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**Exhibit 1: Continuum of Care** (Exhibit 1 consists of HUD Forms 40076-COC A through HUD 40076-CoC N, plus narrative text as specified in the instructions for each form)

**2005 Application Summary**

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Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: Collier County, Florida

CoC Contact Person and Organization: Susan Golden, Grants Administration Manager  
Collier County Department of Financial Administration and Housing  
Address: 2800 North Horseshoe Drive Suite 400  
Naples, FL 34104

Phone Number: (239) 213-2901 E-mail Address: susangolden@colliergov.net

**Continuum of Care Geography**

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code
Collier County	129021
Naples	122064
Everglades City	No Listing
Immokalee	No Listing
Marco Island	No Listing

Geographic Area Name	6-digit Code

## **Exhibit 1: Continuum of Care Narrative and Form HUD-40076 CoC-B Continuum of Care Narrative**

### **1. Your community's *planning process* for developing a Continuum of Care strategy.**

a. a. *Identify* the lead entity

- a. The CoC Lead Entity** is the Collier County Department of Financial Administration and Housing (FAH). The applicant for the 2005 HUD CoC Homeless Assistance grant is the Collier County Board of County Commissioners (BCC). The lead agency facilitating the CoC process is FAH in partnership with the CoC Committee, a sub-committee of the Collier County Hunger & Homeless Coalition. The CoC Committee, and the Hunger & Homeless Coalition ("Coalition"), is the driving force behind this collaborative effort. The majority of Coalition members are service providers throughout the community and have direct knowledge of the needs of the homeless population and the gaps in the service delivery system.

Since 2003, FAH has been the CoC lead agency. In addition, FAH is responsible for the preparation of Collier County's Consolidated Plan/One-Year Action Plan. The department also administers the County's Community Development Block Grant (CDBG), Home Investment Partnerships (HOME), Emergency Shelter Grant (ESG) and State Housing Initiatives Partnership (SHIP) affordable housing programs. This provides a unified, comprehensive approach to implementing programs and effectively utilizing federal funding.

As the CoC collaborative partnership between the County and the Coalition enters its fourth year, both parties and the community has benefited from this experience. As a result of this partnership, there has been stronger coordination of resources for the homeless population and the two entities have partnered on other funding requests, in particular the State Challenge and Housing Assistance Grants for the homeless. The Coalition brings its front line experience in providing services to the homeless population in Collier County while FAH provides administration and fiscal support as well as facilitation of the overall planning process to the CoC. The FAH Department will be responsible for the administration and monitoring of all contracts for SHP projects awarded funding by the United States Department of Housing and Urban Development (HUD).

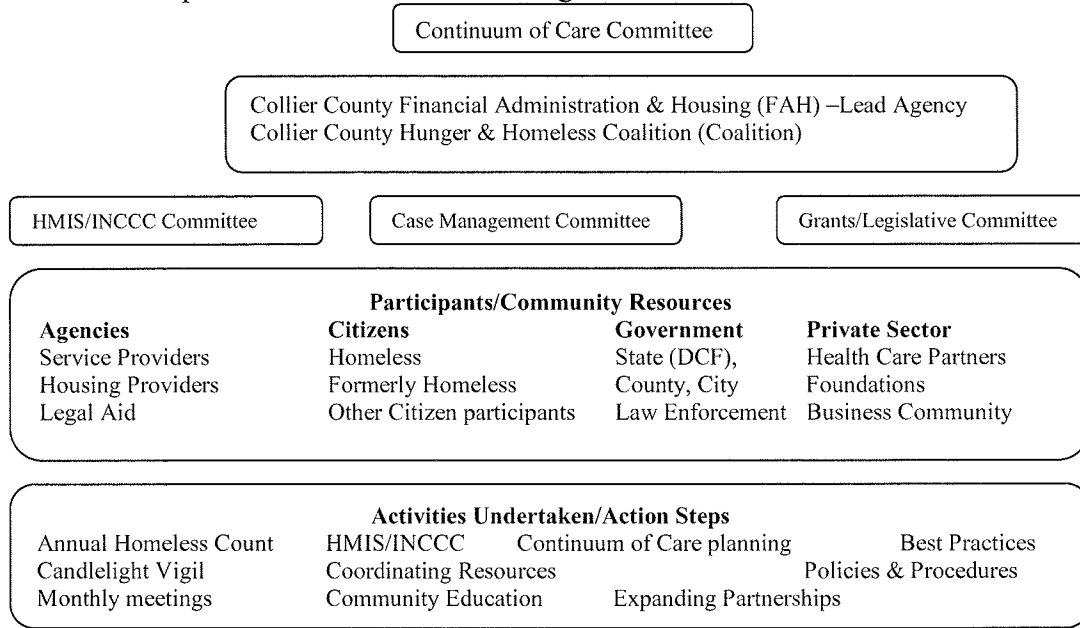
- b. *Describe* your community's CoC planning process, clearly defining the organizational structure. Well-coordinated process is in place with no overlapping or duplicative efforts.
- b.** The Coalition has been the mainstay of the CoC delivery system in Collier County since revitalization of the Continuum process in September of 2000. The dedicated leadership of the non-profit organizations serving the homeless has been the catalyst for ensuring that the CoC process is consistently in the forefront of all meetings and events held year round.

Understanding the need to focus on the CoC process year-round, CoC information and updates have become a standard part of each monthly Hunger & Homeless Coalition meeting. In addition, the Continuum Committee meets monthly to address a wide range of policy and procedural issues, identify needs, gaps and plan for the future. Meeting minutes

are distributed monthly to all CoC and Coalition members. In addition, all member agencies are kept up to date on homeless issues at the regional and state level.

Key participants in the CoC planning process have been members of the Hunger & Homeless Coalition Board, Collier County FAH Department staff, Emergency, Transitional and Permanent Housing providers, the Collier County Public School System as well as consumers and other homeless service providers interested in a greater level of participation. In addition, the implementation of the HMIS system in 2004 has generated additional interest from other service providers to participate in long-range strategic planning to address the needs of the homeless community.

The CoC process involves the following entities:



Our community's collaborative CoC process is now in its fifth consecutive year. The first consolidated Collier County CoC application was submitted to HUD in May 2001 after a revitalization of the Coalition Steering Committee in the fall of 2000. The Coalition identified a critical need for increased services to the homeless and at-risk of homelessness population in Collier County, and the Coalition Steering Committee determined that establishing a local CoC to access HUD funding was the best way to improve service delivery. The 2001 application was submitted for \$1,269,120 on behalf of four nonprofit agencies to fill high priority gaps in service identified through the Continuum process. HUD funded this application for \$801,120 granted to St. Matthews House for Wolfe Apartments and the Salvation Army for its transitional living program.

The 2002 CoC application for Collier County was submitted to HUD for \$766,000 on behalf of three nonprofit agencies including St. Matthews House, the Shelter for Abused Women and Child Care SW Florida and was awarded \$566,000 for the permanent and transitional housing applications submitted by St. Matthews House and the Shelter.

In 2003, two of five applications were fully funded. A permanent housing project in Immokalee

was funded for \$440,000. This project will be managed and monitored by the CoC Lead Agency through the construction phase, then turned over to the Collier County Housing Authority to provide operations and supportive services for up to 16 individuals and/or families with disabilities. HMIS was funded for \$155,599, which was leveraged, with funding from the State of Florida Office on Homelessness.

Last year's CoC submittal included two renewals and three new requests including a permanent housing request from the Shelter for Abused Women & Children. Unfortunately, of the \$1,096,545 requested only two renewals (HMIS & St. Matthew's House/Wolf Apartments) were funded along with the expansion of the local HMIS system known as Information Network for the Community of Collier County (INCCC) for a total of \$367,591.00.

A wide variety of agencies are encouraged to participate year round in the CoC process as well as submit applications for CoC funding each year. The Coalition coordinates efforts to address the needs of the homeless throughout both urban and rural Collier County. The issues facing the homeless in rural Collier County are often different than those encountered amongst the homeless in the populated coastal areas of Collier County. As the Lead Agency, Collier County ensures that there is no duplication of planning or services. The communication that is facilitated through the CoC process helps to ensure that all providers are aware of what is happening in the community with regard to the homeless population and that everyone is working toward the same goals and working to fill the acknowledged gaps in service. The County has access to information about other funding sources and has linked CoC members with alternative and mainstream resources. The County, as Lead Agency, also coordinates and administers the grant programs funded through the State Office on Homelessness. FAH and the Coalition also participate in the SW FL Coalition for the Homeless, which is a regional, multi-county network of homeless service providers. All of these efforts help to ensure that there is no duplication of services and that funding is being used to address the community's gaps in services.

c. *List* the dates and main topics of your CoC planning meetings held since June 2004

**CoC Committee Meetings**

(Note: CoC planning also occurred concurrently throughout the year during Hunger & Homeless steering and general membership meetings, which are not included due to page limitations)

June 15, 2004	<p>Collier County CoC Committee meeting minutes:</p> <ol style="list-style-type: none"> <li>1. Discussion of Shelter for Abused Women &amp; Children as an applicant and HMIS participant. This topic is addressing their interest in HMIS participation, as they have the program in operation and will be sending APR's. Anna Goettl provided information from Federal Register Vol. 68, No. 140: Special Provision for Domestic Violence Shelters. HUD does not expect a domestic violence shelter it funds to participate in a local HMIS where HMIS software or data protocols raise a significant risk to its clients. However, providers will be expected to provide unduplicated project-level data about participant characteristics without personal identifiers. Anna proposed that on an annual basis their organization will provide APR information and thereby participate in HMIS from that level.</li> <li>2. <b>Update our strategies for 2004-2005 for review and input (handout provided)</b> <ul style="list-style-type: none"> <li>• <b>Reviewed current list of strategies and additional goal to pursue a Shelter Plus Care application through a collaboration with the Housing Authority and provider organization.</b></li> </ul> </li> <li>3. Discuss deadlines for submission of Application (July 1<sup>st</sup>) and addressing the use of a Blue Ribbon Review Panel on the 14th of July/ How does the process work, what is the board? These and other concerns will be discussed. Janeen Person/FAH discussed the</li> </ol>
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	<p>deadline and process, as well as composition of Blue Ribbon Panel  <b>Twelve (12) agencies were represented.</b></p>
June 23, 2004	<p><b><u>Collier County COC Committee Meeting Minutes:</u></b>  <b>Review strategic goals 04-05 and ensure they correlate with Gaps Analysis before submission on COC Super Nofa</b></p> <ul style="list-style-type: none"> <li>• The group <b>discussed at length possible strategic goals for upcoming COC submission. Areas of affordable housing, shelters, shelter plus care, direct assistance, elderly and veterans were discussed.</b></li> <li>• <b>Concluded that short and long term goals will be implemented.</b></li> <li>• Encouraged input from group on correlating gaps analysis to the strategic goals.</li> <li>• <b>Gaps analysis will be placed into clusters inclusive of Housing, Direct Assistance and Services. We will ask members for input into prioritizing and ranking areas within the clusters.</b></li> </ul> <p><b>Eight (8) agencies were represented.</b></p>
August 11, 2004	<p><b><u>Collier County COC Committee Meeting Minutes:</u></b>  Reviewed COC meeting minutes June 15 and 23rd, 2004. Motion to approve meeting minutes by Natalie and seconded by Loren.</p> <ol style="list-style-type: none"> <li>1. Review of Submitted Strategic Goals for upcoming 04-05 Fiscal Year. Will review HUD goals for Chronic and At-Risk Population. <ul style="list-style-type: none"> <li>➤ Executive Director provided attendees with the submitted Strategic Chronic Homeless Goals for 2004-2005 fiscal years. Provided Handout on goals related to Shelter Plus Care; CIT; tracking demographics; and increased education on resources to homeless and possible implementation of homeless advocate to work with CCSO.</li> <li>➤ Expressed interest in funding agencies that meet one of these identified needs in future funding, as projects must correlate with the Continuum of Care Plan.</li> </ul> </li> <li>2. Review of COC Standards of Care before final implementation and vote by Board. <ul style="list-style-type: none"> <li>➤ Reviewed with attendees the COC standards of care before final implementation and approval by the Coalition Board on September 7<sup>th</sup></li> <li>➤ E.D. discussed need to create a customer survey and self-evaluation tool to measure agencies compliance with best practices and client satisfaction in an effort to support quality improvement techniques and assurance. Plan to provide COC with potential surveys and evaluation form in the near future after adoption of these standards.</li> </ul> </li> <li>3. Assessment of effort expended towards At-Risk Population in reference to this subpopulation needs. Continue to assess Gaps Analysis, ideas of other areas not addressed on the survey. <ul style="list-style-type: none"> <li>➤ Provided attendees with copy of gaps analysis assessment and requested consideration of areas not listed for assessment on this year's analysis and if clustering groups of Housing, Services, and Direct Assistance/materials seems a suitable method of rating as suggested by the group.</li> </ul> </li> </ol> <p><b>Six (6) agencies represented.</b></p>
September 22, 2004	<p><b><u>Collier County COC Committee Meeting Minutes:</u></b>  <b>Review of Standards of Care/ Final Revision and recent input by Shelter for Abused Women</b></p> <ul style="list-style-type: none"> <li>➤ Final revision distributed to members present</li> <li>➤ Discussed intent to have these adopted by Board in October. Exec Director intends to complete a Memoranda of Understanding, Survey and self-evaluation form for purposes of evaluating agencies on a bi-annual basis to ensure consistency and compliance with best practices.</li> </ul> <ol style="list-style-type: none"> <li>2. <b>Shelter Plus Care Project(s) for 2005-2006</b> <ul style="list-style-type: none"> <li>➤ Janeen/ FAH conveyed that Shelter Plus Care is a component of HUD McKinney-Vento Funding. The projects can be transitional or permanent and providers are contracted with the housing entity. It is a best practice model as support services enhance the success of self-sufficiency for recipients of housing. Plan to arrange site visits with other homeless providers/coalitions to evaluate and educate</li> </ul> </li> </ol>

	<p>ourselves on the housing model.</p> <p><b>3. Challenge Grant/Technical Assistance and discussion of due date</b></p> <ul style="list-style-type: none"> <li>➤ \$137,500 maximum award, however, \$82,500 is the second tier award. Catholic Charities removed themselves and withdrew their project, however, St. Matthew's will be applying for rental subsidies, possibly dental care incidental costs; David Lawrence expressed interest in pursuing \$29,910 in psychiatric service funding for outpatient (med services, urgent care); and the Coalition is submitting for \$10,000.00 in funding to support a Get Help Clinic activities and specifically for the costs associated with hygiene kits, blankets, and laminated resource cards.</li> </ul> <p><b>4. 211/ Resource Directory Initiatives</b> (possible coordination and collaboration with Lee County) at <a href="http://dhs.lee-county.com/directory.asp">http://dhs.lee-county.com/directory.asp</a></p> <ul style="list-style-type: none"> <li>➤ Persons seeking services, providers, donors and those seeking volunteer opportunities can access service providers and programs by indicating an agency, area, or search by key word. , John Bezelli, Lee County Government, indicated an interest in partnering with Collier County to collaboratively increase the number of services on the site to include our area.</li> </ul> <p><b>Ten (10) agencies represented.</b></p>
<p>October 20, 2004</p>	<p><b><u>Collier County COC Committee Meeting Minutes:</u></b>  Review of finalized and adopted <b>Standards of Care/ Memoranda of Agreement/ and Quality Assurance Survey:</b> These forms are to be accepted by the Coalition Board on the 19<sup>th</sup> of October. These forms will be utilized by participating COC agencies and is a mandate from payor sources.</p> <ul style="list-style-type: none"> <li>➤ Distributed proposed Memoranda of Agreement; Standards of Care and the Quality Assurance Survey. Explained the Board will review the documents as distributed on 10/19/04 in the Board meeting and will provide areas of correction or input prior to finalization and acceptance which is projected for the 11/2/04 meeting date.</li> <li>➤ Recommended that agencies provide these forms to administration for review by their agency prior to implementation on November 2<sup>nd</sup>. Clarified that attention should be provided to the Memoranda of Agreement and the Quality Assurance Survey. Standards of Care have been reviewed previously and altered in conjunction with input derived from participating agencies.</li> </ul> <p><b>2. Shelter plus Care Project(s)</b> for 2005-2006/ Discussion of planning for shelter plus care applications in future. <b>Discuss Housing First Model</b> and HUD initiatives.</p> <ul style="list-style-type: none"> <li>➤ Provided feedback and obtained information from Annual Conference that a focus and prioritization of HUD will be provided to those Exhibits that contain Shelter Plus Care and Permanent Housing applications.</li> <li>➤ Discussed any interest in permanent housing structures by participating agencies of the COC: Requested that Lead Agency attempt to establish a forum with local government to address issues related to affordable housing and to attempt collaboration with government.</li> </ul> <p><b>3. Challenge Grant/ Information on submitted applications and amounts.</b></p> <ul style="list-style-type: none"> <li>➤ Provided participants with the Activity Narrative of the Challenge Grant and reviewed applications submitted. 1). Coalition/ \$10,000 for Mini-Grant Program and Get Help Clinic 2). David Lawrence Center/ \$29,910.00 for psychiatric and substance abuse services 3). St. Matthew's House for Rent Subsidies \$61,600, Dental Care Program \$28,990 and a Prevention Service Associate for \$7,000.00</li> </ul> <p><b>Twelve (12) agencies represented.</b></p>
<p>November 17, 2004</p>	<p><b><u>Collier County CoC Committee Meeting Minutes:</u></b>  <b>1. Review of finalized and adopted Standards of Care/ Memoranda of Agreement/ and Quality Assurance Survey:</b> These forms were accepted by the Coalition Board on the 2<sup>nd</sup> of November. These forms will be utilized by participating COC agencies and is a mandate from payor sources/ HUD, etc.</p> <ul style="list-style-type: none"> <li>➤ Provided recipients with approved Memoranda of Agreement and Standards of Care encouraging members to take to Executive member of the agency for signature after review. These were approved on 11/19/04 in the CCHHC Board Meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Discussed that first self evaluation tool or the Quality Assurance Survey will be sent to participant members, designated by record of signature, on March 1, 2005.</li> <li>➤ H &amp; H Executive Director indicated to members present that other agencies, not present will be approached for signature and participation to assist in meeting deficits in the indicators of care. Quality Assurance Surveys will be distributed prior to March.</li> </ul> <p><b>2. GOALS: Implement Short Term and Long Term Goals and dates of Attainment/Homeless and Chronic refer to Exhibit I 2004.</b></p> <ul style="list-style-type: none"> <li>➤ Executive Director of CCHHC, provided a handout referencing the <b>Action Steps and Accomplishments to date, as well as projected actions steps to complete the established Chronic Homeless and Exhibit I Goals recorded in the 2005 HUD SuperNofa Application.</b> Reviewed with Group of participants present at the meeting requesting feedback and encouraged involvement in the process.</li> <li>➤ Colleen conveyed that as an attorney with Legal Aid, she assists individuals in obtaining benefits; determining eligibility for public benefits; etc and provides services at St. Matthew's House and Legal Aid office.</li> </ul> <p><b>Five (5) agencies present and represented.</b></p>
December 15, 2004	<p><b><u>Collier County CoC Committee Meeting Minutes:</u></b></p> <p><b>1.Continue review of finalized and adopted Standards of Care/ Memoranda of Agreement/ and Quality Assurance Survey:</b> These forms were accepted by the Coalition Board on the 2<sup>nd</sup> of November. These forms will be utilized by participating COC agencies and is a mandate from payor sources/HUD, etc.</p> <ul style="list-style-type: none"> <li>➤ Executive Director addressed the Memoranda of Agreement that is intended to be distributed in January and February. The first distribution of the Quality Assurance Survey is intended to be distributed in March and assessment of findings and analysis in April 2005.</li> <li>➤ By implementing these activities the Challenge Grant score will be improved. Fiscal Year 2004 Challenge Grant was not funded for Collier County due to low points on the application.</li> </ul> <p><b>2.Homeless Count/Get Help Clinic:</b></p> <ul style="list-style-type: none"> <li>➤ Distribute and continue receiving volunteer forms</li> <li>➤ Discussion of Point In Time Surveys relevance to COC committee</li> <li>➤ Update on progress of Get Help Clinic and Count preparation</li> <li>➤ Distribute letter requesting donations</li> </ul> <p><b>3. Continue review of progress and action steps related to GOALS: Implement ST and LT Goals and dates of attainment/Homeless and Chronic refer to Exhibit I 2004.</b></p> <ul style="list-style-type: none"> <li>➤ Amy Tozier will develop a template in order to create a Strategic Plan based on measuring tasks/activities for a one year period</li> <li>➤ Short Term will be 3-6 months and Long Term 6 month-1 year</li> </ul> <p><b>4 Update and review on progress related to Indicators of Care/Challenge Grant deficit areas since last meeting.</b></p> <p><b>Five (5) agencies present and represented.</b></p>
January 2005	<p><b><u>Collier County CoC Committee Meeting Minutes:</u></b></p> <p><b>No meeting. Annual Homeless Count conducted</b></p>
February 16, 2005	<p><b><u>Collier County CoC Committee Meeting Minutes:</u></b></p> <p>Continue review of finalized and adopted Standards of Care/ Memoranda of Agreement/ and Quality Assurance Survey and progress:</p> <ul style="list-style-type: none"> <li>➤ Fred Richards reported that all members were sent the aforementioned documents via email and were asked to return no later than March 1, 2005. Members present were encouraged to obtain signatures from their Executive Management on the Memoranda of Agreement.</li> </ul> <p><b>Homeless Count/Get Help Clinic:</b></p> <p><b>Conclusion of Count/Update on preliminary findings:</b></p> <ul style="list-style-type: none"> <li>➤ Homeless Count was conducted on 1/26/05 and 1/27/05 and the handout is preliminary results derived from tabulation of the surveys.</li> </ul> <p><b>Continue review of progress and action steps related to GOALS: Implement ST and</b></p>

	<p><b>LT Goals and dates of attainment/Homeless and Chronic refer to Exhibit I 2004. Gaps Analysis 2005 and continue distribution via February 2005.</b></p> <ul style="list-style-type: none"> <li>➤ Discussion of decision to apply for weight or points for homeless and at risk providers in this process due to familiarity with population and specific needs and the process of implementing this weight system in a Likert scale format.</li> <li>➤ The group suggested that we continue the process in compliance with last year's protocol/logistics to avoid skewed data and over emphasis in certain areas.</li> </ul> <p>Vet Update/Other New Discussion</p> <ul style="list-style-type: none"> <li>➤ <b>VISN: Veterans Integrated Services Network</b>, Florida is in VISN 8. Person in charge is Daniel Robin #305-541-5864 ext. 136. This department is responsible for securing, develop and implementing housing for homeless veterans and families.</li> <li>➤ VA Federal Contact Person for Homeless is Kathryn Ponder/Administrator of catchment area in Collier/ responsible for Outreach program in area. Also, Mark Hahn will contact Fred Richards with phone number-contact information.</li> </ul> <p><b>Six (6) agencies present and represented.</b></p>
<p>March 16, 2005</p>	<p><b>Collier County CoC Committee Meeting Minutes:</b></p> <p><b>Continue review of progress and action steps related to GOALS: Implement ST and LT goals and dates of attainment/Homeless and Chronic refer to Exhibit I 2004.</b></p> <ul style="list-style-type: none"> <li>➤ Reviewed Goal 1 of implementing a Shelter Plus Care project. Distributed information and assisted in educating group on the components of this type of project, encouraging any potential collaboration or pursuit of this type of project in the future.</li> </ul> <p>Update and review on progress related to Indicators of Care/Challenge Grant deficit areas since last meeting.</p> <ul style="list-style-type: none"> <li>➤ <b>Next Action Steps: (assignments):</b> Exec. Director provided participants with the Strategic Plan addressing deadlines, action steps, and overall current progress. Requested that participants ensure that their organizations have signed the Memoranda of Agreement as only three have been received to date. This requirement can negatively impact the overall continuum score in the Challenge and COC/HUD grants if not implemented by the full continuum. The first Quality Assurance Survey needs to be completed by 3/31/05.</li> <li>➤ Requested participants/attendees review areas of deficit within the overall <b>Strategic Plan. Encourage assistance in any area(s) in which their organization may be of assistance in the implementation or improvement of the progress toward attainment of the goals.</b></li> </ul> <p>Discuss tentative findings of the <b>Gaps Analysis 2005 and continue distribution via February 2005.</b></p> <ul style="list-style-type: none"> <li>➤ ED conveyed this is still in the area needing completion. Agencies are encouraged to provide more input as only 6 have been returned to date. Conveyed that on 3/14/05 the Analysis was distributed once again by email to all member agencies for input and completion.</li> </ul> <p><b>Seven (7) agencies present.</b></p>
<p>April 20, 2005</p>	<p><b>Collier County CoC Committee Meeting Minutes:</b></p> <p><b>1. Input into the development of Goals for the 2005- 2006 Fiscal Year</b></p> <ul style="list-style-type: none"> <li>➤ Review of Current Homeless and Chronic Homeless Goals 2005 (see attachment)</li> <li>➤ Reviewed all goals, <b>current/2004 and discussed ideas for 2005 COC goals such as increasing housing and business participation.</b> Current goals will remain and be modified to reflect discussion on areas of change made by the committee.</li> </ul> <p>2. SuperNofa Grant/Continuum of Care: \$749,000 available in funding for 2005-2006 fiscal year. Review of current proposals received, discussion of eligible activities and due date.</p> <ul style="list-style-type: none"> <li>➤ Shelter Abused Women and Children will submit an application for transitional housing for service recipients that are eligible to access the 1,200 sq. foot single, family home. Request approximately \$201,000</li> <li>➤ First Assembly submitting for transitional housing for \$500,000</li> <li>➤ St. Matthew's is intending to submit for a renewal grant/ 2 years for \$270,000</li> <li>➤ Potential submittal by Coalition for HMIS Expansion Renewal Project \$199,000</li> </ul>



	<p>3. CDBG and HOME Funds available/Applications due to FAH no later than 2:00pm on May 27, 2005.</p> <ul style="list-style-type: none"> <li>➤ Susan Golden announced there is a Grant Application Workshop on Wednesday April 27<sup>th</sup> from 10:00am to 12:00 noon at 2800 N. Horseshoe Dr.</li> </ul> <p>4. <b>Gaps Analysis was sent to member agencies on 4/18/05 (copies available upon request for non-recipients of email)</b></p> <ul style="list-style-type: none"> <li>➤ <b>Fred Richards reviewed the completed Gaps Analysis and results with committee members.</b></li> </ul> <p>Seven (7) agencies present and represented.</p>
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d. *Describe* which and how local, and/or state elected officials are involved in the process. Elected officials are involved on the periphery of the Continuum of Care process. Few elected officials attend monthly Hunger & Homeless Coalition or CoC meetings, however, they lend their support in a number of other ways. County Commissioner Jim Coletta represents the large rural area of Collier County including the EZ/EC community of Immokalee. Commissioner Coletta has been a very vocal supporter of Immokalee Friendship House (emergency shelter), the Collier County Housing Authority (Section 8, Farmworker housing, and TBRA) and Habitat for Humanity, the largest affordable housing provider in Collier County. Commissioner Coletta attends the Immokalee Interagency meetings, which includes over 70 local and state agencies addressing the dire needs of the migrant farmworker and homeless population in rural Collier County. In addition, Commissioner Coletta chaired the Health and Human Services Advisory Committee that recommended the County allocate funding for Horizons Health Care Clinic. Commissioner Coletta has issued proclamations on behalf of the Hunger and Homeless Coalition, attends the annual Candlelight Vigil and homeless recognition events.

Another local government agency involved in the CoC process is the Collier County Public Schools (CCPS). Approximately three years ago the elected officials of CCPS hired a homeless liaison to ensure that the educational needs of homeless school age children were being addressed. Elected School Board Member Linda Abbott has been a supporter of the homeless liaison who coordinates educational and social service needs of the homeless families with school age children. The elected school board official has provided supplies for these children and has expressed support for the program.

State Senator Burt Saunders has been a strong supporter of health care issues for all citizens throughout Florida. The Senator was an advisor to Commissioner Coletta's Health and Human Services Advisory Committee that recommended the County create the Horizon's Clinic.

e. *List*, using the format in HUD 40076 CoC - B:(1) The specific names and types of organizations involved in your Continuum of Care (CoC) planning process,  
*(Although you may require multiple pages to respond to 2d, your response will count as only one page towards the 30-page limitation.)*

**Exhibit 1: Continuum of Care Planning Process Organizations**

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any*	Level of Participation (activity and frequency) in Planning Process
<b>Example: Nonprofit Org.: ABC, Inc.</b>	City of Ajax	HIV/AIDS	<b>Com. Chair attends 100% planning meetings</b>
State agencies:			
Department of Children & Families- Kathleen McPhillips	District 8	Primary: Y, SMI, SA, Homeless Specific: Homeless; Working Poor and At-Risk Population	High: Regularly attends and shares information with other agencies re: TANF, food stamps, other mainstream programs.
Collier County Health Department/WIC	Collier County	Primary: ALL Specific: The primary HIV/AIDS service provider in County; Homeless and At-Risk Population	Medium Level: CoC participant. Homeless census count; Coordinated 'Get-Help Clinic' in Immokalee
Local government agencies:			
City of Naples Planning Department	City of Naples	Primary: ALL Specific: At-Risk & homeless Population	Medium Level—very active participant in prior years. Currently staff position vacant
Collier County Department of Human Services – Barry Williams and staff	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	High Level: CoC participant. Homeless census count, Coordinated 'Get-Help Clinic'; HMIS Core Group member; current H & H Coalition Chair and CoC Committee Chair.

Collier County Department of Veterans Affairs – Peter Kraley and staff	Collier County	Primary: VETS Specific: Veterans and Dependents	Medium level: Homeless census count participant.
Collier County Financial Administration and Housing Department—Susan Golden & staff	Collier County	Primary: ALL Specific: Homeless, At-Risk or working poor	High Level: Continuum committee member; homeless census count participant; CDBG Consolidated Plan coordination; CoC Lead Agency liaison.
Public Housing Authorities (PHAs)			
Collier County Housing Authority/Section 8 –Angela Edison and staff	Collier County	Primary: ALL Specific: Homeless; At-Risk and farmworkers	High Level: Coalition Vice-Chair; Homeless census count participant; CoC participant; TBRA provider
Nonprofit organizations:			
American Red Cross – Deborah Horvath	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level
St. Matthews House/Emergency Shelter and Wolf Apartments/Transitional & permanent—Marie Andres & staff	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	High Level: Continuum Committee member; Homeless census count participant; HMIS Core Group Committee; Host of Get Help Clinic - Naples
David Lawrence Center—Peter Schleh and staff	Collier County	Primary: SMI, SA, others Specific: Disabled Homeless and At-Risk Population	High Level: Homeless census count participant, Outreach Program (PATH), HMIS Core Group member
Child Care of SW FL –Donna Philp & staff	Collier County, Bonita Springs, and Lee County, FL	Primary: Y(youth and families) Specific: Homeless and At-Risk Children	High Level: HMIS Core Group member; CoC participant.

		and Families	
Salvation Army –Wanda Moore	Collier County	Primary: ALL Specific: Homeless and At-Risk Population; Youth	High Level: Continuum Committee Member; homeless census count participant.
Habitat for Humanity	Collier County	Primary: ALL Specific: very low and low income/At-Risk Population	Low Level
Shelter for Abused Women and Children Emergency & Transitional shelter- Kathy Herrmann & staff	Immokalee & all of Collier County	Primary and Specific: DV (Domestic Violence)	High Level: Steering committee; COC participant and homeless census count participant.
Catholic Charities – Loren Whipple	Urban and Rural Collier County	Primary: ALL Specific: Homeless and At-Risk Population	High Level: Steering Committee member; Continuum member; HMIS Core Group member; homeless census count participant.
Collier County FACT Team	Collier County	Primary: SMI, Vets, SA Specific: Disabled Homeless and At-Risk	Low Level
Collier Harvest – Ingrid Parry	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level
Collier Housing Alternatives – permanent housing/Section 811	Collier County	Primary: Housing for SMI, SA Specific: Disabled, Homeless and At-Risk	Low Level
Society of St. Vincent-De Paul— Chris Chesser	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level Homeless Count participating agency
Guadalupe Center, Inc.	Immokalee	Primary: ALL	Low Level

		Specific: Homeless and At-Risk Population	
Harry Chapin Food Bank	Collier, Lee, Charlotte, Hendry and Glades County	Primary: ALL Specific: Homeless and At-Risk Population	Low Level: Due to geographic obstacles as their primary office in another County
Immokalee Friendship House/ Emergency Shelter—Ed Laudise & staff	Immokalee area and countywide	Primary: ALL Specific: Rural Homeless individuals & families	Medium Level: CoC participant/member; homeless census count participant, HMIS Core Group member.
First Assembly of God/Transitional Housing	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level: homeless census count participant; State HAG applicant.
New Commandment Ministries	Collier County	Primary & Specific Single, homeless men	Low Level as new participating agency
Goodwill Industries of Southwest Florida	Lee & Collier	Primary & Specific Disabled, homeless and at risk	Low Level as new participating agency
Mental Health Association of Collier County—Petra Jones & staff	Collier County	Primary: SMI, SA, others Specific: Disabled Homeless and At-Risk Population	High Level: Steering Committee member; Coalition ex-Chair; homeless census count participant.
NAMI (National Alliance for the Mentally Ill) – Kathryn Hunter	Collier County	Primary: SMI, SA, others Specific: Disabled Homeless and At-Risk Population	Low Level
Redland Christian Migrant Association	Collier, Lee, Glades and Hendry counties	Primary: ALL Specific: Homeless and At-Risk Population children & families	Low Level: Participation in the Homeless Census Count & Get Help Clinic

The Learning Connection	Collier County	Primary: Y (youth and families) Specific: Homeless and At-Risk Children and Families	Low Level
Community Information and Referral of Immokalee Branch Library – Sylvia Puente	Immokalee	Specific and Primary: ALL	Low Level
Faith-Based Organizations (See Above) St. Matthew’s House; First Assembly of God; New Commandment Ministries; Catholic Charities; Salvation Army	Urban & Rural Collier County (see agency listing)	Homeless & At Risk	See Individual Listings
Business/Business Associations— Efforts have been made to reach out to the Chamber of Commerce & others			Low Level
Homeless/Formerly Homeless persons:			
Carolyn Alden (Consumer Volunteer)	Collier County	Advocate primarily for Homeless Families and Individuals	High Level: Serves on H & H Board; Homeless Count Committee; Education; etc
Other: e.g.: Law Enforcement Hospital/Medical, Funders			
Collier WeCare/ Indigent and Affordable Medical Care	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level: New start-up; anticipate greater participation in future
Neighborhood Health Clinic – Ken Wilborn	Collier County	Primary: All Specific: At-Risk-working poor	High Level: Treasurer 2005; Homeless Census Count Participant(s)
Unitarian Universalist Church	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	2005 Low Level. In years 2002-2004 High Level as Chair of annual homeless count
Community Foundation of Collier County	Collier County	Primary: ALL Specific: Homeless and At-Risk	Low Level: Provides TA and funding to local agencies

		Population	
Florida Rural Legal Services, Inc.	Immokalee	Primary: ALL Specific: Homeless and At-Risk Population	Low Level
District School Board of Collier County – Karen Morgan, Homeless Children Liaison/ Outreach	Collier County	Primary: ALL Specific: Homeless and At-Risk youth	High Level: Steering Committee Member; homeless census participant; Continuum committee participant.
First Baptist Church	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level: General membership and Homeless Count participant(s)
Collier Co. Sheriff's Dept.	Collier County	Primary: ALL Specific: DV; Homeless Outreach; At- Risk Population	High Level: Assists with Homeless Count; provides training and gives presentations at meetings; Blue Ribbon Review Panel member.
Legal Aid Service of Collier County—Colleen MacAlister	Collier County	Primary: ALL Specific: Homeless, At- Risk; Working Poor	Medium Level: New member agency; actively coordinating with other agencies
Southwest Florida Workforce Development Board-David Davis	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	High Level: Attends meetings; homeless census count participant.
United Way of Collier County	Collier County	Primary: ALL Specific: Homeless and At-Risk Population	Medium Level: Coalition funder; Blue Ribbon Review Panel member.

**\*Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VETS), HIV/AIDS, Domestic Violence (DV), and Youth (Y).

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## **Exhibit 1: Continuum of Care Goals and System**

### **1. Your community's CoC goals, strategy, and progress**

#### **a. Chronic Homelessness Goals/Strategy**

A chronic homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct and sustained stay on the streets and/or in an emergency homeless shelter.

#### **(1) Past Performance.**

- (a) The specific actions that your community has taken over the past year towards ending chronic homelessness:

#### **Action 1. Assessment/Gaps Analysis:**

The Collier County Hunger and Homeless Coalition and its partners conducted a survey to prioritize gaps within the community's existing continuum of care. The purpose was to rate and rank areas in relationship to the value, benefit and need provided to the chronic homeless and the general homeless population. An additional benefit of the survey is to determine which proposed projects would receive the highest level of importance based upon community need. The overriding goal is to fill the existing gaps in the continuum of care to better serve the chronic homeless, other homeless and at-risk population. A comprehensive continuum can assist in better addressing the wide variety and complex needs of the chronic homeless, rural and urban homeless and at-risk community. The overall goal is to offer services to improve each individual's self sufficiency and wellness.

**Process:** Over a period of 4 months, beginning in January 2005, a survey questionnaire was distributed among members of the Hunger and Homeless Coalition's general membership to assess current and future trends or needs in services, housing, medical care, food, etc. The areas, services, and/or identified housing and shelter structures in this survey were determined through several discussions, subcommittee meetings inclusive of the Strategic Planning and Case Management Sub-Committees, as well as electronic communications. The survey was distributed to Coalition members, recipients of service (homeless and at-risk of homelessness), and various stakeholders within the community requesting their individual responses/ratings. In addition, local Shelters and programs were requested to obtain responses by conducting Focus Groups within their individual locations and sites to more accurately ascertain gaps in services from the perspective of a service recipient. Also, utilized were the results derived from the 2005 Hunger and Homeless Coalition Count conducted on Jan. 26<sup>th</sup> and 27<sup>th</sup> of 2005. The respondents of this survey, or the homeless and at-risk of homelessness population, provided input into rating the various areas addressed. This input was derived from the Detailed Homeless Response Report (p. 16) of the Collier County Homeless Report 2005.

**Total Respondents to Survey:** 2 individual advocates; 21 professionals/service provider organizations; 35 Focus Group respondents (Domestic Violence Shelter service recipients), and 107 Point-In Time 2005 Survey respondents.

#### **Action 2. Mainstream Resources**

The Coalition has invited a number of speakers to its monthly meetings to help educate the membership on additional community resources. The Department of Children and Families,



Workforce Development Board, Goodwill Industries, Social Security Administration, Veterans' Affairs and others have spoken regarding their services. Information on the First Step program has been provided to member organizations. In addition, the community has funded prescription drug and counseling programs that help the chronic homeless, other homeless and the at-risk population. The Coalition's Case Management committee shares resources and suggestions amongst its agency members. The number of chronic homeless have been reduced between 2004 and 2005 but much work remains to be done as well as continued tracking to determine if the reduction is short term or a long term benefit.

<b>Individuals Chart</b>		<b>Beds Chart</b>		
Number of Chronic Homeless Individuals		Number of permanent beds for housing the chronically homeless		
	Point in time count		Permanent beds as of Jan	Permanent beds Net Change
2004	115			End of Year TOTAL
2005	44	2004	42	0
		2005	42	42

The following tables are provided by the Florida Department of Children and Families and demonstrate that Collier County continues to increase efforts to refer individuals and families to the available mainstream resources. Based upon comparisons to other CoC's in Southwest Florida, the Naples/Collier CoC agencies are successfully securing mainstream resources for a number of their clients.

As of 04/30/2005		<b>All Homeless</b>							
County	Homeless Participation Count	Composition		Grouping		Program Participation*			
		Adults	Children	Individuals	People in Families	Food Stamps	Medicaid	TANF	Refugee Assistance
Charlotte	50	44	6	39	11	42	17	0	0
Collier	476	334	142	170	306	350	341	35	66
Hendry/Glades	28	26	2	23	5	28	5	0	0
Lee	158	105	53	70	88	122	91	0	0
Other	14	11	3	8	6	9	13	0	2
<b>District 8</b>	<b>726</b>	<b>520</b>	<b>206</b>	<b>310</b>	<b>416</b>	<b>551</b>	<b>467</b>	<b>35</b>	<b>68</b>

\* Participation by program is not an unduplicated count as many recipients participate in multiple programs.

**Domestic Violence Shelter Residents (subset of all homeless)**

As of 04/30/2005		Composition		Grouping		Program Participation*			
County	Homeless Participation Count	Adults	Children	Individuals	People in Families	Food Stamps	Medicaid	TANF	Refugee Assistance
Charlotte	0	0	0	0	0	0	0	0	0
Collier	40	13	27	1	39	24	39	9	0
Hendry/Glades	0	0	0	0	0	0	0	0	0
Lee	40	17	23	2	38	34	38	0	0
Other	0	0	0	0	0	0	0	0	0
<b>District 8</b>	<b>80</b>	<b>30</b>	<b>50</b>	<b>3</b>	<b>77</b>	<b>58</b>	<b>77</b>	<b>9</b>	<b>0</b>

\* Participation by program is not an unduplicated count as many recipients participate in multiple programs.

**(b) Any remaining obstacles to achieving this goal:**

All three 2004 goals were accomplished with the exception of full implementation of Goal #1 HMIS. The local HMIS, known as INCCC, is currently in the implementation phase with 62.5% or five (5) out of eight (8) locations in full operation. Locations have been coming online and actively entering data since fall of 2004. The full operational date of the initial eight (8) locations is anticipated for completion by June 2005. Expansion of the HMIS system will continue with the entrance of two new agencies in the fall/winter 2005. Funding for the expansion of HMIS was conditionally awarded in the 2004 CoC grant. It is anticipated that the CoC expansion grant may be awarded in July 2005. Once this occurs the first expansion of HMIS will begin with 2 to 4 new agencies joining.

**(c) Individuals Chart:** Collier County's Continuum of Care has been effective in its goal of reducing chronic homeless by 50%. In 2004, 115 individuals were identified as chronic homeless while in 2005 that number was only 44. Specifically, the Point in Time Survey indicates a **62% decrease, or 71 individuals** no longer identified as chronically homeless. Although the accuracy of the Point in Time Survey may be questionable, it has provided an indication that a reduction in chronic homeless is occurring in Collier County. However, it will be crucial to continue to track this population to determine if this is an ongoing trend or a result of unique community conditions including four hurricanes in 2004 and a large number of construction related jobs in southwest Florida. Other contributing factors to this decline may include improved coordination of services with the introduction of the HMIS system; improved coordination with law enforcement including education of resources and linkage of individuals to available services; open dialogue and communication amongst housing provider agencies and shelters; improved case management activities; or a lack of willingness to participate in the count or any number of reasons. Before a long term positive impact can be noted, it will be important to provide the same vigilant services, utilizing community expertise in linking, referring and coordinating service delivery. Therefore, it will be crucial to track this 2004-2005 decline in

chronic homelessness in the coming years to determine if the community's CoC is having a long term, positive impact on the reduction of the chronically homeless in Collier County.

**(2) Current Chronic Homelessness Strategy.** Provide a brief summary of the community's strategy for ending chronic homelessness, including any updates to your strategy. *(Your response to this item is expected to be no more than 2 pages, however, none of it will count towards your 30-page limitation.)*

**Chronic Homeless Goal:** Collier County intends to address the chronic homeless population and to reduce the number of chronic homeless by 50%. Our goal is to end chronic homelessness in Collier County by continuing to enhance the community's ability to link, refer, advocate, assess, and coordinate service deliveries in a cohesive, collaborative effort. This will be accomplished through constant quality improvement techniques to create a streamlined delivery of care system within the Collier County delivery area.

- ◆ increase the number of transitional and permanent beds by 50
- ◆ improve the overall delivery system within the community through more effective coordination, linkage and utilization of services and resources
- ◆ begin implementation of a 10-Year Plan

Strategies to reduce chronic homeless include:

◆ Strategy 1: Continue to conduct a Gaps Analysis utilizing input from stakeholders and recipients of services to ascertain deficiencies in services and assist in the CoC strategic planning. ◆ Strategy 2. Continue implementation of the HMIS system and expand from 6 agencies to 8 and then to 10 by 2007.

◆ Strategy 3. Continue coordination with Projects for Assistance in Transitioning from Homelessness (PATH) which is operated by the David Lawrence Mental Health Center, an HMIS participant. This street outreach program is designed to engage and link individuals with chronic, severe and persistent mental illness or those who suffer from co-occurring and substance abuse disorders.

◆ Strategy 4. Encourage the Florida Assertive Community Treatment Team (FACT) to track and link their services including intensive mental health, substance abuse treatment and co-occurring outreach services to the chronic homeless. The work of PATH and FACT will provide a baseline for the Continuum of Care.

◆ Strategy 5: Coordinate with Collier County Sheriff's Office deputy assigned to work with the chronic homeless population to improve access to care, ascertain baseline of population, and to educate population on existing resources.

◆ Strategy 6: Initiate discussion, education and implementation of a State Housing Assistance Grant (HAG) application to increase available housing targeted for the chronic homeless population.

◆ Strategy 7: Initiate discussion and begin development of a 10-year plan to end chronic homelessness.

**Status/Update:** Collier County's Continuum of Care was effective in reducing the chronic homeless population between 2004 and 2005. The annual Point in Time (PIT) Survey indicated a 62% decrease in the chronic homeless population. As indicated in (c) Individual Chart the numbers declined from 115 to 44 or 71 individuals. Although the annual Point in Time (PIT)

Survey results demonstrate that the number of chronic homeless is on a decline, there may be a number of contributing factors as outlined previously. It will be imperative to utilize the 2004-2005 PIT figures as a base line and continue to track the chronic homeless population to determine if the community's efforts are paying off.

In addition to St. Matthew's House and Assembly Center's efforts to address the chronic homeless, a new organization, New Commandment Ministries has sprung up to assist this population of single men. Both Assembly Center and New Commandment Ministries are interested in exploring State Housing Assistance Grant (HAG) and the Samaritan Initiative in an effort to provide additional beds and supportive services to the chronic homeless population. The Continuum of Care Committee and Financial Administration and Housing will provide technical assistance and support two these two organizations and others in our community's effort to address the needs of the chronic homeless.

**(3) Coordination.** If your CoC covers a jurisdiction that has developed, or is developing, a separate strategy to end chronic homelessness, **No separate strategy is being developed by another entity.** N/A

Chronic Homelessness Goals Chart

**(4)** Indicate future-oriented goals, and the specific action steps

<b>Goal: End Chronic Homelessness</b> <b>("What" are you trying to accomplish)</b>	<b>Action Steps</b> <b>("How" are you to go about accomplishing it)</b>	<b>Responsible Person/Organization</b> <b>("Who" is responsible for accomplishing it)</b>	<b>Target Dates</b> <b>(mo/yr will be accomplished)</b>
<b>Goal 1: Implement HMIS System and expand by 2 to 4 agencies in Fiscal Year 2005-2006 to coordinate services and to ascertain a baseline for this population.</b>	1. Continue data entry by HMIS participating agencies (6 Total): Child Care of SW Fl.; Catholic Charities; Collier County Human Services Department; David Lawrence Center; Immokalee Friendship House; St. Matthew's House 2. Expand from 6 to 8 agencies. Initiate upon receipt of the 2004 CoC HMIS Dedicated Expansion Grant projected by 10/05 3. New HMIS participating agencies will begin entering data no later than 3/06	HMIS/INCCC	June 2006
<b>Goal 2: Conduct outreach activities to obtain a baseline of the Chronically Homeless population and to track coordination and enrollment of this population into mainstream resources and services within the continuum of care.</b>	1. Projects for Assistance in Transitioning Homeless (PATH) will continue to provide an unduplicated number of this population and service enrollment for 2005-2006. This project is operated by the local community mental health center and is an outreach program designed to engage and link individuals with chronic, severe, and persistent mental illness or those who suffer from co-occurring and substance abuse disorders into treatment. 2. The Florida Assertive Community Treatment Team (FACT) will begin providing an unduplicated count of the number of individuals meeting the HUD definition of chronic homeless.	The David Lawrence Center Mental Health Center—PATH team	May 2006

	3. The Exec Dir of the Homeless Coalition will continue to serve on the FACT Advisory Board and continue as a member of the oversight and monitoring committee to maintain coordination and ensure best practices.		
<b>Goal 3: Work with Collier County Sheriff's Office to improve access to care, ascertain baseline of population, and to educate the chronic homeless and Sheriff's deputies of existing resources.</b>	<ol style="list-style-type: none"> <li>1. Coalition Executive Director to participate in 'ride-along' with deputy to conduct outreach activities inclusive of educating population on available resources.</li> <li>2. The Deputy will continue to track the Chronically Homeless transferring demographic and personal identification data on a disk to improve coordination, knowledge of location which ensures safety and tracking of the population for purposes of linking to emergency care as needed.</li> <li>3. Work with deputy to design a better homeless census process for 2006 count</li> </ol>	Collier County Hunger & Homeless Coalition Executive Director (ED)	January 2006
<b>Goal 4: Initiate discussion, education and implementation of a Housing Assistance Grant (HAG) submittal to increase available housing targeted for the chronic homeless population.</b>	<ol style="list-style-type: none"> <li>1. Educate agencies on the Samaritan Housing Initiative</li> <li>2. Coordinate agencies interested in submitting a Shelter Plus Care Grant designed to provide a percentage of beds designated for the Chronic Homeless.</li> <li>3. Explore alternative funding sources for housing and educate members on these sources</li> <li>4. Submit a minimum of one application that has a component of housing to the chronic homeless population.</li> </ol>	Collier County Hunger and Homeless Coalition ED	May 2006
<b>Goal 5: Initiate discussion and begin development of a 10-year plan to end chronic homelessness.</b>	<ol style="list-style-type: none"> <li>1. COC to initiate development of a 10-year plan through education and review of existing plans by other similar, small communities.</li> <li>2. Identify and assess the root causes of Chronic Homelessness in our community.</li> <li>3. Develop a strategy to address identified problems/causes of chronic homelessness;</li> <li>4. Solicit stakeholder feedback.</li> <li>5. Complete a draft of a proposed 10-year plan to circulate and educate local government elected officials; encourage receptiveness and endorsement.</li> </ol>	Collier County Hunger and Homeless Coalition	November 2006

#### b. Other Homeless Goals Chart

<b>Goal: Other Homelessness</b>	<b>Action Steps</b>	<b>Responsible Person/ Organization</b>	<b>Target Dates</b>
<b>Goal 1: Identify a local provider agency and/or housing entity to develop, collaborate and coordinate an application to implement a</b>	<ol style="list-style-type: none"> <li>1. CoC continue to educate itself and member organizations about project types and eligible activities</li> <li>2. Coordinate Shelter Plus</li> </ol>	Homeless Coalition and Continuum of Care Subcommittee.	Project will be developed and planned for submission in 2006 funding cycle.

<p><b>Shelter Plus Care Project.</b></p>	<p>Care housing activity between CC Housing Authority, local provider agency or another housing entity. Develop a plan to provide wrap around services to subpopulations such as mentally ill and co-occurring disorders and/or other physical disabilities</p> <p>3. Submit in Housing Authority Annual plan and in SuperNofa in fiscal year 2006</p>		
<p><b>Goal 2: Create a CIT (Crisis Intervention Team) team by integrating law enforcement in the process to reduce inappropriate incarcerations.</b></p>	<p>1. Continue collaboration with local mental health advocacy group, National Alliance for the Mentally Ill (NAMI) and the Collier County Sheriff Department to implement a best practice model. Model is currently in proposal stage to the Sheriff's Office and is being cohesively developed by Sheriff personnel and NAMI.</p> <p>2. Identify at least two Sheriff's deputies that will be providing CIT services within Collier County.</p>	<p>National Alliance for the Mentally Ill (NAMI)</p>	<p>March 2006</p>
<p><b>Goal 3: Increase the number of affordable permanent and/or transitional housing units from 5-10% of the current baseline identified in the 2005 HUD/COC application</b></p>	<p>1. Identify baseline number of permanent and transitional housing beds in 2005 Continuum</p> <p>2. Coordinate with local affordable housing developers (Habitat, HDC, etc) on joint project</p> <p>3. Submit Housing application in 2006 Grant Cycles</p>	<p>Collier County Hunger and Homeless Coalition</p>	<p>May 2006</p>
<p><b>Goal 4: Increase education regarding mainstream and CoC resources to the homeless and implement a homeless advocate to provide assistance to Sheriff 's designee to assist homeless population</b></p>	<p>1. The Executive Director of the Homeless Coalition and the Collier County Sheriff's office will conduct outreach to homeless population in woods and most inhabitable, rural areas to provide laminated resource cards, referrals and access services.</p> <p>2. Distribute laminated resource cards during 2006 Point In Time Survey.</p> <p>3. Research grant for funding of a part-time ex-homeless person whom has become self sufficient to provide outreach services with Sheriff to improve self-sufficiency, recovery and</p>	<p>Executive Director/Collier County Hunger and Homeless Coalition.</p>	<p>April 2006</p>

	wellness of others.		
<b>Goal 5: Increase business participation by 5-10% from baseline at time of 2005 application submittal</b>	1. Identify Baseline business members in Coalition as of 6/2005 2. Encourage business participation by conducting public presentations and individual meetings with business members 3. Track participation and membership of business members throughout 2005-2006 FY	Executive Director H & H Coalition	June 2006

Form HUD 40076 CoC-C

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### Exhibit 1: Continuum of Care – Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being systematically discharged from publicly funded institutions or systems of care.

#### Development and Implementation of Discharge Planning

Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care	No	No	No	No
Health Care	Yes	Yes	Yes	No
Mental Health	Yes	Yes	Yes	No
Correctional	Yes	Yes	Yes	No

Form HUD 40076 CoC-D

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### Exhibit 1: Continuum of Care – Unexecuted Grants Chart

#### Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition

Using the prescribed format, please provide a list of all HUD McKinney-Vento Act awards announced prior to 2004 that are not yet under contract (i.e., signed grant agreement or executed ACC). **NOT APPLICABLE**

Form HUD 40076 CoC-E

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## **Exhibit 1: Continuum of Care Service Activity Chart**

*your response will count as only one page towards the 30-page limitation)*

<b>Fundamental Components in CoC System -- Service Activity Chart</b>
<p><b>Component: Prevention</b></p> <p><u>Services in place by type and Service Providers:</u></p> <p><u>Rental Assistance:</u> Coalition of Florida Farmworkers Organization (COFFO), Community Foundation (victims of domestic violence/Fresh Start), Collier County Department of Public Health (persons living with HIV/AIDS), Collier County Department of Human Services, Guadalupe Family Center, Guadalupe Social Services, Immokalee Friendship House, Immokalee Multipurpose Multicultural Community Action Agency (IMMCAA), Salvation Army, Shelter for Abused Women (victims of domestic violence), St. Matthew's House, St. Vincent De Paul Society, Collier County Housing Authority and a variety of churches.</p> <p><u>Utility Assistance:</u> Catholic Charities, Guadalupe Family Center, Guadalupe Social Services, Salvation Army, Shelter for Abused Women, St. Matthew's House, Society of St. Vincent de Paul, Collier County Department of Human Services</p> <p><u>Housing Rehabilitation:</u> City of Naples, Collier County Department of Financial Administration and Housing, IMMCAA, Empowerment Alliance of Southwest Florida (EASF).</p> <p><u>Home Mortgages:</u> Collier County Cooperative Extension Service Loan Consortium, Collier County Department of Financial Administration and Housing.</p> <p><u>Other Housing Assistance:</u> Legal Aid Service of Collier County, Florida Rural Legal Services; DCF State Emergency Financial Assistance for Housing Program (EFAHP)</p>
<p><b>Component: Outreach</b></p> <p><u>Outreach in place &amp; Service Providers:</u> Please list the outreach activities, e.g., mobile van, for homeless persons who are living on the streets in your CoC area.</p> <ul style="list-style-type: none"><li>◆ The Veteran's Homeless Outreach program provides outreach to street and sheltered veterans. In addition, the Collier County Veteran's Services and St. Matthews House are known points of contact among veterans who self refer.</li><li>◆ The Seriously Mentally Ill are provided outreach through both St. Matthews House and David Lawrence Mental Health Center (DLC). Through DLC's PATH (Project for Assistance in Transitioning from Homelessness) program, outreach workers visit soup kitchens, campsites and neighborhoods throughout the most populated areas of Collier County. When resources permit, these outreach workers also attempt to make contact in the more rural areas of the county. Other agencies also refer the seriously mentally ill who may need the services of these agencies. Through the FACT (Florida Assertive Community Treatment) program, assertive outreach is provided to people who are in danger of 'falling through the cracks', including those who are unable or unwilling to keep appointments at mental health clinics or centers. Seventy-five (75%) percent of all FACT services are provided outside of program offices. These services are designed to reach people in whatever circumstances or settings they may be in.</li><li>◆ For Chronic Substance Abusers, the primary outreach is through David Lawrence Mental</li></ul>



Health Center and St. Matthew's, which provides mobile, street outreach and targets chronic substance abusers.

◆ HIV/AIDS infected clients are normally reached through the results of medical examinations of homeless. However, the Joe Logsdon AIDS Foundation is the primary provider of support services, along with the Collier County Health Department and the Children's Medical Services.

◆ Domestic Violence victims are sometimes referred through law enforcement agencies, however the Shelter for Abused Women and Children has on-going outreach and support services to this sub-population. The Shelter provides outreach services in three (3) languages (English, Spanish and Creole) and in both urban and rural Collier County

◆ The main contact point for runaway and homeless youth is Lutheran Services, which operates two emergency shelters. These youth shelters are located in Lee and Charlotte counties for youth from throughout southwest Florida. Outreach workers team with law enforcement personnel to canvass the streets for youth living on the street.

◆ The annual "point-in-time" survey also provides outreach to various sub-populations of the homeless who are currently residing in camps and other areas where volunteers and agency personnel conduct the annual homeless survey. As part of the Coalition's outreach effort, personal hygiene items and laminated Information & Referral cards in both English and Spanish are provided to all persons interviewed. These cards provide homeless individuals with a listing of services and agencies in rural and urban Collier County. In addition, the Get Help clinics held in conjunction with the PIT provide an additional opportunity to outreach to those in need of showers, medical care, food, clothing, services and other necessities.:

**Component: Supportive Services**

Services in place by type and Service Providers

Case Management: The majority of agencies provide their own case management. Collier County does not have a centralized physical location for intake/case management in this geographically large county. However, the Collier County HMIS project has developed and implemented a standardized intake and assessment form. At the present time, the following agencies provide case management:

Collier County Dept of Human Services, Shelter for Abused Women & Children, St. Matthew's House, Wolf Apartments, St. Vincent de Paul, Catholic Charities, Salvation Army, Guadalupe Social Services, Guadalupe Center, First Assembly of God, Immokalee Friendship House, IMMCAA, David Lawrence Center (Collier Housing Alternatives/PATH), FACT, Collier County Housing Authority, Collier County Veteran's Services, Maverick House and Sunlight Home.

Life Skills: St. Matthew's House/Wolf Apartments; Shelter for Abused Women & Children, First Assembly of God; Salvation Army; Sunrise/TECH; Goodwill Industries

Alcohol & Drug Abuse Treatment: David Lawrence Mental Health Center/PATH; FACT; St. Matthew's House; First Assembly of God; New Commandment Ministries; WINGS; Maverick House

Mental Health Treatment: David Lawrence Mental Health Center/PATH; NAMI; Naples Community Hospital; Catholic Charities, FACT

AIDS related care: Joe Logsdon Foundation, Collier County Health Department and Collier Health Services

Education: Collier County Public Schools/Homeless Liaison; Florida Diagnostic & Learning Resource (FDLRS); The Learning Connection; PACE Center for Girls; Vo-Tech & Bethune

Employment Assistance: Workforce Development Board; Agency for Workforce Innovation; COFFO; IMMCAA, and Empowerment Alliance

Child Care: Childcare of Southwest Florida; Salvation Army; Boys and Girls Club; Guadalupe Center; RCMA, and Youth Haven

Other: Senior Friendship Center; Senior Connections; SALT/TRIAD, Neighborhood Health Clinic, Department of Children and Families; Collier Harvest; Harry Chapin Food Bank; etc.

**Exhibit 1: Continuum of Care Housing Activity Charts**

Fundamental Components in CoC System - Housing Activity Chart											
Transitional Housing											
Provider Name	Facility Name	Part. Code	HMIS		Geo Code	Target Pop.		2005 Year-Round Units/Beds			Total Year-Round
			Number of Year-Round Beds	Fam.		A	B	Family Units	Family Beds	Individual Beds	
<b>Current Inventory</b>											
Shelter for Abused Women & Wings of Hope	N				129021	M	DV		15	5	20
St. Matthew's House	N				129021	M			20	36	56
Sunlight Home	Z				129021	YF			5	0	5
1st Assembly of God	N				129021	M			20	20	40
New Commandment Ministrie	N				129021	SM				10	10
<b>TOTALS</b>			121	41			<b>TOTALS</b>		60	71	131
<b>Under Development</b>											
Anticipated Occupancy Date											
<b>Unmet Need</b>							<b>TOTALS</b>				
							<b>TOTALS</b>				
1. Total Year-Round Individual ES Beds					60						71
2. Year-Round Individual ES Beds in HMIS					0						0
3. HMIS Coverage Individual ES Beds					0%						0
4. Total Year-Round Family ES Beds											
5. Family ES Beds in HMIS											
6. HMIS Coverage Family ES Beds											

# Exhibit 1: Continuum of Care Housing Activity Charts

Fundamental Components in CoC System - Housing Activity Chart													
Permanent Supportive Housing													
Provider Name	Facility Name	Part. Code	HMIS		Target Pop			2005 Year-Round Units/Beds			Total Year-Round Beds		
			#Yr. Round	Geo Code	A	B	Family Units	Family Beds	Individual /CH Beds				
Current Inventory			Ind	Fam									
St. Matthew's House	Wolf Apartments	N	0		129021 SMF						20		20
David Lawrence Center	Collier Housing	AN	0		129021 SMF						22		22
TOTALS			0	0							42	ind: 20	CH: 42
Anticipated Occupancy Date													
Under Development													
TOTALS													/CH
Unmet Need													
TOTALS													/CH
1. Total Year Round Individual PSH Beds											42		
2. Individual PSH Beds in HMIS											0		
3. HMIS Coverage Individual PSH Beds											0%		
(Divide line 2 by line 1 and multiply by 100. Round to whole number)													
4. Total Year Round Family PSH Beds											0		
5. Family PSH Beds in HMIS											0		
6. HMIS Coverage Family PSH Beds											0%		
(Divide line 5 by line 4 and multiply by 100. Round to whole number)													

## Exhibit 1: Continuum of Care Participation in Energy Star Chart

Facilities are also encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. Please check all that apply:

Are you aware of the Energy Star Initiative?      XX  Yes     No

Have you notified CoC members of this initiative? XX  Yes     No

Percentage of CoC projects on Priority Chart to use Energy Star appliances: 33%

Form HUD 40076 CoC-H page 1

## Exhibit 1: Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
<b>Example:</b>	<b>75 (A)</b>	<b>125 (A)</b>	<b>105 (N)</b>	<b>305</b>
1. Homeless Individuals	103 (N)	38 (N)	308 (N)	449
2. Homeless Families with Children	31 (N)	25 (N)	0	56
2a. Persons in Homeless Families with Children	45 (N)	59 (N)	0	104
<b>Total (lines 1 + 2a only)</b>	<b>148</b>	<b>97</b>	<b>308</b>	<b>553</b>
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	44 (N)			
2. Severely Mentally Ill	22 (N)		*	
3. Chronic Substance Abuse	29 (N)		*	
4. Veterans	41 (N)		*	
5. Persons with HIV/AIDS	2 (N)		*	
6. Victims of Domestic Violence	35 (N)		*	
7. Youth (Under 18 years of age)	62 (N)		*	

\*Optional for Unsheltered

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## **Exhibit 1: Continuum of Care Information Collection Methods Instructions**

### **1. Housing Activity Chart.**

(a) Describe your community's methods for conducting an annual update.

Collier County CoC collects information through two primary methods. The community conducts an annual homeless count each winter. The 2005 count was held January 26-27 in accordance with the State of Florida and HUD's timeline. In prior years the local Point in Time (PIT) count was held in late February. In addition to the annual PIT survey, the CoC also conducts a phone survey of shelters. The phone survey is to verify or ascertain the number of beds at all shelter facilities in Collier County. This phone survey provides the CoC with a count of current beds and potential future beds.

### **2. Unmet Housing Needs.**

(a) Briefly describe the basis for your CoC's determination as to the amount of unmet need.

3. The Unmet Housing Need comes from a variety of sources. In Florida, the Shimberg Center provides an estimate of the number of affordable dwelling units needed in each community by rental and ownership. For the past ten years, Collier County has been facing a 25,000-unit shortfall. In addition to this market rate and subsidized shortfall, the annual Point in Time survey, shelter phone surveys and CoC meetings provide additional information on the number of homeless needing housing assistance. As more agencies participate in HMIS/INCCC, this will provide additional data on the need in Collier County. Our current unmet housing need count is the difference between the number of beds available and the number of homeless seeking shelter.

(a) **3. Part 1 and 2 Homeless Population and Subpopulations Chart.** Describe your CoC's methods for data collection.

(a) Collier County has conducted an annual homeless count for over five (5) years. This annual count will continue to be held in January or February of each year as determined by the Florida Coalition for the Homeless. Our local CoC adopted the State Coalition's expanded survey tool in 2003. Collier CoC will continue to conduct an annual count in conjunction with the statewide effort. In addition, the successful Get-Help Clinics held in conjunction with the annual count will continue to be expanded. The Get-Help Clinics are held in both rural Immokalee and the Naples urban area. Activities include dental screening, diabetes testing, HIV/AIDS counseling/referral, mental health and substance abuse counseling, showers, hair cuts, clothing, blankets, food and hygiene kits. These efforts will continue based upon the needs of the homeless community and local resources.

(b) Describe your CoC's methods for data collection. The "unsheltered" count occurs during the Point-in-Time Survey which was held January 26-27<sup>th</sup> as previously described. Hundreds of volunteers participate in this annual count. In addition to the actual physical count at shelters, camps, labor pools, on the street, at soup kitchens and other locations, a phone survey is also conducted to get a current count of shelter beds in the community.

## Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

1. HMIS implementation:

**a. Phases of HMIS Implementation**

Planning Phase I Initiated	05/2002
Implementation Phase I Initiated (6 agencies/8 locations)	09/2004
Expansion of Phase I Implementation (2 to 4 agencies)	11/2005

Planning Start Date (mm/yyyy): N/A \_\_\_\_\_

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other \_\_\_\_\_

**Data Collection Start Dates:** (see below)

- Catholic Charities September 2004
- St. Matthew's House October 2004
- Immokalee Friendship House October 2004
- Collier County Dept Human Services January 2005
- David Lawrence Center/PATH (planned) May 2005
- Child Care SWFL (planned) May 2005
- SMH/Wolf Apartments (planned) June 2005

**Date the CoC achieved or anticipates achieving 75% bed coverage in:**

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter		November 2005
Transitional Housing		November 2005
Permanent Supportive Housing (McKinney-Vento funded units)		June 2005
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS (PATH)	1	16%
Other non-housing programs participating in HMIS (CCSWFL & CCDHS)	2	33%

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## Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

- b. Describe the progress of the HMIS implementation since July 2004, including special populations such as domestic violence providers.

The Collier County HMIS, known locally as INCCC, began with six agencies at eight locations comprised of two shelters, two social service agencies, **mental health outreach** and other service providers. By October 2004 four agencies at five locations were online. An additional two agencies and one location have an online planned entrance date of May 2005. In April 2005 two agencies interested in the HMIS were identified, **including the Shelter for Abused Women and Children, a Domestic Violence Shelter, and First Assembly of God an emergency and transitional housing facility**. It is anticipated that these two agencies will become partners by November 2005.

Training for End Users has been on going. Monthly End User meetings began in February 2005 as a discussion and training forum for privacy, security and data quality assurance compliance was conducted. In addition, a Weekly Issues Log was developed for tracking software and hardware problems. The Standard Operating Procedures (SOP) Manual was approved by the Board of Directors of the Collier County Hunger & Homeless Coalition in April 2005. An informational brochure explaining the benefits of the HMIS for clients, agencies and the community has been prepared and distributed to local organizations. Interagency Sharing documents have been drafted and approved. An Interagency Data Sharing Workshop will be held in June 2005.

A live demo system of the HMIS software was made available to end users for practice and problem solving prior to any agency going live. In August 2004 the Standard Intake Configuration was finalized based on the revised HUD Standards for Data Collection (Federal Register, July 30, 2004). Configurations have been completed and all necessary information has been collected for each agency. Enhancements to the system provided for support services tracking. On-line agencies have planned and requested reports and statistics from the software vendor. Data conversion of legacy data is in process.

- c. Describe any challenges and/or barriers the CoC have experienced implementing the HMIS since July 2004.

The community has encountered a number of challenges since July 2004 but continues to make good progress in implementing HMIS and adding new partner organizations. In August and September 2004, Florida experienced four separate hurricane events. And yet, by late October 2004, three (3) of the 6 agencies were up and running. Several agencies experienced high staff turnover of key personnel delaying HMIS implementation. We are presently on track for the remaining three locations to go live within the next two months. Plans are underway for expanding the system with new agencies in the fall of 2005.

A software related printing problem across all agencies interrupted agency utilization of the system. A slowed down response time by the software vendor after the initial implementation is limiting reporting and statistical capabilities at this time.



2. Describe strategies to implement the HMIS Data & Technical Standards (monitor and enforce compliance)

To ensure consistency and easy accessibility to the information provided training and reference guides will be created and utilized with End Users. Currently the Intake Guide is available and the Privacy and Security Guidesheets are in development. End Users will receive in-depth training on HMIS Data Elements. Any discussion at User Group meetings relative to the data elements, privacy or security will be noted and considered for follow-up use by all end users. End Users will receive training in Data Quality and Data Accuracy. Each agency entering data will receive a monthly "Data Quality" report which will show them how well they are doing in this area for purposes of accuracy, efficiency, and system wide uniformity.

Training on privacy issues, forms and standards and Security standards will be provided for End Users and Super Users. An assessment and gaps analysis survey of privacy related forms and issues will be carried out through site visits and Super User Training and User Group meeting discussions. Assessments and a gaps analysis survey of compliance to Security standards will be carried out on-site or through verbal reporting on a quarterly basis for each agency that is on-line. The software vendor will provide on request Access Logs and User Logs for review.

3. Counting Procedures

a. a. Describe methodology to generate an unduplicated count of homeless persons:

If all INCCC agencies do not share the universal data elements, or if a client declines to participate in electronic data sharing, the unduplicated count of homeless persons will be generated through a **15-digit hash-code** automatically created by Software. The hash-code provides a standardized method of storing a unique identifier for each client. The Hash-Code is comprised of:

- (1) first letter of first name, (2) first four letters of last name, (3) full date of birth, (4) four last digits of Social Security Number.
- (2) Example: Frank Fisher 06/21/1928 345-456-2345  
Hash Code:           FFish062119282345

b. Total Duplicated Client Records Entered in 2004: 255

Total Unduplicated Client Records Entered in 2004: unknown, statistic not yet compiled

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Ex. District of Columbia	DC04-500		
Naples/Collier County CoC	FL-606		

## Exhibit 1: Continuum of Care – Project Priorities Chart

*(This entire chart will count as only one page towards the 30-page limitation)*

(1) Applicant	(2) Project Sponsor	(3) Project Name	(4) Numeric Priority	(5) **Requested Project Amount	(6) Term of Project	(7) Program and Component Type*				
						SHP new	SHP renew	S+C new	S+C renew	SRO new
Example: ABC Nonprofit	ABC Nonprofit	Annie's House	1	\$1,026,000	3 (yrs)	PH				
Example: XYZ County	AJAY Nonprofit/	Pierce's Place	2	\$800,000	5 (yrs)			TRA		
Collier County Board of County Commissioners	Shelter for Abused Women and Children	SAWCC Transitional Housing	1	\$226,267	3 (yrs)	TH				
Collier County Board of County Commissioners	St. Matthew's House	Wolf Apartment's perm housing	2	\$291,610	2 (yrs)		PH			
Collier County Board of County Commissioners	Collier County Hunger & Homeless Coalition	HMIS/INCCC expansion renewal	3	\$104,645	1 (yr)		HMIS			
			4							
			5							
<b>**Total Requested Amount:</b>				<b>\$622,522</b>						

Form HUD 40076 CoC-K page 1

## Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions (only for eligible Hold Harmless Continuums)

NOT APPLICABLE

### Newly Created Permanent Housing Projects in the 2005 Competition

G	H	I	J
2005 Project Priority Number	Prog. Code	Component	Transferred Amounts
Ex: #5	SHP	PH	\$90,000
<b>NOT APPLICABLE---NO NEW PERMANENT HOUSING APPLICATION</b>			
<b>TOTAL:</b>			

Form HUD 40076 CoC-K page 3

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## Exhibit 1: PRN Reallocation Chart Instructions and CoC Priorities Narrative

**\*\*Note:** For the first time, Annual Renewal Amounts include the previously awarded administration funds; therefore no additional administration funds may be requested.

### Continuum of Care Priorities Narrative Instructions

Having assessed the need in your community and having compared it to your existing Continuum of Care system, please provide the following:

- a. The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed

**(Check all that apply):**

Audit    APR    Site Visit    Monitoring Visit    Client Satisfaction

- b. Describe how each **new** project proposed for funding will fill a gap in your community's Continuum of Care system. *(Although you may require multiple pages to respond to this item, your response will count as only one page towards the 30-page limitation.)*

The Shelter for Abused Women and Children's request for a new Transitional Housing project is desperately needed within this community. In our most recent Gaps Analysis, the two biggest impediments for families is the lack of affordable housing and available, affordable childcare. Families leaving an emergency shelter, and specifically domestic violence, need supportive services and assistance in getting back up on their feet. The need for the local DV Shelter is tremendous but often the families have nowhere to go when their time is up in an emergency shelter. They need housing that is affordable based on their specific income and circumstance; they need affordable childcare; job training and placement; counseling and educational services and other life skills to become empowered and self-sufficient.

As outlined in the Shelter for Abused Women & Children's Exhibit II, Collier County has the least affordable housing market in the southeast United States (January 2005). Although this community has a high median income, the wealthy retirees with large amounts of passive income skew that data. The median earned wage is \$32,734 while the median sales price of a home is over \$379,000. Based upon data from the State of Florida, Collier County has a deficit of over 30,000 affordable housing units. This does not take into consideration the needs of homeless individuals and families struggling to move into transitional and/or permanent supportive housing.

In addition to the affordable housing deficit identified by the Shimberg Center, subsidized housing is very difficult to obtain in Collier County. The Collier County Housing Authority is able to assist approximately 475 families through vouchers but there is at least a three (3) year wait for vouchers or certificates. The Housing Authority has not accepted any applications for at least 18 months due to the lengthy waiting list. There is only one Section 8 project based complex in Collier County and its 70 units have an average of 100 families on the waiting list.

As a result of the lack of subsidized and affordable rental housing in the open market, individuals or families fleeing domestic violence need the proposed transitional housing to allow them a period of time to become self-sufficient. With the Shelter's and community support services (Fresh Start, Child Care of Southwest Florida, TANF, Kids Care and others), a safe and secure home and the support services will provide them an opportunity to become self-sufficient.

Although the Collier CoC is only submitting one new transitional housing project in the 2005 application, we are hopeful that in 2006 new applications will be made for permanent housing with supportive services and more transitional housing. Local faith-based organizations are evaluating the Samaritan Initiative, State of Florida Housing Assistance Grants and other alternatives as the community begins to develop a long range plan for additional housing in the next five (5) years.

- c. Demonstrate how the project selection and priority placement processes for all projects were conducted **fairly and impartially**. In doing so:
- (1) Specify your open solicitation efforts for projects; Throughout the year, the Collier County CoC announces at monthly Hunger & Homeless meetings; CoC, case management and other meetings that applications will be accepted from organizations assisting the homeless who are interested in Continuum of Care funding. In addition, those agencies participating in CDBG, HOME, ESG and other federal programs are also notified. Once the SuperNOFA has been released all local nonprofit organizations are notified via email and meetings of the impending deadlines.
  - (2) Identify the objective rating measures applied to the projects; The Blue Ribbon Panel uses a check list to review and rank applications that are received each year for the CoC. In 2004, there were 5 requests for funding while in 2005, only three applications were submitted for review and consideration. The rating measures include activity need and justification; project meets a CoC priority or identified need; agency has implementation and management ability; required match available and other similar measures.
  - (3) Demonstrate that participants on the review panel or committee are unbiased; The Blue Ribbon Panel is made up of a broad cross section of the community including law enforcement; faith-based organizations; funders; and the community as a whole. The members of the panel do not sit on the Board of Directors of any of the sponsoring organizations and are unbiased in their review. The members of the panel have demonstrated an interest and concern for the homeless community and the at-risk and very-low income populations. Panel members may have provided funding to the Hunger & Homeless Coalition, assisted with the annual Point in Time Survey/homeless count, advocated on behalf on this community or undertaken other similar activity. The 2005 Blue Ribbon Panel consisted of the following:
    - Mary Ellen Barrett, Community Foundation of Collier County
    - Ernie Bretzman, United Way of Collier County
    - Rev. Jim Hill, First Baptist Church
    - Alix Anderson, Collier County Sheriff's Office
- This year's panel met on May 23, 2005 to review and rank the three (3) applications submitted. The ranking and financial requests are identified in CoC-K page 1 Project Priorities Chart.

(4) Explain the voting system/decision making process used; The Review Panel receives the CoC Exhibit 2's approximately one week before their scheduled meeting. A scoring sheet is provided to each reviewer along with the Gaps Analysis and the CoC strategic plan and goals. Each agency submitting a request for funding is encouraged to attend and respond to questions from the committee members. Those applicants who have crafted well thought out applications that meet needs identified in the Gaps Analysis and the Strategic Plan are rated the highest points. The three agencies submitting requests for CoC funding were represented by:

Nicole Sylvester, Shelter for Abused Women and Children

Marie Andress, St. Matthew's House/Wolfe Apartments

Fred Richards, Collier County Hunger & Homeless Coalition/HMIS

(5) If your CoC receives the hold harmless pro rata need amount and has used the reallocation process to free up PRN to create new projects, please explain the open decision making process used to reduce and/or eliminate projects; *Not Applicable*

(6) If written complaints concerning the process were received during the last 12 months, please briefly describe them and how they were resolved; *No written complaints have been received.*

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## Exhibit 1: Continuum of Care Supplemental Resources

### Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

- SSI     SSDI     TANF     Medicaid     Food Stamps  
 SCHIP     WIA     Veterans Health Care

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

- A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
- The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
- CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
- A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
- The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
- CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
- A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
- A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
- Other (Please describe in 1-2 sentences.)

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## Exhibit 1: CoC Project Performance - Housing and Services

This section will assess your CoC's progress in reducing homelessness by helping clients move to permanent housing, access mainstream services and gain employment. Tally information from the APR most recently submitted for the appropriate RENEWAL project(s) on the 2005 Priority Chart.

**1. Permanent Housing.** HUD will be assessing the percentage of all participants who remain in permanent SHP or S+C housing for over six months. (SHP projects include both SHP-PH and SHP-Safe Haven permanent housing renewals.) Based on responses to APR Question 12(a) and information available on persons who did not leave (e.g., information to respond to APR Question 12(b)) from each of the above permanent housing projects included on your Priority Chart, complete the following:

Check here  if there are no applicable permanent housing renewal projects.

Check here XXX to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

- a. What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? 19
- b. What is the number of participants who did **not leave** the project(s) during the operating year? 11
- c. Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? 1
- d. Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? 5
- e. Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? (c+d divided by a+b x 100 = e) Example: (11 + 10) divided by (20 + 20) x 100 = 52.5% 20%.

**2. Transitional Housing.** HUD will be assessing the percentage of all TH clients who move to a permanent housing situation.

Check here  if there are no applicable transitional housing renewal projects.

Check here  to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

## Exhibit 1. CoC Project Performance - Housing and Services Continued

### B. Supportive Services

Mainstream Programs and Employment Chart. HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services and who gained employment.

Check here  if there are no applicable renewal projects.

Check here XXX to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
<b>Example: 105</b>	a. SSI	40	38.1%
105	b. SSDI	35	33.3%
105	c. Social Security	25	23.8%
19	a. SSI	10	52.6%
19	b. SSDI	4	21.1%
19	c. Social Security	5	26.3%
19	d. General Public Assistance	0	0
19	e. TANF	0	0
19	f. SCHIP	0	0
19	g. Veterans Benefits	1	5.3%
19	h. Employment Income	5	26.3%
19	i. <b>Unemployment Benefits</b>	0	0
19	j. Veterans Health Care	1	5.3%
19	k. Medicaid	9	47.4%
19	l. Food Stamps	10	52.6%
19	m. Other (please specify)	0	0
19	n. No Financial Resources	0	0



## Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

### Continuum of Care: Project Leveraging

(Complete only one chart for the entire Continuum of Care and insert in Exhibit 1. *This entire chart will count as only one page towards the 30-page limitation*)

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
3	Example: Sarah's House	Child Care	City CDBG	\$10,000
1	SAWCC Transitional Housing	Private donation for land	Anonymous Donor	\$115,000
1	SAWCC Transitional Housing	Options Thrift Shop Revenue	Options Thrift Shoppe	\$173,879
2	Wolf Apartments	Private Contributions	Regular Donor base	\$15,600
2	Wolf Apartments Perm Housing	Private Contributions	Regular Donor base	\$71,775
3	HMIS Expansion Renewal	CDBG funding	Collier County FAH	\$24,916
<b>TOTAL</b>				<b>\$401,170</b>

*\*Please enter the value of the contribution for which you have a written commitment at time of application submission.*