's and the State of NH, BHHS.
- Notify Agency Administrator of findings and timelines for correction.

- Re-run reports for errant agencies/programs, as requested. Follow up with Agency Administrators, if necessary.
- Notify Agency Executive Director if agency administrators are not responsive to required corrective actions.
- Notify the CoC chair, the Data chair, HMIS lead, for City of Manchester the CoC Data chair, and the HMIS Grantee (BHHS) regarding any uncorrected data quality issues.

9 (d) Accountability for Data Quality

- Any patterns of error at a Participating Agency will be reported to the Agency Administrator through electronic mail.
- Participating Agencies are expected to correct data errors within thirty (30) days of notification.
- When patterns of error have been discovered, users will be required to correct their data entry techniques and will be monitored for compliance.
- Programs under contract with NH DHHS BHHS will be considered to be out of compliance with their contract agreements if they do not demonstrate a good faith effort to make necessary data corrections within (30) thirty days. This can affect payments, and may place the program in default of the contract.
- If data is not up to date, Harbor Homes (HHI) will take the following steps:
  - A formal letter of notification to the State of NH, CoC Chair, Data Chair, and Executive Director
  - Inclusion of the status of non-compliance of the organization in public reports

10. Data Collection Requirements

10 (a) HUD Universal Data Elements

A Participating Agency is responsible for ensuring that a minimum set of data elements, referred to as the HUD Universal Data Elements (UDEs) as defined by the *HUD Data and Technical Standards*, will be collected and/or verified from all clients at their initial program enrollment or as soon as possible thereafter. Participating Agencies are required to enter data into the HMIS as specified in *Section 9. HMIS Data Quality Policies and Procedures*.

The UDEs are all included collectively on the Client Profile, Assessment, and HUD Entry and Exit assessments, which are on the ServicePoint Entry and Exit screens, respectively.

Participating Agencies must report client-level UDEs using the required response categories detailed in the *"Required Response Categories for Universal Data Elements"* section of the *HUD Data and Technical Standards.* This document can be viewed from the NH-HMIS website at http://www.nh-hmis.org or at http://nh-hmis.org/sites/default/files/reference/HUD_Data_and_Technical_Standards.pdf. Also see APPENDIX A — List of Data Elements later in this document for a list of the data elements.

10 (b) Program-Specific Data Elements

All Participating Agencies are also responsible for ensuring that the Program-specific Data Elements, as defined by the *HUD Data and Technical Standards*, are collected from

all clients that are served by applicable HUD-funded programs. These Program-specific Data Elements must be entered into the HMIS as specified in *Section 9. HMIS Data Quality Policies and Procedures*.

Participating Agencies must provide client-level data for the Program-specific Data Elements using the required response categories detailed in sections "Required Response Categories" and "Program-Specific Data Elements" shown in the *HUD Data and Technical Standards*. These standards are already incorporated into the HMIS.

The Program-specific Data Elements are located in the assessments, which are on the ServicePoint Entry and Exit screens, respectively.

10 (c) State Required Data Elements for State-Funded Programs

In addition to the HUD required data elements, the State of New Hampshire BHHS requires the following data elements:
- First Time Homeless (all programs except Homeless Outreach)
- Is Client Chronically Homeless?
- Do you have a disability of long duration?
- Employed? (Homeless Outreach only)
- Employment Tenure

See APPENDIX B — NH State Required Data for Program-Specific Data Elements for State-Funded Programs later in this document for a description of these data elements.

11. Data Quality Training

11 (a) Requirements

11 (a) (1) End-User Training

Each end user of the HMIS system must complete at least one session of training and pass the certification test with a grade of 80% or above before being given HMIS login credentials. When Agency Administrators have specific training needs, they will promptly notify HMIS by opening a Ticket. To open a Ticket, click the Ticket System tab at http://nh-hmis.org/ or log on to http://support.nh-hmis.org.

11 (a) (2) Agency Administrator Training

After completing End-User training, each new Agency Administrator must complete an additional Admin training session. This session will include how to configure and manage an Agency's programs and users in the HMIS. Agency Administrators will participate in subsequent training sessions as designated by the NH-HMIS Sponsor agency.

11 (a) (3) Reports Training

Reports training for Agency Administrators and other interested users will be made available as needed. This training will include how to use existing canned reports in ServicePoint's ReportWriter and may include opportunities for training on the Advanced Reporting Tool (ART) (this training may require Viewer licenses or ad-hoc licenses).

NH-HMIS staff strongly encourages Participating Agencies to run their own data quality reports and APR report monthly so that Participating Agencies can monitor their own data quality and become more effective in serving our clients across the Continuum.

12. HMIS Data Access Control Policies

12 (a) User Accounts

Agency Administrators are responsible for managing user accounts for their Agency. They must follow the procedures documented in *Section 6. HMIS User Implementation* for user account set-up including verification of eligibility, the appropriate training, and the establishment of appropriate user type. The assigned user type will determine each user's individual access level to data, and Agency Administrators must regularly review user access privileges.

The Agency Administrator is responsible for removing users from the system. They should discontinue the rights of a user immediately upon that user's termination from any position with access to HMIS by opening a Ticket from the http://nh-hmis.org/ website or by logging on to http://support.nh-hmis.org.

12 (a) (1) User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.

A temporary password will be automatically generated by the system when a new user is created. The NH-HMIS Sponsor Agency will communicate the system-generated password to the user. The user will be required to establish a new password upon their initial login. This password will need to be changed every 45 days. A password cannot be used again until another password has expired. Passwords should be between 8 and 16 characters long, contain at least two numbers, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive. Users are prohibited from sharing passwords, even with supervisors.

12 (a) (2) Password Reset

Except when prompted by ServicePoint to change an expired password, users cannot reset their own password. The Agency Administrator and the NH-HMIS Sponsor Agency have the ability to temporarily reset a password. If an Agency Administrator needs to have his/her password set, they will need to create an HMIS Ticket so that the NH-HMIS Sponsor Agency can reset their password. To open a Ticket, click the Ticket System tab at http://nh-hmis.org/ or log on to http://support.nh-hmis.org.

12 (a) (3) System Inactivity

Users must log off from the HMIS application and their workstation if they leave their workstation. Also, HUD requires password-protected screen-savers on each workstation. If the user is logged onto a workstation and the period of inactivity on that workstation exceeds 30 minutes, the user will be logged off the system automatically.

12 (a) (4) Unsuccessful Login

If a user unsuccessfully attempts to log in four times, the User ID will be "locked out", their access permission will be revoked, and they will be unable to regain access until their User ID is reactivated by the Agency Administrator or NH-HMIS Sponsor Agency.

12 (b) HMIS Data Ownership Policies

The client has the right to view and have corrections made on their own data. In the event that the relationship between the NH-HMIS and a Participating Agency is terminated, Participating Agency access is terminated. If another program is assuming the program administration then the data migrates to the new program (fees may apply).

12 (c) HMIS Data Use and Disclosure Policies and Procedures

Each of the HMIS Participating Programs must comply with uses and disclosure standards, as outlined in the *HUD Data and Technical Standards: Notice for Uses and Disclosures for Protected Personal Information*. See the document http://nh-hmis.org/sites/default/files/reference/HUD_Data_and_Technical_Standards.pdf for the 2004 data standards.

12 (d) HMIS Data Release Policies and Procedures

12 (d) (1) Data Release Criteria

HMIS client data will be released only in aggregate, for any purpose beyond those specified in *Section 12 (c) HMIS Data Use and Disclosure Policies and Procedures*, according to the criteria specified below.

12 (d) (2) Aggregate Data Release Criteria

All released data must be anonymous, either by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

13. HMIS Technical Support Policies and Procedures

13 (a) HMIS Application Support

As unanticipated technical support questions on the use of the HMIS application arise, users will follow these procedures to resolve those questions:

During the normal NH-HMIS business hours:
- Review the on-line help and/or training materials on the HMIS website.
- Direct the technical support question to the Agency Administrator.
- If the question is still unresolved, the Agency Administrator/user can direct the question to the NH-HMIS team by opening a Ticket system. To open a Ticket, click the Ticket System tab at http://nh-hmis.org/ or log on to http://support.nh-hmis.org.

After the normal NH-HMIS business hours:
- Begin the utilization of the on-line help and/or training materials.
- If the question can wait to be addressed during the following business day, wait and follow the normal business hours procedure outlined above.
- If the question cannot wait, direct the technical support question to the Agency Administrator, if available.

13 (b) HMIS System Availability Policies

Every Wednesday from 10-11:00 Eastern time, ServicePoint is unavailable because Bowman Systems is performing necessary backup and maintenance of the HMIS database when as few people as possible need access to the system. However, when the NH-HMIS receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, the HMIS Sponsor Agency will notify Agency Administrators and End-Users via email. If there is an unplanned interruption to service, the NH-HMIS System Administrator will communicate with Bowman Systems, and Agency Administrators will be notified of any information regarding the interruption as it is made available.

If you have any questions about policies and procedures, contact the HMIS Sponsor, your CoC Data group, or the HMIS Advisory Committee.

APPENDIX A — List of Data Elements

Participating Agencies must report client-level detail in the *"Required Response Categories"* for the HUD Universal Data Elements that are shown in the *HUD Data and Technical Standards.* These standards are already incorporated into the HMIS, and can be accessed in the document http://www.hudhre.info/documents/FinalHMISDataStandards_March2010.pdf from the HMIS website http://nh-hmis.org/.

NOTE: The 2013 Data Standards have not been finalized, and no release date has been scheduled as of the release of this document on 8/14/2013. This document will be updated once the new standards have been released.

APPENDIX B — NH State Required Data for Program-Specific Data Elements for State-Funded Programs

In addition to the HUD required data elements, the State of New Hampshire BHHS requires the following data elements:

- **First Time Homeless?** (All programs except Homeless Outreach and Prevention) Response choices=Yes/No.

- **Is Chronically Homeless?** Response choices=Yes/No. "Chronically Homeless" is defined as:
  1. Chronically Homeless Individual –
  (1) An individual who:
  (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
  (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability; or

     (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility

  2. Chronically Homeless Family –A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless

- **Do you have a disability of long duration?** Response choices=Yes/No/Don't Know/Refused. "Disability" is defined as any one of the following:
  1. A disability as defined in Section 223 of the Social Security Act;
  2. A physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions;
  3. A developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
  4. The disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; or
  5. A diagnosable substance abuse disorder.

  *NOTE: If the answer to "Do you have a disability of long duration?" is "Yes," a Disability Type MUST be entered.

- **Employed?** Response choices=Yes/No/Don't Know/Refused

- **Employment Tenure:** Response choices=Full- or Part-time

History of Changes

A high-level summary of the changes made each time this document is released are listed in this section. Also, the Advisory Committee does an annual review of this document; changes from that review are also included.

August 2013 (changes since 3-2013 document)

Description	Section and (Page #)
Added City of Manchester and SSVF as designated Agencies.	Mandated Participation (1), Minimum Participation Standards (2), Enforcement Mechanisms (5), Data Quality Monitoring (9)
Bowman does support Ipads with IOS 6 and up on the Safari browser. Bowman does NOT officially support Macintosh.	Workstation Specification (2)
Browser Internet Explorer version changed from 8 to 10.	Workstation Specification (2)
Added caution of using secure, password-protected wi-fi and non-public access.	Agency Workstation Access Control (3)
Clarified "naming conventions" to include Agency name:Program.	HMIS Agency Implementation (5)
Added participation in Open Systems or Data Sharing group	User Access Levels (6)
Corrected website link to Client Acknowledgement Consent PDF file.	Client Notice (7)
Added bullet about data inconsistencies must not exceed 10% per AHAR rules.	Data Quality Standard (7)
Added central intake will require up-to-date data.	Data Entry Standards/Emergency Shelters (8)
Recommendation that Programs run monthly APR or equivalent annual report, such as the ESG CAPER.	Data Quality Monitoring (8)
Data chair added to list of formal notification if data is not up-to-date.	Accountability for Data Quality (9)
The Employed question is for Homeless Outreach only.	State Required Data Elements (9)
Users must pass the certification test with grade of 80% or higher.	Data Quality Training Requirements (10)
Encouraged to run APR reports monthly.	Data Quality Training on Reports (10)
Correct the link to the 2004 Data Standards document.	HMIS Data Use and Disclosure (12)
First step is to contact the Agency Admin.	HMIS Application Support (12)
Bowman Systems performs backups every Wednesday 10-11:00 Eastern time.	HMIS System Availability Policies (13)
Element list removed since this will change with the new Data Standards when they are released.	Appendix A List of Data Elements (14)
Changed the definition of Chronically Homeless per email from One CPD.	Appendix B NH State Required Data for Program-Specific Data for State-Funded Programs (15)
Question "If currently employed, select tenure" changed to "Employment Tenure."	Appendix B NH State Required Data for Program-Specific Data for State-Funded Programs (16)
Added section "History of Changes."	Pages 16-17

March 2013 (changes since 5-2012 document)

Description	Section
Added Open Systems text. For Emergency Shelter programs that share basic client-specific data, corrections and updates to client information will be made by the current program. When duplicate information is found, the agency will notify NH-HMIS via a Ticket so the client data can be merged.	Open Systems Data Quality
Required Data Elements (RDEs) changed to Universal Data Elements (UDEs.	HUD Universal Data Elements
Added new data elements. In addition to the HUD required data elements, the State of New Hampshire BHHS requires the following data elements: • First Time Homeless (all programs except Homeless Outreach) • Is Client Chronically Homeless? • Do you have a disability of long duration? • Employed? • If currently employed, select tenure	State Required Data Elements
Optimal configuration for computers upgrading from SP4 to SP5.	Hardware Requirements
Added text. All Agency Administrations and End Users will be trained – either in person or using the online training materials. After training, users will be required to pass the HMIS certification test. When HMIS verifies the user has passed the test (with a grade of 80% or above), they will be given a password so they can access ServicePoint.	Eligible Users