

## Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

## 1A. Continuum of Care (CoC) Identification

### **Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** NY-503 - Albany City & County CoC

**1A-2. Collaborative Applicant Name:** Corporation for AIDS Research , Education and Services Inc.

**1A-3. CoC Designation:** UFA

**1A-4. HMIS Lead:** CARES Inc.

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.**

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

<b>Other:(limit 50 characters)</b>		
Legal Services	Yes	Yes
Managed Health Care	Yes	Yes
Faith Based Organizations	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 2,000 characters)**

The CoC has developed and documented within the CoC’s Five Year Strategic Plan specific strategies to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. Strategies to solicit opinions include direct peer to peer community outreach and the use of web-based forums. Specifically, the CoC solicits and considers opinions from a broad array of knowledgeable and interested stakeholders including those with lived experience, housing providers, health/behavioral health organizations, law enforcement, faith-based orgs and local and county staff. Opinions are gathered through year-round direct community outreach via the Homeless and Housing Task Force Committees and via web-based forums overseen by the Collaborative Applicant (CA). The CoC holds a minimum of four full membership meetings annually as well as a number of topic specific forums to solicit public opinion and to share important community information and current best practices. The CoC communicates to the public dates and agendas of meetings and/or forums by posting announcements through the CoC web-page, email list servers (both CoC Membership and other membership organizations) local papers, and social media. The CoC takes into consideration information gathered in public meetings and forums and uses it to improve and often develop new approaches to prevent and end homelessness. Meeting minutes are taken at every public meeting and forum and reviewed by the Board. The Board analyzes and discusses the gathered information/opinions/topics and assigns further investigation to one of the five standing committees. Committees are then required to update the Board on findings and suggested next steps. This process and any developments stemming from it, are reported to full Membership at the next meeting.

**1B-2.Open Invitation for New Members. Applicants must describe:  
 (1) the invitation process;  
 (2) how the CoC communicates the invitation process to solicit new members;  
 (3) how often the CoC solicits new members; and  
 (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.  
 (limit 2,000 characters)**

The NY-503 Continuum of Care has a transparent process in place to annually invite new members to join. Public invitations are posted and announced via the CoC’s website and list serve. The Strategic Planning and Governance Committees oversee the formal invitation process and conducts targeted

outreach to important systems partners prior to the four quarterly meetings. In addition to the annual invitation process, membership applications are posted on the CoC and Collaborative Applicant's website year-round and acceptance of membership by the Strategic Planning Committee is rolling. Targeted outreach for membership formally occurs quarterly in conjunction with the formal invitation process and includes emails and phone calls focused on outlining the responsibilities and benefits of CoC membership. Targeted outreach is focused on non-traditional systems partners including but not limited to hospitals, managed health care organizations, education and higher education institutions, and the business community. In addition to the systems outreach work of the Strategic Planning Committee, the CoC Board conducts specific outreach to ensure the voices of those with lived experience are included within the CoC and that homeless/formerly homeless persons are specifically encouraged to become members. As part of this outreach during the past year, the CoC held and participated in multiple community outreach events to reach persons with lived experience to encourage CoC membership.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)**

The CoC notified the public it was accepting project application proposals and of its openness to consider applications from non CoC-funded organizations via 1) list serve email announcement 2) public posting on the website and 3) paid advertisement in a newspaper with general circulation within the geographic area. An email announcement was made on 7/3/18 and was followed by a public posting on the CoCs website on 7/10/18. A paid advertisement was run in a local paper for a week beginning on 7/19/2018. Within all communications the CoC was clear local proposals should be submitted via email to the Collaborative Applicant (CA) using the New Project Application or DV Bonus Project Application posted on the CoC's website. In order to ensure all parties understood the method in which proposals should be submitted, the CoC held a workshop on 7/18/18. The presentation was recorded and posted on the CoC's website for the entirety of the local application period along with contact information provided to an experienced CoC CA member for any questions. The CoC determines whether a project will be included in the listing using a CoC approved ranking scale to score all new projects. All New Projects are reviewed by the Rank and Review Committee. The Committee used the following criteria in determining whether to recommend and rank a new project: 1) the ability of the project to meet stated CoC goals, the extent to which a project would meet HUD priorities, program type, and agency experience (including program/fiscal capacity). Membership reviews all projects within the Priority Listing and provides final approval for all new projects.

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

**1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:**  
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and  
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.  
 (limit 2,000 characters)

The CoC actively consulted in the planning and allocation of ESG funds with the New York State Office of Temporary and Disability Assistance (OTDA) and the City of Albany; the two ESG recipients within the CoC’s geographic area. The CoC consulted via phone and email with the State to review and comment on

projects proposed within the geographic area. The State requested CoC Board support in order to fund proposed projects. The CoC consulted monthly through in-person meetings with City of Albany staff members and was also requested to formally note support for proposed projects prior to allocation. In addition to consulting in the planning and allocation of funds, the CoC played an integral role in the evaluation and reporting of performance. The CoC provided OTDA and the City of Albany with PIT and HMIS/DV data and developed/reviewed ESG performance standards. The Operations Committee is responsible for overseeing the CoC's consultation with OTDA and the City of Albany which included ensuring the sharing of quarterly CAPER information and jurisdiction-level PIT data. Additionally, the Committee consulted with the City to develop the annual City ESG RFP process/application. ESG specific performance standards were reviewed and presented to the Board and then shared with membership for approval. The Operations Committee is responsible for evaluating outcomes of ESG projects and worked in close collaboration with and the City to conduct rolling on-site ESG subrecipient project monitoring. The Committee provided technical assistance to agencies who were identified to need assistance through monitoring. Quarterly, the CoC provided HMIS derived CAPER information and any relevant information noted during monitoring to OTDA for review and evaluation.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?** Yes to both

**1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?** Yes

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:**

- (1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
  - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

The CoC provides individuals and families fleeing domestic violence access to housing and trauma-informed, victim-centered services that prioritize the survivor's safety needs, accommodates their unique circumstances, and maximizes client choice by; adopting an emergency transfer plan, ensuring an inclusive and confidential Coordinated Entry System, and engaging and learning from agencies that utilize a trauma informed approach and provide services that are victim-centered. The CoC adopted emergency transfer plan

clearly defines eligible households; lists required documentation; defines confidentiality protections; and details how a transfer takes place. In addition, the Plan provides guidance safety and security. The CoC took additional steps to prioritize safety and maximize client choice by approving DV specific protocol within the CE Policy and Procedure Manual. The Manual documents collaboration between DV and mainstream housing providers. Equinox, a CoC/ESG/VAWA funded agency, plays an integral role within the implementation of the CE system, which offers survivors housing options that use a trauma informed and victim centered approach. The CoC has also engaged and learned from agencies, like Equinox, by requesting quarterly agency presentations on trauma informed and victim centered best practices during CoC membership and CE committee meetings. In concert with the adopted protocols, the CoC has developed a mechanism through training and education to maximize client choice for housing and services while ensuring safety and confidentiality. The CoC provided training and one-on-one technical assistance on Safety Planning and on the Increasing Mobility Options for Homeless Ind. & Fam w/ TBRA Rule (the Rule). The CoC actively educated mainstream providers on the importance of safety planning and incorporated the Rule into the CE process.

**1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

The CoC coordinates with victim services providers, like Equinox, to provide trainings for CoC area project staff and for Coordinated Entry staff to address best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. CoC area project staff received training semi-annually via Membership meeting presentations focused on confidentiality and safety planning protocols. Additionally, in coordination with local and regional victim services providers the Collaborative Applicant developed a webinar that focused on the application of the Mobility Rule, safety planning and connecting DV and mainstream housing services for household regardless of where they present for service. The webinar was posted on the CoC's website for public viewing and was publicized at both a CoC and Coordinated Entry meeting. The CoC coordinates with victim services providers to provide quarterly training to Coordinated Entry staff that address best practices. Coordinated entry staff has engaged and learned from victim service agencies, by requesting quarterly agency presentations on trauma informed services, victim centered programs and the importance of safety planning. Equinox participates in the CoC Coordinated Entry committee and train coordinated entry staff how to complete a CE assessment with survivors in a trauma informed manner that emphasizes safety planning and confidentiality. Coordinated Entry staff has been guided on how to complete the assessment tool without retraumatizing the household and has been able to ensure that all housing options are available and that client choice is honored. The inclusion of a regular exchange of information between victim services and mainstream housing providers has proven to be effective in providing services to the most vulnerable survivors.

**1C-3b. Applicants must describe the data the CoC uses to assess the**



**scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)**

Though there have been barriers to collecting data related to domestic violence, including cost of obtaining an affordable HMIS comparable data system, the CoC has worked hard to develop relationships with local and regional victim services providers to collect data to assess the scope of community need. The following deidentified aggregate information is collected annually from local DV providers: gender, race, age, family type, household size, number of episodes homeless, income, employment, disability and exit destination data. This data is collected from households seeking emergency shelter, transitional housing and permanent housing (including RRH). Data is collected and compiled by trauma informed and victim centered trained staff and presented to the CoC in an aggregate form to ensure client confidentiality. The specific data elements requested were chosen specifically to inform Strategic Planning initiatives and the Rank and Review process. The CoC’s goal is to coordinate with victim services providers to compile this data on a quarterly basis in order to assess community needs in a timelier manner.

**1C-4. DV Bonus Projects. Is your CoC Yes applying for DV Bonus Projects?**

**1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.**

SSO Coordinated Entry	<input checked="" type="checkbox"/>
RRH	<input checked="" type="checkbox"/>
Joint TH/RRH	<input type="checkbox"/>

**1C-4b. Applicants must describe:  
 (1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;  
 (2) the data source the CoC used for the calculations; and  
 (3) how the CoC collected the data.  
 (limit 2,000 characters)**

The Albany County CoC is currently (CY 2017) serving to 2,122 survivors of domestic violence, dating violence, sexual assault and stalking. These services were provided through Equinox, a CoC/ESG/VAWA funded program that covers the CoC’s entire geographic area. These services include providing shelter to 203 survivors of domestic violence, including 79 children under the age of 18. In addition to providing shelter, 1,233 survivors also received support services through Equinox. Support services include individual domestic violence counseling, case management, addiction and recovery services, support groups, completion of safety plans, and court advocacy. Data on the needs of and services provided to DV survivors is collected during intake and assessment interviews at all shelter sites. If a household is found to be fleeing domestic violence, they are referred to Equinox. Equinox uses ALICE to

calculate this data. The CoC collects this data from Equinox, the only DV provider in the CoC.

**1C-4c. Applicants must describe:**

- (1) how many domestic violence survivors need housing or services in the CoC's geographic area;**
  - (2) data source the CoC used for the calculations; and**
  - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

The Albany County CoC has an immediate need for increased housing and supports for survivors of domestic violence, dating violence, sexual assault and stalking. Within the CoC, a total of 892 individuals presented at shelter as a direct result of domestic violence in CY 2017. Of those persons, 282 individuals were able to be sheltered in a DV-specific program. As the shelter has a 98% occupancy rate, 345 adults and 265 children were unable to be sheltered and had to be referred to other programs and services. While these numbers are staggering in and of themselves, additionally, according to the NYS Division of Criminal Justice Services, in 2017 there were 1,008 reported domestic incidents in Albany County per police departments' reports of arrests. This shows there is a need for housing and services in the CoC's geographic area well beyond the number of survivors currently being served. The CoC works with shelter staff to collect data on survivors served through intake interviews, hotline calls and requests to the CoC for housing directly related to individuals fleeing domestic violence. All shelters refer households fleeing domestic violence to Equinox, which uses ALICE DV Database, Domestic Violence Information System (DVIS), shelter attendance records, hotline calls, NYS Dept of Criminal Justice Services to collect and report data.

**1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:**

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
  - (2) quantify the unmet need for housing and services for DV survivors;**
  - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
  - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

In the Albany County CoC there is an unmet need for (1) Rapid Rehousing dedicated to victims of DV; and (2) a CE process that adequately addresses the needs of DV survivors. One of the most significant unmet needs is for RRH dedicated to victims of domestic violence. Equinox currently operates the only permanent housing dedicated to victims of domestic violence, a RRH project that can serve approximately 28 households. While Equinox offers a plethora of services to victims of DV, services cannot be fully accessed/utilized until safe housing is secured. When a survivor first leaves their perpetrator, they are in their most vulnerable state. Being unable to support them at this time can lead to their return to the abusive situation. Given the lack of permanent housing available to survivors of DV, survivors often must return to the same neighborhoods where their abuse took place, thereby making them vulnerable

to their perpetrator. Alternatively, victims of DV are referred to permanent housing out of county, potentially removing an already vulnerable household from an essential existing support network and further disrupting their lives. Having access to appropriate housing, child care, mental health support services, addiction and recovery services and financial literacy programs, is crucial to ensure a survivor can successfully move forward. As such, investment in additional RRH dedicated to victims of DV is essential to leverage the resources/services already available for these households. Specifically, within the CoC, 892 individuals requested shelter in 2017 as a direct result of DV. Equinox was able to shelter 292 of those presenting and support finding housing for 196 of these households, showing an extensive need for additional RRH dedicated to victims of DV. This data was collected through the ALICE DV Database, Domestic Violence Information System (DVIS), shelter attendance records, and hotline calls. The second major need is for a Coordinated Entry process that adequately addresses the needs of DV survivors. Currently there is a minimal and basic system in place for DV clients to be included in the CE process due to federal prohibitions. Specifically, clients who present as homeless due to DV are screened for eligibility, and, with their permission, are added to the CE waitlist using initials instead of full names. The current system is inadequate as victims of DV do not have a consistent advocate within the CE system to provide connection to available and appropriate housing options. In addition, it would be beneficial to provide training to those who participate in the CE system on necessary practices/techniques when working with a victim of DV (i.e. Trauma-Informed Care, Safety Planning). With SSO-CE funding, an Equinox staff member will be dedicated to attending bi-weekly CE case conferencing meetings, managing placement of all households who present as homeless due to DV, and providing training to all participants.

**1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)**

This DV bonus project will allow the Albany CoC to double capacity of current RRH available for homeless victims of DV in Albany County and equip the CE system to better meet DV survivor needs. The ultimate objective of the DV RRH Project is to assist DV victims in achieving and maintaining permanent/safe housing, increased financial stability and an abuse-free life. The project will focus on navigating systems such as landlord/tenant relations, public benefits, the court systems, maintaining safety, and accessing transportation. While living in shelter, the DV RRH Project case manager will work closely with shelter staff to develop an action plan for clients to secure housing and maintain safety. After clients are able to secure housing, they will receive ongoing support to achieve their self-sufficiency goals. Clients are recruited into the program through referrals from shelters, who will be made aware of the program through agency in-services, trainings and promotional materials. The DV CE project will provide needed resources for the CE System to review, develop and implement policies, procedures and practices to equip the CE system to better meet the needs of DV survivors. Equinox, the proposed DV CE Lead, will establish a collaborative process with the CE lead agency, HATAS and members of the CE Committee to: review current CE practices and identify all current safety, confidentiality and access issues; research best practices for the inclusion of DV survivors into the larger CE system; and create/implement appropriate and sustainable policies, procedures and protocols that are trauma informed, client

centered, and in line with the Housing First model. When implemented, these policies and practices will improve the assessment/referral process for victims of DV, resulting in increased access to safe, stable and supportive housing and decreasing the length of time of homelessness for victims and their children.

**1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:**

- (1) rate of housing placement of DV survivors;**
  - (2) rate of housing retention of DV survivors;**
  - (3) improvements in safety of DV survivors; and**
  - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

The Albany CoC is applying for the DV Bonus funding to create a Rapid Rehousing and SSO-CE project. Within the Albany CoC, Equinox has been working to increase safety for victims since 1972 through advocacy. In 1989 the opening of the 18-bed shelter for victims and their children was the beginning of the comprehensive DV services program. Equinox operates a 24-hour emergency hotline to address the needs of victims and survivors around the clock. In 2017, Equinox answered 1839 hotline calls and sheltered 282 victims due to the constant need for safe shelter and the number of victim who were being turned away. Of the 282 survivors served in our domestic violence shelter in 2017, 196 (70%) were successfully placed in community housing. Of the 196 safely housed, 90% retained that housing for at least 6 months. Equinox provides court advocacy services across the county, with an office/advocacy presence at Albany County Family Court house, Albany City Court, and five additional local courts. Equinox is the only comprehensive Domestic Violence program in Albany County operating a 24 -hour domestic violence hotline, 30-bed emergency domestic violence shelter and a comprehensive non-residential domestic violence program that includes individual counseling, support groups, court and service advocacy, rapid rehousing, an elder abuse program and provides community education and awareness on domestic violence. Additionally, Equinox has a history of developing services and relationships to provide specialized services in specific areas that address the multiple barriers faced by DV survivors. For example, Equinox has a DV/CPS Advocate who is co-located at the local CPS office to provide advocacy and additional support to victims who may be involved with child protective services. Equinox has a Children’s Activities Programmer who works closely with the children to offer counseling, school support, activities and outings. Equinox has a collaboration with the Center for Disabilities Services to increase access to domestic violence services for victims who have a disability. In terms of LGBTQ accessibility, Equinox was the first shelter in Upstate New York to expand shelter services to victims of domestic violence regardless of sexual orientation or gender identity. Equinox has provided technical assistance to five other domestic violence programs in New York State and is a member of the NYS LGBTQ Domestic Violence Network. In Our Own Voices, a local agency with a focus on LGBTQ people of color, makes referrals to Equinox and provides ongoing training to program staff. In terms of immigrants, Equinox works closely with the local US Committee on Refugees and Immigrants to educate immigrant victims about domestic violence and available services and provide advocacy and counseling services. Equinox has several bi-lingual staff

and relies on interpretation services by the Multicultural Association of Medical Interpreters, a local non-profit agency. Equinox has a partnership with the local Animal Shelter to support survivors who will not leave without their pets. The Hudson Mohawk Humane Society will house the pets for a time until the survivor can find suitable housing. Given Equinox's extensive experience in serving survivors of DV and vast menu of important support services tailored to this population, the Albany County CoC and Collaborative Applicant fully believe the agency has the capacity to successfully implement a new RRH project, necessary to better meet the needs of survivors of DV in the community.

**1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:**

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Albany Housing Authority	32.00%	Yes-Both	Yes
Cohoes Housing Authority	0.00%	No	No
Watervliet Housing Authority	0.00%	No	No
Town of Colonie	0.00%	Yes-HCV	No
Town of Guilderland	0.00%	No	No

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 2,000 characters)**

Within the Albany Continuum of Care there are 4 PHAs/HVC administrators that currently do not have a homeless admission preference in their written policies. To encourage the 4 PHAs/HCV administrators to adopt such policies the CoC has, through one-on-one meetings and via email communication encouraged PHA/HCV administrator staff to participate within the development of the CoC's strategic plan. Through this process the CoC and PHAs have been able to discuss the current needs of the homeless population and discussed first steps to establish a system of preferences that would be informed by goals established through the collaborative planning process. Additionally, the CoC encourages the PHAs/HCV administrators to create a homeless admission

preference by sharing Point-in-Time and Homeless Management Information Systems data. The goal is to utilize data to update preferences (i.e. – create a homeless preference) to ensure that preferences are based on local community needs. Lastly, the CoC conducts outreach via the Governance Committee to ensure the four PHAs/HVCs are members of the CoC. As a result of the outreach three of the four PHAs are members. Currently all of the noted PHAs/HVC administrators partner with non-profit organizations in some form. As members of the CoC, PHAs are able to understand the current need in the community and learn about agencies who can be potential partners if a preference is adopted.

**1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?** Yes

**Move On strategy description.  
(limit 2,000 characters)**

Albany County CoC has a Move On Strategy with affordable housing developers. Specifically, the CoC works with Albany Housing Authority (AHA) to transition households in Permanent Housing who no longer require and/or request intensive services to a unit subsidized by AHA. The CoC ensures persons moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet AHA screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. AHA, in kind, has a preference in place for households moving on from PH. The CoC's Move On Strategy recommends PH providers provide pre-transition services, including living skills training, employment, and community integration supports - as well as strong aftercare supports to ensure a successful transition over the long-term, and that all services are provided using strengths-based language and a recovery-focused model. Beginning in 2019, the CoC will implement Phase II of its Move On Strategy by recruiting additional LIHTC, multifamily assisted housing owners, and local low-income housing program agencies to participate in the program, including The Community Builders, Catholic Charities Housing Organization, Home Leasing, Housing Visions, Beacon Communities, Norstar Development, and Winn Companies. The CoC will use the success of the current Move On model with AHA to encourage other low-income housing programs to participate. In Phase II the CoC will also provide guidance and trainings for PH providers (i.e. creating a cultural shift towards the option of moving on; best practices for implementing independent living skills, wellness self-management, and accessing community-based services; and empowering tenants to grow beyond their current circumstances). The CoC will also be creating a standardized assessment for moving on.

**1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals**

**and their families experiencing homelessness.  
(limit 2,000 characters)**

The CoC addresses the needs of LGBT individuals and their families experiencing homelessness and ensures equal access to individuals in accordance with their gender identity in programs and shelters funded under programs administered by HUD's Office of Community Planning and Development (CPD). Specific actions taken by the CoC include: incorporating an anti-discrimination policy within the CoC Written Standards, educating programs about the final Equal Access Rules, and monitoring ESG and CoC funded programs for compliance. The CoC implemented a CoC wide anti-discrimination policy (documented within the Written Standards) on 8.10.17 to ensure all community programs (CoC and ESG) provide equal access to housing. This policy was reviewed and reapproved 8.9.18. Additionally, the CoC conducts annual trainings for providers on how to effectively implement Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity; including Equal Access in Accordance with an Individual's Gender Identity. The first training occurred on 9.8.17 and a second workshop was held on 5.23.18. In order to ensure a clear, understanding of the Rules and the CoC's anti-discrimination policy, The Operations Committee incorporated the new regulation into the CoC monitoring process. Monitoring ensures each funded agency has a program policy addressing equal access to housing and gender identity that meets the Final Rules.

**1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

**1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>

Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**1C-8. Centralized or Coordinated Assessment System. Applicants must:**  
**(1) demonstrate the coordinated entry system covers the entire CoC geographic area;**  
**(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;**  
**(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and**  
**(4) attach CoC’s standard assessment tool.**  
**(limit 2,000 characters)**

Through technical assistance with ABT/Cloudburst, the CoC updated their coordinated entry process in accordance with the requirements of 24 CFR. The CE is a No Wrong Door system reaching homeless households within the entire CoC geographic area which includes Albany City and County. The breadth of the system is captured by the CE waitlist which documents client location at intake. The CE Marketing Plan documents how the CE system reaches homeless individuals and families least likely to access homelessness assistance in the absence of special outreach. This is demonstrated by the outreach practices conducted by street outreach teams from the Homeless Action Committee, St. Catherine’s Center and the drop-in center. These practices include regular street canvassing, developing one on one relationships to build trust and utilizing peer referrals. The assessment process prioritizes people most in need of assistance by using a vulnerability score (which includes chronicity of homelessness, disability and previous involvement with the law). Case management discussion occurs bi-weekly at CE meetings. Agency representatives discuss client’s special circumstances, history of homelessness, vulnerability score and appropriate housing options. Participant prioritization can be demonstrated by reviewing the master community wait list. The list is determined using the coordinated assessment tool as well as the case management discussions. Monthly case conferencing ensures prioritization based on vulnerability and that households are receiving assistance in a timely manner. The attached Standard Assessment tool and Policy and Procedure Manual which includes a summary of the CoC’s Marketing/Outreach Plan demonstrates the CoC’s compliance with the requirement.



## 1D. Continuum of Care (CoC) Discharge Planning

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

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

**1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

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

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

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:**

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

**1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:**

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

**(limit 2,000 characters)**

The CoC considered the following severity of needs and vulnerabilities when reviewing, ranking and rating projects: Chronic Homelessness (CH), age, and history of or recent DV. Other vulnerable populations considered include households with little/no income, current or past substance abuse issues and those with histories in the criminal justice system. The CoC takes the above noted needs and vulnerabilities into account in two ways during the review, rating and ranking process; through 1) quantitative questions/objective criteria in the Rank & Review Tool, and 2) qualitative information gathered during Rank & Review interviews. Attachment 1E-1, the Summary of Selection Criteria for Review and Ranking of CoC Projects, provides documentation of both practices. ACCH ensures that projects providing housing and services to the before mentioned hardest to serve populations receive additional points in the Local Continuum Priorities section of the Rank & Review Tool, with the understanding that such programs often yield lower scores in system performance; yet are essential to meet the needs of the CoC's most vulnerable. The Tool also applies points to projects adhering to the Housing First approach; ensuring that the most vulnerable are not screened out. Through discussion

during interviews, projects have the opportunity to explain unique client needs/vulnerabilities (e.g., language barriers, mental health illness) and their impact on project performance. This year the CoC drafted a specific question for DV providers to explain variables impacting performance (e.g., positive housing outcomes, system impact) which allowed for additional points. The CoC annually considers severity of needs and vulnerabilities to ensure effective prioritization of resources to meet the needs of the hardest to serve.

**1E-3. Public Postings. Applicants must indicate how the CoC made public:**

- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
- (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
- (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

**1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.**

**Reallocation:** No

**1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)**

The CoC considers reallocation an important tool to make strategic improvements to the homeless system and actively reviews performance of

projects to determine whether reallocation will meet/better meet a community need. Annually during the Rank and Review process, the Rank and Review Team reviews performance of existing CoC Program-funded projects to determine whether to recommend reallocation to the Board. The Team flags projects that demonstrate inadequate financial management, have a history of expending funds on ineligible activities, have a history of returning funds that could have been utilized, and/or projects consistently demonstrating unsatisfactory project performance outcomes and consistently scoring low on the Rank & Review tool. The final decision to reallocate funding to create a new project is decided by the Board and approved by Membership. Funding is then provided to new project(s) that have been reviewed and ranked in priority order by the Rank and Review Committee, then approved by the Board and Membership. Utilizing this process, between 2014-2018, a cumulative total of \$497,105 has been reallocated; equaling 10% of the CoC's ARD. Reallocations have resulted in eight new projects. Though the CoC has not met the 20% reallocation threshold, to date remaining projects are high performing and of high demand.

**1E-5. Local CoC Competition. Applicants must indicate whether the CoC:**  
**(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**  
**(2) rejected or reduced project application(s)—attachment required; and**  
**(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

**2A-1a. Applicants must:**  
**(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and**  
**(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).** HMIS Policies and Procedures Manual pages 16-18 CARES Regional HMIS Governance Charter pages 1-5 Memorandum of Understanding pages 3-4

**2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.** Yes

**2A-3. HMIS Vender. What is the name of the HMIS software vendor?** Foothold Technology

**2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.** Regional (multiple CoC)

**2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:**  
**(1) total number of beds in 2018 HIC;**  
**(2) total beds dedicated for DV in the 2018 HIC; and**

**(3) total number of beds in HMIS.**

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	304	30	155	56.57%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	152	0	107	70.39%
Rapid Re-Housing (RRH) beds	207	28	163	91.06%
Permanent Supportive Housing (PSH) beds	899	0	865	96.22%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)**

Due to limited participation from the Capital City Rescue Mission, a faith based organization, bed coverage has been low in the ES and TH categories. CARES, inc. is working with the Department of Social Services (DSS) to retrieve data regarding persons referred to the City Mission by DSS. It is believed that, when there is enough data to analyze, a significant (60-80%) of the bed data from the Mission will be captured within the HMIS with a usable FTE bed calculation becoming available. CARES will continue working with the Mission itself to try and come to a data entry agreement, but in the meantime will utilize available resources to recover as much data as possible. CARES, inc. will also continue to work with the CoC to engage the Capital City Rescue Mission in order to capture the TH beds through data integration or direct data entry.

**2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?** 10

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 04/27/2018

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

### Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).** 01/25/2018

**2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).** 04/27/2018

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

### Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.  
(limit 2,000 characters)**

From 2017 to 2018 the CoC implemented data quality actions to improve the validity of the sheltered PIT count. Changes included one-on-one technical assistance with non-HMIS agencies who participate within Coordinated Entry (CE) and improved HMIS data quality training with HMIS-participating agencies. These data quality changes improved the validity of the count and played a role in identifying 23 additional persons during the 2018 sheltered PIT count. One-on-one technical assistance with non-HMIS agencies improved data quality by confirming numbers submitted. The CoC has strengthened relationships with non-HMIS agencies through their participation in Coordinated Entry, allowing for better collaboration during the PIT Count. Specifically, the CE Lead and Collaborative Applicant worked with agencies who provide Code Blue (extreme weather) services. Training focused on understanding full data completeness for this vulnerable population, though important, is not necessary when reporting for the PIT count. The result of this additional training was a reported increase of persons utilizing Code Blue beds from 2017. Similarly, improved data quality training with HMIS-participating agencies supported improved data collection and timely data submission, resulting in a slight increase of persons reported from 2017. The HMIS Lead organized and analyzed PIT data reports from the HMIS, focusing on data quality and completeness, and had one-on-one phone calls with each provider to ensure timely data entry and data accuracy. Review of intake dates noted within HMIS ensured a proper count of those utilizing shelter services on the night of the count. The result of this review and subsequent data correction by agencies was a reported increase of persons utilizing emergency shelter on the night of the count.

**2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?** Yes

**2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.**

Beds Added:		21
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Beds Removed:	35
Total:	-14

**2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?** No

**2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.**

Beds Added:	0
Beds Removed:	0
Total:	0

**2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.** Yes

**2C-4a. If “Yes” was selected for question 2C-4, applicants must:**  
 (1) describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and  
 (2) specify how those changes impacted the CoC’s unsheltered PIT count results.  
 (limit 2,000 characters)

From 2017 to 2018 the CoC implemented data quality actions to improve the implementation of the unsheltered PIT count. Changes included improved PIT count training and increased awareness of the PIT count. This year the Collaborative Applicant facilitated four regional meetings beginning in November that included the unsheltered PIT Lead Agency, VA-funded agencies, and youth providers to ensure a more accurate and complete count. These agencies reviewed and provided feedback on the survey tool, which was then locally revised. Additionally, the Collaborative Applicant and agencies discussed engagement versus observation techniques during the unsheltered count, emphasizing engagement is preferred when possible and safe in order to collect accurate data. The Collaborative Applicant also provided an overview of important definitions (i.e. HUD homeless, youth). Unsheltered PIT Count Leads in turn trained volunteers to more effectively ensure accurate data collection, deduplication and appropriate interviewing techniques. The CoC also increased

awareness of the unsheltered PIT count. During this year's regional unsheltered PIT Lead Agency meetings, the Collaborative Applicant facilitated discussion on how to engage additional service partners (including veteran and youth providers who are not CoC funded, and libraries) to participate in the unsheltered PIT. The CoC worked with systems partners such as local schools and universities to collect information from current caseloads. These data quality changes led to a more accurate and complete count, contributing to the increase of 10 persons counted during the unsheltered PIT count.

**2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?** Yes

**2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)**

For the 2018 PIT Count, the CoC implemented specific measures to identify homeless youth including: engaging RHY-funded/youth focused agencies w/in the planning process, engaging homeless/formerly homeless youth during the planning process to identify known locations & incentivizing homeless youth to participate in the count. The Capital Regional Advisory Board on Youth Homelessness, a group of key youth providers, was consulted during the PIT planning process & provided guidance on the tool, training activities & known locations. To ensure locations known to homeless youth were part of the count, youth stakeholders conducted two focus groups w/ youth at drop-in centers to select locations for the count. St. Anne Institute’s RHY-funded street outreach team led a team of volunteers to count homeless youth in areas identified by the youth stakeholders & the Advisory Board. In order to count youth experiencing homelessness, Subway gift cards were provided to youth surveyed as an incentive during the count. The CoC is recruiting youth peers to participate in conducting the 2019 PIT Count.

**2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count: (1) individuals and families experiencing chronic homelessness; (2) families with children experiencing homelessness; and (3) Veterans experiencing homelessness. (limit 2,000 characters)**

The CoC implemented several actions to improve its 2018 PIT count to better count the following subpopulations: persons experiencing CH, families w/children, and homeless Veterans. Actions included increased coordination with community partners and improved HMIS data analysis. The CoC held four

meetings starting in November with agencies that specifically serve each of the subpopulations to identify any potential causes for undercounting during the 2017 PIT and to formulate an improved process for 2018. Specifically, when focusing on improving the count for the CH subpopulation, the CoC identified improvements to both the unsheltered and sheltered count. To improve the unsheltered PIT count of the CH, the lead, HAC, collaborated with St. Catherine's SAMHSA-funded street outreach workers, who regularly engage the street homeless, to identify and target known locations for the CH. To improve the sheltered count of the CH, the HMIS Lead reviewed and analyzed shelter PIT reports and provided one-on-one technical assistance to ensure accurate data quality regarding CH designation. In terms of families, due to NYS's Right to Shelter legislation, it is rare for families with children in the CoC to be unsheltered. As such, in order to improve the sheltered PIT count of homeless families, the HMIS Lead provided training to the Dept. of Social Services, the main provider of ES services for families within the CoC. Training focused on ensuring accurate intake dates and family composition. To better count Veterans, AHC, Soldier On, and the VA coordinated with the CoC to schedule a Veteran's by-name registry week during the PIT. During the registry week, peer volunteers from each of these agencies worked to conduct both an unsheltered and sheltered count at locations where homeless Veterans frequent. The CoC will continue to increase coordination with community partners and improve HMIS data analysis to again ensure an accurate count of subpopulations for the 2019 PIT.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.**

Number of First Time Homeless as Reported in HDX.	1,735
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### 3A-1a. Applicants must:

- (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
- (2) describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
- (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

The CoC determines risk factors used to identify persons becoming homeless for the first time through coordinated community discussion and data analysis. The CoC understands risk factors for first time homelessness vary over time and assesses multiple data sources in real-time to identify current factors. The CoC coordinates with key stakeholders, such as prevention providers, emergency shelters, DSS, and the faith-based community to identify common factors contributing to first time homelessness. For participating HMIS programs, the HMIS Lead analyzes HMIS data, including demographic information, documented cause of homelessness, and disabling condition to confirm and/or supplement identified common factors. The CoC’s goal is to decrease the number of persons becoming homeless for the first time. The CoC uses a variety of strategies to reach this goal. One of these strategies is to provide better education about risk factors and referral protocol to community providers who serve vulnerable populations (i.e. food pantries, community health clinics). A second strategy to address persons at risk is to target prevention funding and services earlier within a household’s housing crisis. Earlier intervention will more effectively utilize prevention dollars to successfully prevent homelessness. The CoC is supporting earlier intervention by working with community stakeholders to identify those at risk. The third CoC strategy is to increase the amount of prevention funding available in the community, understanding that prevention funding and services are essential to ensure households remain housed. Currently, the CoC is surveying prevention providers as part of the Strategic Plan and is reviewing Albany County eviction data to build a case for additional state, local, and private prevention funding. The Operations Committee, which reports to the CoC Board oversees these strategies to reduce and end the number of persons experiencing

homelessness for the first time.

**3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:**  
**(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);**  
**(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;**  
**(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**  
**(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.**  
**(limit 2,000 characters)**

According to the SysPM report, the average length of time (LOT) households remained homeless in ES,SH and TH in FY17 was 65 days, a decrease of 5 days from FY16. The CoC’s strategies to reduce the average LOT homeless are to increase the amount of appropriate housing available and to ensure CoC and programmatic policies reduce barriers to connect persons with the longest LOTs homeless to housing. In order to increase the amount of appropriate housing available the CoC advocates for and supports the increase of RRH programs, which strive to house clients within 30 days. The CoC also engages non-CoC funded housing providers (i.e. OMH housing) to increase the amount of appropriate housing available to those coming through CE. The CoC is also creating flow in PSH units by implementing its Move On Strategy; ensuring PSH units are available for the most vulnerable and hardest to serve. In terms of implementing policies to reduce barriers to housing, the CoC encourages Housing First policies within all programs by prioritizing Housing First projects through the Rank and Review process. The CE system works to reduce LOT homeless by prioritizing those with the longest LOT homeless and connecting them to the most appropriate housing. Together, these strategies have successfully lowered the average LOT homeless in the community. The CoC identifies, prioritizes and houses individuals and persons in families with the longest LOT homeless through the CE system. During the bi-weekly CE case conferencing meetings, outreach, emergency shelter, and permanent housing case managers discuss barriers to housing households who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate and appropriate housing for these households. The Operations and Systems Committees, which report to the CoC Board oversee these strategies.

**3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:**  
**(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and**  
**(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.**

Percentage
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Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	35%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

**3A-3a. Applicants must:**

- (1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
- (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

**(limit 2,000 characters)**

The CoC has developed strategies to increase the rate at which households in ES, TH, and RRH exit to permanent destinations, recognizing the FY17 rate of 35% must be improved. Current strategies are: 1) connect the most vulnerable households to RRH and PSH through an efficient and effective Coordinated Entry System 2) build relationships with local landlords to increase access to affordable community housing 3) connect households to housing subsidies (i.e. PHA and Section 8) 4) connect households to community support services and benefits and 5) connect households to education/employment training opportunities to improve income. These strategies together ensure households are linked to affordable housing options, have the necessary income to access that housing, and have support services within the community to ensure ongoing housing stability. Strategies to increase the rate at which households in permanent housing projects, other than RRH, retain their permanent housing or exit to permanent housing destinations have been more successful with a rate of 97% in FY17. Current strategies are: 1) engage with clients to ensure they are meeting their individualized goals and are stable within housing 2) implement the CoC Move On Strategy, which includes providing pre-transition services such as living skills training, employment, and community integration supports, as well as strong aftercare supports to ensure a successful transition over the long-term and (3) partner with affordable housing providers and cultivate relationships with local landlords to maintain an ongoing list of apartment vacancies. These strategies ensure clients in PSH programs are supported in maintaining housing, while fostering opportunities for greater housing independence within the community. The Operations and Systems Committees, which report to the Board oversee all of the strategies discussed above.

**3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.**

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	7%

**3A-4a. Applicants must:**

- (1) describe how the CoC identifies common factors of individuals and**

**persons in families who return to homelessness;**  
**(2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**  
**(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.**  
**(limit 2,000 characters)**

The CoC identifies common factors of households who return to homelessness by analyzing quantitative data (HMIS data) and using narrative qualitative data collected from outreach workers and emergency shelter staff. Specifically, the CoC collaborates with the HMIS Lead to assess specific traits of those who return to homelessness utilizing HMIS documented information including: income sources, disability status, and disabling condition. Narrative qualitative data is collected through quarterly coordinated discussions with direct line staff during CE Committee meetings. General information is collected regarding current trends; HMIS data is cross-referenced to identify common factors. By cross-referencing quantitative and qualitative data, the CoC identified the majority of households who return to homelessness are coming from housing in the community (i.e. not PSH or RRH), and the leading factors are decompensating mental health/substance abuse, loss of employment, and domestic violence. The CoC has created a two-fold strategy approach to reduce the rate of additional returns to homelessness: education and collaboration. First, educating community service providers on the identified factors for returns to homelessness is essential in identifying households at risk of additional episodes of homelessness. Second, since the majority of households who return to homelessness are coming from housing in the community, the CoC builds collaborations with system partners (ex: prevention, employment/education, benefits, health/behavioral health care, DV providers, other support services) around ways to provide necessary supports to households who are identified as at risk. Overseeing these strategies are the Operations and Systems Committees, which report to the Board.

**3A-5. Job and Income Growth. Applicants must:**  
**(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**  
**(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**  
**(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.**  
**(limit 2,000 characters)**

The CoC’s strategy to increase access to employment and non-employment cash sources includes systems level engagement and coordinated community use of best practices such as SOAR. Specifically, the CoC engages and makes direct referrals to the following agencies to help households increase their cash income: Department of Social Services (DSS), Albany Community Action Program (ACAP), City of Albany Career Center, and Albany County One Stop Employment Center. These agencies connect clients with necessary benefits (i.e. TANF, SSI/SSDI, SNAP) and provide free employment and/or education training. Many of these agencies have developed relationships with major area employers (ex: local hospitals) for graduates to receive hiring preference.

Through the CoC Strategic Plan, the CoC is committed to improving engagement with these mainstream benefits/employment organizations by increasing the number of organizations who are CoC members and increasing the number of formal MOUs. In addition, the CoC encourages all agencies to utilize nationally recognized best practices proven to increase client cash income. The CoC actively promotes the SOAR model and trainings hosted by the regional SOAR TA provider during membership meetings. This relationship has ensured clients have access to SOAR trained case managers. The Systems Committee, which reports to the Board, oversees these strategies.

**3A-6. System Performance Measures Data** 05/23/2018  
**Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)**



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

### Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
  - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	325
Total number of beds dedicated to individuals and families experiencing chronic homelessness	234
<b>Total</b>	<b>559</b>

**3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.** Yes

**3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.**

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>
Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

**3B-2.2. Applicants must:**

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
  - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
  - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

The CoC has incorporated a two-pronged approach to rapidly rehouse families with children within 30 days. The first approach focuses on households experiencing homelessness due to short-term financial crisis. The strategies include 1) connect households to the Department of Social Services to access all cash and non-cash benefits (i.e. SNAP, Public Assistance) 2) ensure households complete all housing subsidy apps (i.e. PHA apps) and 3) build relationships with local landlords to address potential barriers to housing and negotiate manageable and appropriate lease agreements. The second approach focuses on family households who are traditionally perceived as more difficult to serve (i.e. those with limited or no income, survivors of DV, youth family households, those with a disability). The strategy to rapidly rehouse families identified as most vulnerable include 1) connect families to PSH/RRH utilizing a family-specific CE Tool; (2) ensuring a Housing First approach among providers to reduce barriers to housing; and (3) provide households with a menu of wrap-around services to address individual household needs (i.e. health/mental health, childcare, DV services). Similarly, the CoC has a two-pronged approach to address housing and service needs to ensure families maintain housing once emergency assistance ends. For families with low barriers, the CoC makes referrals to community providers to ensure a system of supports that allow families to stabilize. Specific referrals include childcare, medical/mental health providers, financial literacy, school-age ed programs, and employment/ed training. For harder to serve families, the CoC ensures a warm hand-off to ongoing housing support service programs and/or ongoing intensive case management programs, like Health Homes (a Medicaid-funded intensive case management program). The Operations Committee who reports to the Board oversees these strategies.

**3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.**

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>

**3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied homeless youth includes the following:**

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

**3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.**

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

**3B-2.6. Applicants must describe the CoC's strategy to increase:  
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and  
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.  
 (limit 3,000 characters)**

The CoC’s strategy to provide new resources and/or more effectively use existing resources to house and provide services for all homeless youth is two-fold: 1) increase collaboration with partners to enhance current services to ensure a youth focus and 2) secure additional funding by applying for federal/state funding to house and serve homeless youth and youth aging out of foster care, couch-surfing or otherwise unstably housed. To increase collaboration with partners, the CoC focused on community outreach to increase the number of members participating on the Capital Region Advisory Board on Youth Homelessness (ABYH). The goal of increased participation was to create collaboration between youth providers and non-traditional partners such as county/city partners and school liaisons. This collaboration resulted in dedicating currently untapped mainstream resources to youth. To quantify the need and support requests for additional funding, the CoC Board conducted

outreach to RHY, CoC, and ESG funded agencies to encourage applications for federal/state funding to increase the number of ES and RRH beds dedicated to youth. The combination of these two strategies led to 1) increased participation within the ABYH and 2) the CoC applied for the second round of funding through the Youth Demonstration Grant. While the application was not awarded, the process of applying for additional monies dedicated to youth has resulted in a more coordinated community-wide plan dedicated to addressing youth homelessness. To increase the availability of housing and services for unsheltered youth, the CoC collaborates with the Homeless Action Committee's Street Outreach team to include outreach efforts in areas known to be 'hotspots' for homeless youth. Outreach efforts began during the planning of the 2017 Youth PIT count and have continued since.

**3B-2.6a. Applicants must:**

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
  - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
  - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

In order to measure the noted strategies in question 3B-2.6 the CoC: (1) tracks Capital Region Advisory Board on Homelessness participation and capacity, (2) tracks the amount of funding being applied for to create additional youth specific housing and services, (3) conducts the annual Youth Point in Time Count (which occurred in October 2018), and (4) tracks youth specific housing inventory data semi-annually. In order to track Board participation and capacity, attendance reports and a meeting summary are provided to the CoC Board quarterly. Also tracked and reported to the CoC Board are the number of applications submitted to charitable foundations and the federal, state, and local government that would fund youth housing and services. On a monthly basis, the Governance Committee reports and provides details on projects that applied for and received a letter of support from the CoC. Additionally, to calculate the effectiveness of securing additional funding, every six months the CoC collaborates with the HMIS Lead to collect an accurate housing inventory of beds dedicated to homeless youth as well as youth aging out of foster care, couch-surfing or otherwise unstably housed. The HMIS Lead has developed close relationships with RHY funded agencies in order to track this information. The measures the CoC uses to calculate the effectiveness of both strategies include using HMIS data and information collected during the October Youth PIT Count. The CoC analyzes overall changes in the number of homeless youth and household composition. Additional analysis focuses on housing stability, the number of episodes homeless, and recidivism. The CoC believes these measures are the most appropriate methods for determining the effectiveness of the current strategies because 1) they ensure continued collaboration between youth providers and non-traditional providers and 2) provide real-time quantitative data on the amount of resources dedicated to youth.

**3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:**

- (1) youth education providers;**
  - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
  - (3) school districts; and**
  - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

The CoC collaborates with youth education providers, the State Education Agency (SEA) and Local Education Agency (LEA) and school districts for the coordinated and continued identification of eligibility for both homeless and educational services and the continued effort in the provision of services. CoC member agency Albany Community Action Program (ACAP) is the county Head Start administrator and actively participates within the CoC; specifically participating in the Systems and Strategic Planning Committees. CoC member agencies including St. Catherine’s Center for Children, attend and participate in monthly meetings held by Local Educational Agency (LEA) and quarterly meetings held by the State Educational Agency (SEA). In addition, the City of Albany McKinney Vento School Liaison attends and participates in the CoC’s semi-annual Membership meetings and actively participated in the CoC’s Strategic Planning process. The CoC recognizes these partnerships play a vital role in ensuring efforts to coordinate and identify eligibility for both homeless and educational services are successful. The CoC developed formal partnerships w/ Head Start, BOCES, and the City of Albany School district to coordinate prevention services and to promote the rights of education services. The CoC has also recognized through the relationships developed with SEA and LEA staff, that collaborations with other school district staff, specifically guidance counselors, is key and will focus on developing relationships with counselors over the next 12 months.

**3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.**  
**(limit 2,000 characters)**

The CoC developed and adopted policies and procedures within its Written Standards to inform individuals and families who become homeless of eligibility for education services. These policies and procedures ensure all households are informed of their rights to access educational services and are supported in accessing these services. CoC policy requires providers designate a specialized staff person to 1) provide direct educational supports to families who move into permanent housing from shelter as well as 2) staff support families in shelter with ensuring there is no disruption in current education services. The staff person is expected to connect and work with both families and schools/education programs to ensure the most appropriate educational services are made available to families and that families are able to overcome any barriers to accessing educational services, such as issues with transportation. For example, staff are required to coordinate with McKinney-Vento Liaisons in families’ existing school districts to coordinate transportation services and ongoing enrollment.

**3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and**

**supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.**

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

**3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)**

The CoC has taken actions to identify, assess, and refer Veterans experiencing homelessness, who are eligible for VA services, to appropriate resources by: 1) collaborating with VA and VA-funded providers to improve identification of homeless veterans 2) supporting and collaborating with VA funded agencies within the Coordinated Entry system to develop a by-name list of homeless veterans and 3) by supporting and encouraging direct connections between VA, VA-funded agencies, and mainstream housing providers to create accurate/rapid referrals to VA resources. The CoC collaborates with the VA and VA-funded providers to ensure both sheltered and unsheltered veterans are identified. CoC funded agencies, VA-funded agencies and the VA Medical Center outreach teams have collaborated to engage veterans by street canvassing, referral from current clients, and direct referral from drop-in centers and ESG/faith-based emergency shelters. Non-VA funded agencies now inquire about military service, not just veteran status, upon intake and refer all clients who meet the veteran criteria to Albany Housing Coalition (AHC) or Soldier On (SO); both VA-funded agencies. AHC and SO are active participants in the CoC’s Coordinated Entry system and work with mainstream homeless service providers to create a by-name list of homeless veterans. All clients are assessed for SSVF service. If SSVF is not the most appropriate resource, AHC/SO makes a direct referral to the VA Healthcare for Homeless Veterans (HCHV) Program. Once referred, HCHV staff assess the veteran for a continuum of VA services including HUD-VASH and Grant and Per Diem. The CoC meet the Mayor’s Challenge in 2016 and has continued to, through active partnerships with the VA and VA funded agencies ensure that the community stays at functional zero.

**3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?** Yes

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

**3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?** Yes

**3B-5. Racial Disparity. Applicants must:** Yes  
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;  
 (2) if the CoC conducted an assessment, attach a copy of the summary.

**3B-5a. Applicants must select from the options below the results of the CoC's assessment.**

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

**3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.**

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>

The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>



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

**Instructions:**

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
  - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
  - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
  - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

The CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits by (1) conducting system level outreach to the Department of Social Service (DSS) and (2) promoting the SOAR model. Specifically, the CoC has hosted trainings on DSS services (i.e. Food Stamps, SSI, TANF) and processes for accessing those services. Through enacting the CoC’s Strategic Plan, the CoC has engaged DSS administration (i.e. the Commissioner is on the CoC Board) in order to brainstorm methods for better collaboration to ensure clients are able to apply for and receive mainstream benefits in an efficient and effective manner. The CoC also actively promotes the SOAR model and trainings hosted by the regional SOAR TA provider during membership meetings. The CoC’s

relationship with the SOAR TA provider has ensured SOAR trained case managers are available in the community to support clients in applying for and receiving SSI/SSDI. To systematically keep staff up-to-date regarding mainstream resources available for persons experiencing homelessness, the CoC facilitates bi-monthly Membership Meetings where agencies provide resource/programmatic updates. Mainstream community providers are invited to provide program spotlights, increasing the breadth of knowledge of community resources available for clients among CoC providers. Examples of agencies who provide mainstream benefits and are invited to provide program spotlights include: food pantries, DV, youth, and Veteran providers, mental health and substance abuse programs, Health Homes/Medicaid Case Management programs, refugee services, and programs addressing sex trafficking. The Systems Committee, which reports to the Board, is in charge of overseeing the CoC’s strategy for mainstream benefits.

**4A-2.Housing First: Applicants must report:**

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	38
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	37
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	97%

**4A-3. Street Outreach. Applicants must:**

- (1) describe the CoC’s outreach;**
- (2) state whether the CoC's Street Outreach covers 100 percent of the CoC’s geographic area;**
- (3) describe how often the CoC conducts street outreach; and**
- (4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

The CoC provides street outreach throughout 100% of the CoC geographic area but focuses services within the populated City of Albany. Street outreach is conducted in a manner that allows for quick identification and engagement of all people experiencing unsheltered homelessness. The CoC has two active Street Outreach teams, The Homeless Action Committee and St Catherine’s Center, which conduct outreach to unsheltered chronically homeless individuals. Outreach is conducted daily with fluctuating day/evening hours. Outreach staff identify and engage households, obtain emergency housing, and conduct CE assessments. Street outreach services are tailored using a client-centered,

trauma informed approach. In addition to the above-mentioned street outreach teams the CoC also connects with local Veteran street outreach. The VA outreach program, Health Care for Homeless Veterans (HCHV) as well as Supportive Services for Veteran's Families (SSVF) helps veterans in the community who are street homelessness. Through a variety of programs, services, and referrals, these outreach teams work to ensure that homeless veterans are identified and connected to VA services. Street Outreach teams also have a relationship with County Mental Health who administer the Assertive Community Treatment program (ACT). The ACT team is a multidisciplinary team that provides street outreach and individualized services to each client. Street outreach teams tailor outreach activities to those that are least likely to request assistance by: hiring staff with lived experience to conduct outreach; determining locations most visited by the unsheltered, building trust over time through consistent engagement, connecting clients in immediate crisis with the ACT team and providing translation services via staff or a translation line to address barriers related to communication.

**4A-4. Affirmative Outreach. Applicants must describe:**

- (1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and**
- (2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.**  
**(limit 2,000 characters)**

Strategies the CoC implements to further fair housing and to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability include: developing and including a marketing plan within the CoC's Coordinated Entry System detailing outreach to those least likely to apply for housing and services, educating programs about fair housing and the CoC's affirmative outreach policies, and monitoring ESG and CoC funded programs to ensure that marketing is conducted to those least likely to apply and that program participants understand their rights and how to address violations. The CoC implemented a Marketing Plan to ensure all community programs (CoC and ESG) follow fair housing regulations. The Marketing Plan discusses which segments of the population are least likely to apply for housing without special outreach by considering current racial and ethnic composition of the geographic area as well as language barriers and income eligibility requirements. The CoC conducts annual trainings for providers on affirmative outreach and fair housing and how to effectively market programs to ensure services are inclusive. The training occurred on 6.20.18 and included a presentation by a NY State Fair Housing Coordinator and NY State Assemblyman Andrew Hevesi. The Operations Committee incorporated a review of marketing and fair housing into the monitoring process. Monitoring ensured funded agencies participated within the CE Marketing Plan and has language within their agencies policies regarding fair housing and a marketing policy addressing equal access to services. To communicate the fair housing strategies to persons with disabilities and limited English proficiency the CoC ensured that all programs can utilize language translation services, services for the blind through NE Association for the Blind and signing for the deaf services through NY Connects.

**4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.**

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	115	207	92

**4A-6. Rehabilitation or New Construction Costs.** Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4A-7. Homeless under Other Federal Statutes.** Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other Federal statutes? No