

## 4B. Attachments

### Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:  
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	NY-519 PHA AP	09/13/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	CG Move On Strategy	09/11/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	Columbia Greene C...	09/11/2018
1E-1. Objective Critiera—Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Columbia Greene R...	08/31/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	1E-3. Public Post...	09/13/2018
1E-3. Public Posting—Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Pr...	09/10/2018
1E-4. CoC's Reallocation Process	Yes	1E-4. CoC's Reall...	09/10/2018
1E-5. Notifications Outside e-snaps—Projects Accepted	Yes	Projects Accepted	09/11/2018
1E-5. Notifications Outside e-snaps—Projects Rejected or Reduced	Yes	Columbia Greene P...	09/05/2018
1E-5. Public Posting—Local Competition Deadline	Yes	Columbia Greene L...	09/10/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CG HMIS Governanc...	09/13/2018
2A-2. HMIS—Policies and Procedures Manual	Yes	CG Policies and P...	09/11/2018
3A-6. HDX—2018 Competition Report	Yes	Columbia Greene H...	08/31/2018
3B-2. Order of Priority—Written Standards	No	NY-519 Written St...	09/05/2018

3B-5. Racial Disparities Summary	No	Columbia Greene R...	08/31/2018
4A-7.a. Project List-Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

## **Attachment Details**

**Document Description:** NY-519 PHA AP

## **Attachment Details**

**Document Description:** CG Move On Strategy

## **Attachment Details**

**Document Description:** Columbia Greene CE Tool

## **Attachment Details**

**Document Description:** Columbia Greene Rating and Ranking

## **Attachment Details**

**Document Description:** 1E-3. Public Posting CoC-Approved Consolidated Application

## **Attachment Details**

**Document Description:** Public Posting Project Selections, Ranking and CoC Application

## Attachment Details

**Document Description:** 1E-4. CoC's Reallocation Process

## Attachment Details

**Document Description:** Projects Accepted

## Attachment Details

**Document Description:** Columbia Greene Projects Rejected or Reduced

## Attachment Details

**Document Description:** Columbia Greene Local Competition Deadline

## Attachment Details

**Document Description:** CG HMIS Governance and MOU

## Attachment Details

**Document Description:** CG Policies and Procedures

## **Attachment Details**

**Document Description:** Columbia Greene HDX Report

## **Attachment Details**

**Document Description:** NY-519 Written Standards

## **Attachment Details**

**Document Description:** Columbia Greene Racial Disparities

## **Attachment Details**

**Document Description:**

## **Attachment 1C-5: PHA Administration Plan–Homeless Preference**

### **1. CG Public Housing Authorities - 2018**

#### **Public Housing Authorities**

NYS Housing Trust Fund Corp. -      No Preference/No Attachment

Hudson Housing Authority -      No Preference/No Attachment

Catskill Housing Authority –      No Preference/No Attachment

Columbia/Greene County CoC  
Public Housing Authorities Administrative Plans

None of the three largest PHA's in the CoC's geographic region have written a homeless preference (general or limited) into their Plans.

## **MOVE ON STRATEGY FOR RECOGNITION OF TENANT INDEPENDENCE**

Columbia Greene Housing Coalition (CGHC, the Continuum of Care for Columbia and Greene Counties) has created a Move On Strategy to transition households in Supportive Housing (including Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)) who no longer need intensive services to affordable housing. This strategy is broken into Phase I and Phase II, and sets out the actions CGHC will take to ensure the community has suitable long-term, affordable housing options for tenants ready to move on, and that tenants have the skills and are empowered to make this decision. The fundamental goal of the Move On Strategy is to promote the highest levels of independence and choice for tenants, as well as to create flow in supportive housing units to ensure these units are available for currently homeless families and individuals with disabilities who need housing combined with services. Promoting economic mobility and self-sufficiency, the Move On Strategy is first and foremost about celebrating growth, recovery and tenant success, and ensures all services are provided using strengths-based language and a recovery-focused model. Below details the CoC's process for identifying tenants who are eligible to move on; documentation needed to request ideal candidates for the strategy; and providing guidance for tenants on safety and security while prioritizing resources where they are most needed. The plan is based on a model Move On strategy discussed by the U.S. Department of Housing and Urban Development (HUD) and the Corporation for Supportive Housing. The CGHC Board and Education/Outreach Committee will be responsible for providing regular trainings, resources, relationship building, and outcome tracking to support implementation of and monitor the Moving On Strategy.

### **Recruiting Affordable Housing Providers**

The Move On Strategy targets existing tenants in supportive housing who are stable and require only minimal supportive services. These tenants are, with client choice, assisted to transition to a mainstream rent subsidy (typically the Housing Choice Voucher program) or an affordable housing unit, which frees up their subsidy for someone who is chronically homeless and needs the intensive services and long-term subsidies offered in supportive housing. The mainstream rent subsidy may include programs like Public Housing Authorities (PHAs), multifamily assisted housing owners, Low Income Tax Credit (LIHTC) developments, and local low-income housing programs. Phase I of the Move On Strategy is currently being implemented and includes recruiting local affordable housing providers to participate in the program, by setting preferences for tenants moving on from supportive housing. Phase II of the Move On Strategy will include advocating to New York State to incorporate a preference for individuals and families moving on from supportive housing units in the NYS Affordable Housing Corporation Plan.

### **Identifying Households for Moving On**

Housing providers identify households in supportive housing that may be ready to move on through ongoing case management with tenants. Specifically, program staff meet with tenants on an ongoing basis to establish tenant goals and set a plan towards meeting those goals, utilizing strengths-based language and a recovery-focused model. Program staff implement a client-choice model by ensuring tenants know there is a voluntary option to move on. Program staff ensure tenants interested in moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet PHA or other affordable housing providers screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. During Phase II of this strategy, a standardized assessment for moving on will be developed and implemented.

Program staff work with tenants to create a formal and comprehensive transition plan that identifies tenant strengths, living skills and the supports necessary to help them meet transition goals. Pre-transition plans are individualized to meet the specific needs of each household. Some common resources or supports tenants often need and are connected to include: employment supports, benefits counseling, activities of daily living skills, community living skills, and connection to community-based services. As households volunteer, housing providers make referrals to the PHA or other affordable housing providers.

### **Eligibility Considerations for Tenants**

Individuals are identified by housing provider program staff who work directly with clients in the housing programs. Clients should meet four basic criteria in order to be recommended to move on: 1) a good rental history of on-time payments, 2) evidence of “good neighbor” behavior without any complaints or property management conflicts, 3) supported progress of quantitative areas and 4) low service needs.

Housing providers identify households in supportive housing who may be candidates for moving on by analyzing observations (interviews/survey's, demonstrated ability to live stably and maintain housing or any other mitigating circumstances) combined with quantitative key areas for assessing tenant capacity, motivation, confidence and emotional readiness. These key quantitative areas include:

- Emotional independence (interest and confidence in moving on),
- Financial Capacity (employment, income, savings, budgeting skills),
- Housing history (housing tenure, rent arrears, past evictions, neighbor/landlord relationships)
- Intensity of service use (need for on-site services),
- Health/behavioral health (substance use, mental health, medication management, treatment engagement, mobility),
- Connection to mainstream resources (rental supports if needed),
- Connection to family or other natural supports,
- Community living skills (self-managing behavior, limit setting relating to drugs, etc.),
- Activities of daily living skills (ability to get meals, keep apartment clean, follow lease), and

- Housing goals (location, size, affordability, live with family/friends).

### **Transition Services**

Housing Providers are required to provide: assistance with locating and securing a housing unit; case management to support transition including but not limited to assistance building linkages to community supports and services, such as mental and physical health services, substance use treatment, stores for groceries and other necessities, recreational activities and public transportation options; and support with landlord negotiations. Services offered may also include: providing funds to cover moving services, utility deposits/arrears and furniture/household items; and assistance with family reunification.

### **Aftercare Supports**

CGHC recommends housing providers offer voluntary aftercare services to individuals who have moved on for at least six months after their move-out, and track types of supports provided and outcomes of those supports. It is recommended housing providers provide a minimum of two check-ins per month that can be in-person, by phone or by email.

### **Creating a Culture of Moving On**

CGHC believes a programmatic reward/incentive structure for Moving On can assist in further promoting a culture of independence and self-sufficiency. The CoC will develop a variety of strategies to publicize and build interest in Moving On opportunities, including providing trainings on and working with providers to: post fliers in highly visible locations; host community meetings on Moving On; conducting one-on-one outreach to tenants; and encourage Moving On peers to talk about their experiences and engage tenants.

### **Moving on Timing and Availability**

CGHC understands a Move On request may not be able to be satisfied immediately due to a variety of variables. However, the housing program will act as quickly as possible with community partners to move a tenant into appropriate affordable housing.

### **Ongoing CoC Assessment of Move On Strategy**

Once annually CGHC will assess the success of this Move On Strategy, reviewing number/percentage of persons who have moved on and rate of retention in affordable housing destinations. CGHC will also discuss strengths/weaknesses related to the strategy's recommendations for recruiting affordable housing providers, identifying households for moving on, eligibility considerations for tenants, transition services, aftercare supports, and creating a culture of moving on.

**Attachment 1C-8: CE Assessment Tool**

- 1. NY 519 Columbia and Greene County Coordinated Entry Application**
- 2. NY 519 Columbia and Greene County Coordinated Entry Policy and Procedure Manual**  
**Including Marketing Plan**

**1. NY 519 Columbia and Greene County Coordinated Entry Application**

# COLUMBIA GREENE CONTINUUM OF CARE COORDINATED ENTRY ASSESSMENT

**For Coordinated Entry Assessment**  
 Date app. received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date app. referred: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date app. approved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_ Agency Contact: \_\_\_\_\_

Has applicant previously completed a Coordinated Entry application? ____ Yes    ____ No    ____ Don't Know	Has consented to participate in Coordinated Entry? ____ Yes    ____ No    ____ Don't Know
1. First Name	Last Name

2. Have you experienced domestic violence within the past 30 days? ____ Yes    ____ No    ____ Don't Know	3. Do you need a confidential location to stay? ____ Yes    ____ No    ____ Don't Know
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If applicant acknowledges experiencing domestic violence within the last 30 days **STOP HERE** Applicant should be provided with the number below:  
**Columbia & Greene Counties Domestic Violence 518-943-9211**

If applicant answers **No** to Question 2 and **Question 3**, then proceed to **Question 4**.

4. Where did you sleep last night? <b>Briefly explain:</b>	5. Where are you going to sleep tonight? <b>Briefly explain:</b>
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**If applicant indicates they slept and are going to sleep in a place not meant for human habitation, a safe haven, or in an emergency shelter, then score 1.**

6. Primary Contact Number (       ) -	Alternative Contact Number (       ) -
7. Gender ____ Male    ____ Female    ____ Transgendered Male to Female    ____ Transgendered Female to Male	8. How old are you?    9. Date of Birth MM/DD/YYYY /    /    /

10. Race:  ____ American Indian or Alaskan Native ____ Native Hawaiian or Other Pacific Islander ____ Asian ____ Black or African American	11. Ethnicity  ____ White ____ Don't Know ____ Refused	12. Can person easily provide the following:  Social Security Card    ____ Yes    ____ No Birth Certificate    ____ Yes    ____ No Driver's License or Non-Driver ID    ____ Yes    ____ No Picture Passport    ____ Yes    ____ No Alien Registration    ____ Yes    ____ No
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13 Household size _____	13a. Children and Accompanying Adult(s): Number of Children _____ Number of Accompanying Adults _____
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Name (Last, First)	Relationship	Gender	Age	DOB	Social Security	Marital Status

**If 18 – 24 years, then score 1.      If 60 or older, then score 2.**

**SCORE**

14. Have you been diagnosed with a mental illness?    ____ Yes    ____ No		15. Do you require personal care assistance?    ____ Yes    ____ No
14a. Has a child 0-17 been diagnosed with mental illness?    ____ Yes    ____ No <b>If Yes, Diagnosis:</b>		

16. Can you walk upstairs?    \_\_\_\_ Yes    \_\_\_\_ No    17. Can you sleep on the top bunk?    \_\_\_\_ Yes    \_\_\_\_ No    18. Are you on any medications?    \_\_\_\_ Yes    \_\_\_\_ No

**If applicant has been diagnosed with a mental illness, then score 2.  
If child/children has been diagnosed with a mental illness, then score 2**

**SCORE**

## HOUSING STATUS

## COLUMBIA GREENE CONTINUUM OF CARE COORDINATED ENTRY ASSESSMENT

19. In the past three years, how many times have you/family been housed and then homeless again?		<input type="checkbox"/>	Don't Know
19a. Can these instances of homelessness be documented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Homeless Cause (or reason seeking services if not currently homeless) If Known			
<input type="checkbox"/> Benefits loss/reduction <input type="checkbox"/> Release from hospital <input type="checkbox"/> Job income loss/reduction <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Eviction <input type="checkbox"/> Release psychiatric facility <input type="checkbox"/> Natural disaster <input type="checkbox"/> Other: _____ <input type="checkbox"/> Relocation <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Don't Know <input type="checkbox"/> Release from prison/jail <input type="checkbox"/> Asked to leave shared residence (e.g. living in a home of another due to hardship) <input type="checkbox"/> Drug/alcohol abuse			
List the last 2 permanent addresses below			
Address	County	Zip Code	Dates Move-in, Move-out
<b>If applicant indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.</b> Can these instances of homelessness be documented? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>SCORE</b>
<b>MILITARY INFORMATION</b>			
21. Have you served one active day in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		22. Do you know your dates of service? _____	
23. Do you know your discharge status? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		If Yes, please indicate status: <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable	
<input type="checkbox"/> Uncharacterized <input type="checkbox"/> Bad conduct <input type="checkbox"/> General under honorable discharge <input type="checkbox"/> Under other than honorable conditions <input type="checkbox"/> Don't Know			
<b>If applicant indicates they have served one active day in the military, then score 1.</b>			<b>SCORE</b>
If applicant answers Yes to Question 23, one of the agencies below should be contacted. Please indicate which agency you intend to refer Veteran to on the next page of this assessment.			
<input type="checkbox"/> Health Care for Homeless Veterans Program 1-877-424-3838		<input type="checkbox"/> Columbia County Veterans Service Agency 401 State St., Hudson, NY (518) 828-4611	
<input type="checkbox"/> Soldier On 1-866-406-8449		<input type="checkbox"/> Greene County Veterans Service Agency 159 Jefferson Hts., Suite A104, Catskill NY (518) 943-3703	
<b>EMPLOYMENT INFORMATION</b>			
24. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, where are you currently employed? _____		Hours Per Week: _____	
25. Sources of Income for Applicant:			
\$ _____ Earned Income (i.e. employment)	\$ _____ Veteran's pension	\$ _____ Retirement income from SSA	
\$ _____ SSI	\$ _____ Child Support	\$ _____ Pension from a former job	
\$ _____ Veteran's Disability Payment	\$ _____ Unemployment benefits	\$ _____ Alimony or other spousal support	
\$ _____ SSDI	\$ _____ Private Disability Insurance	\$ _____ Other	
\$ _____ General Public Assistance	\$ _____ TANF		
<b>Household Composition/Income</b>			
<i>Names of individuals who will live with the applicant</i>		<i>Sources of income* (Wages, SSI, AFDC, etc.)</i>	
1.			
2.			
3.			
4.			
5.			
6.			

## COLUMBIA GREENE CONTINUUM OF CARE COORDINATED ENTRY ASSESSMENT

7.			
8.			
9.			
10.			

**26. Sources of Non-Cash Benefits:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Food stamps  | <input type="checkbox"/> Temporary Rental Assistance                    | <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance |
| <input type="checkbox"/> MEDICARE   | <input type="checkbox"/> MEDICAID health insurance program              | <input type="checkbox"/> Other source  |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | <input type="checkbox"/> State Children's Health Insurance Program      | <input type="checkbox"/> No Sources of Non-Cash Benefits                               |
| <input type="checkbox"/> TANF Child Care services   | <input type="checkbox"/> Veteran's Administration (VA) Medical Services |  |
| <input type="checkbox"/> Other TANF Funded services   | <input type="checkbox"/> TANF Transportation service                    |  |

**If applicant indicates that they have no income or receive public assistance only, then score 1.**

**SCORE**

### CRIMINAL JUSTICE HISTORY

**27. Have you or any member of the household ever been convicted for a crime?**

- Yes    No    Don't Know    Refused  
 probation    parole  
 registered **SEX** offender; level \_\_\_\_\_

If **Yes**, briefly explain when, where and the nature of the crime. Note: Response should include illegal drug type if checked and/or status and level should be indicated if sexual offense is checked.

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**28. Currently are you or any member of the household on Probation or Parole?**

- Yes    No    Don't Know

If **Yes**, list the contact information for the Probation officer: Name: \_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**29. If answered **Yes**, to Question 28, please explain if there are any legal restrictions?    N/A**
**30. Do you have an order of protection against you?**

- Yes    No    Don't Know

**31. Do you have an order of protection against someone?**

- Yes    No    Don't Know

**32. If answered **Yes**, to Question 30 or Question 31, please list who and the relationship:**

Who: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Who: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

**If applicant/household member indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.**

**SCORE**

### HEALTH INFORMATION OF APPLICANT/HOUSEHOLD MEMBER

**33. Are you pregnant?**

- Yes    No    Don't Know    Refused   **If yes, due date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

**34. Do you know your HIV status?**

- Yes    No    Don't Know    Refused

**35. Do you have health insurance?    Yes    No   Please specify type of insurance below (**Medicaid and Medicare ID number is required**):**

Medicaid: \_\_\_\_\_

Medicare: \_\_\_\_\_

Other: \_\_\_\_\_

# COLUMBIA GREENE CONTINUUM OF CARE COORDINATED ENTRY ASSESSMENT

36. Disabling Condition	Diagnosis	Documented treatment	Would like treatment	Comments:
Chronic physical illness/disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Developmental disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substance use disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If applicant/household member is pregnant, then score 1.</b>				<b>SCORE</b>
<b>If applicant/household member indicates having any disability, then score 2. -OR- If applicant/household member indicates having multiple disabilities, then score 3.</b>				<b>SCORE</b>

## ELIGIBILITY FOR SERVICES

Applicant is eligible for CoC related services?    Yes    No      Applicant is eligible for other community services?    Yes    No

## REFERRAL INFORMATION

**CoC Related Service**    Yes    No

**Other Related Service**    Yes    No

**Agency:**

**Agency Contact:**

**Referral Notes Here:**

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## FOR AGENCY USE:

<input type="checkbox"/> Columbia Greene Domestic Violence	518-943-9211
<input type="checkbox"/> Community Action of Greene County, Inc.	518-943-9205
<input type="checkbox"/> Columbia County Department of Social Services	518-828-9411
<input type="checkbox"/> Greene County Department of Social Services	518-719-3700
<input type="checkbox"/> Greene County Mental Health Center	518-622-9163
<input type="checkbox"/> Columbia County Mental Health Center	518-828-9446
<input type="checkbox"/> Twin County Recovery Services	518-943-2744
<input type="checkbox"/> St Catherine's Center for Children	518-869-1960 ext. 18

## COLUMBIA GREENE CONTINUUM OF CARE COORDINATED ENTRY ASSESSMENT

<input type="checkbox"/> Columbia Opportunities	518-828-4611
<input type="checkbox"/> Mental Health Association of Columbia & Greene Counties	518-943-2930

### VULNERABILITY INDEX SCORING

#### Chronically Homelessness Status

Applicant has been continuously homeless for a year or more or has had four (4) episodes of homelessness in the last three (3) years.

Yes     No     Unable to determine

*HUD defines "homelessness" as "sleeping in a place not meant for human habitation (e.g. living on the streets for example OR living in a homeless emergency shelter.*

	<b>SUBTOTAL</b>	<b>NARRATIVE (if necessary)</b>
If applicant indicates they slept and are going to sleep in a place not meant for human habitation, a safe haven, or in an emergency shelter, then score 1.		
If 18 – 24 years, then score 1.		
If 60 or older, then score 2.		
If applicant has been diagnosed with a mental illness, then score 2.		
<b>If child/children has been diagnosed with a mental illness then score 2</b>		
If applicant indicates they have served one active day in the military, then score 1.		
If applicant indicates homelessness at least one year or on at least four separate occasions in the last 3 years, then score 2.		
If applicant indicates that their household composition exceeds the household income and is based on the NYS AMI (see attached), then score 1.		
If applicant/household member indicates a criminal history, current probation or parole status for self or any member of the house hold, then score 1.		
If applicant/household member is pregnant, then score 1.		
If applicant/household member indicates having any disability, then score 2 <b>OR</b> If applicant or/household member indicates having multiple disabilities, then score 3. ** please use space provided for narrative		
<b>→ OTHER: Referral source please note additional challenges that may alter score: please use the space provided for the narrative</b>		
<b>TOTAL NUMBER OF POINTS</b>		

I understand that the information on these forms may be shared with the agencies funded through the Columbia & Greene Continuum of Care (CoC) and agency recipients of the Emergency Solutions Grant (ESG)

Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**2. NY 519 Columbia and Greene Policy and Procedure Manual  
Including Marketing Plan**

# **Columbia & Greene**

## **Coordinated Entry**

### **Policies and Procedure Manual**

#### **Implementation, Governance and Evaluation of the Coordinated Entry System in the Columbia & Greene Continuum of Care (CoC)**

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## Introduction

### Document Overview

To implement and maintain a bilateral county wide Coordinated Entry (CE) System, Columbia & Greene Housing Coalition's Coordinated Entry Committee, along with the Collaborative Applicant, CARES, has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CE program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for program assessment, referral acceptance, client privacy, and consumer disclosure. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them.

Implementing Coordinated Entry is a requirement under the CoC program Interim Rule, all CoC funded and ESG (Emergency Solutions Grant) funded agencies are required to participate. The Columbia & Greene Coordinated Entry process is a necessary system for developing a systemic response to homelessness. The Columbia & Greene Coordinated Entry System ensures that people experiencing homelessness are prioritized for and matched with the right intervention as quickly as possible. This process standardizes the access, assessment, prioritization, and referral process across all providers who are CoC and for some that are non-CoC funded.

### The Coordinated Entry Policies and Procedure will:

- Assist with the coordination of service delivery across Columbia & Greene and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all local CoC components including outreach, Emergency shelters and prevention service; and.

The Policy and Procedures have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by the Policy and Procedure guidelines. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages the collaboration with programs that do not receive either of these sources of funds to provide comprehensive services to the community's homeless population

Coordinated Entry works by establishing one process to assess the situation of all households who request help through the housing crisis response system. There are four core elements to the Coordinated Entry System Access, Assessment, Prioritization and Referral this manual will provide details about each of these four system functions.

### **Goals of Coordinated Entry**

CE is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. CE also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

Primary goals for the coordinated entry processes are:

- Assistance will be allocated as effectively as possible,
- Assistance is easily accessible no matter where or how people present

### **Purpose of Coordinated Entry**

Coordinated Entry is considered one of the many interventions in a community's united effort to prevent, reduce, and combat homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. The Columbia & Greene CoC Coordinated Entry (CE) process is designed to identify, engage, and assist homeless individuals and families and ensure those who need assistance are connected to proper housing and services. The implementation of coordinated entry is considered a national best practice. When implemented effectively coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

The Coordinated Entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter (ES), Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects. Projects in the community that are CoC and/or ESG funded fill all vacancies through referrals, while non-funded projects are strongly encouraged to accept referrals from the coordinated entry process.

**Training:** Lead CE representatives from each CoC will meet quarterly with collaborative Applicant to discuss policies and procedures and prioritization process. CE affiliates will be trained semiannually at funded member only meetings to ensure that all staff administering assessments has access to materials that clearly describe the methods by which assessments are conducted. A webinar training will be available for all CE affiliates that will provide step by step instructions on how to complete assessment tool, what documents must be submitted with tool and walk participants through referral process. A checklist noting the specific documents that must be submitted to verify disability and homeless status is attached to

the assessment. Training will also include a review of the policies and procedures and prioritization process for Coordinated Entry.

### **Operating procedures of the Columbia & Greene Coordinated Entry System**

Coordinated Entry is an evolving practice as new research, models and assessment tools are continually being created. A CoC's CE process must be flexible and responsive to new information about more effective approaches as the process evolves and other services are wrapped into coordinated Entry.

The Target Population for Coordinated Entry may include:

- Chronically Homeless
- Homeless
- Veterans
- Domestic Violence
- Substance Abuse
- Mental Illness
- Youth
- Physically Disabled
- Families
- HIV / AIDS
- Unstably housed (Prevention services OR youth 18-24)

Full implementation and operation of the Coordinated Entry system includes the following Core Elements:

**Access:** The engagement point for persons experiencing a housing crisis.

- The Columbia & Greene Coordinated Entry System has adopted a No Wrong Door approach whereby assessment can be conducted regardless of which community stakeholder and/or CoC provider the client presents. This ensures that Consumers should have equal access to information and advice about the housing assistance for which they are eligible and assist them in making informed choices about available services that best meet their needs regardless of language barriers or impairments.
- Examples of access points include private and publicly funded homeless shelters, Local DSS, (when allowed) Temporary Assistance (TA) staff, street outreach projects, PSH/RRH programs, and outpatient treatment clinics.

**Assessment:** Upon access CoC providers associated with the Coordinated Entry Process will begin assessing the person's housing needs.

- A universal intake and assessment form will be utilized for all consumers. The process will be easy on the client, and provide quick and seamless entry into homelessness services. Individuals and families will be referred to the most appropriate resource(s) for their individual situation. The process will prevent duplication of services, reduce length of time homeless and improve communication among agencies.

**Prioritization:** One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance where their individual needs can be met.

- People experiencing chronic homelessness are prioritized within the CE waitlist for permanent supportive housing. In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness.
- If it happens that the current Columbia & Greene Coordinated Entry waitlist shows no chronically suitable households, with HUD guidance, a non-chronic homeless household may be approved for a vacant unit. It is expected that while CE members meet program definitions for admission that simultaneously all efforts have been undertaken to locate persons that would be considered the highest priority and a form documenting this action must be completed by agency accepting non-chronic household and approved by the lead CE agency.

**Points to consider when prioritizing households for housing and homelessness assistance: Based on Vulnerability Scoring from Coordinated Entry Application**

*Chronically homeless households are prioritized within the Coordinated Entry waitlist; applications are given a vulnerability score based on points given for the following. (List below is not in order of points awarded)*

- Over 60 years of age- 2 points
- Veterans- 1 points
- Youth (18-24 years old)- 1 point
- Chronic homelessness- 2 points
- Currently unsheltered- 1 point
- Disability- 2 points -OR-
- Multiple disabilities- 3 points
- Diagnosed with mental illness- 2 points
- Applicant has child with a mental illness- 2 points
- Applicant indicates that they do not have an income or receive public assistance only- 1 point
- Pregnant- 1 point
- Applicant indicates a criminal history, current probation or parole status for self or any member of the house hold- 1 point

**Referral:** Persons will be referred to available housing resources and services in accordance with the CoC's documented prioritization guidelines.

- The point of entry (POE) agency completes the (CE) intake/assessment with a signed consumer consent/release form.
- All (CE) Point of Entry (POE) locations offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a coordinated entry location is not steered towards any program or provider simply because they presented at that location.

**Referral protocols:** Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the agency has documentation that would support rejecting a referral.

**Referral Rejection Policy:** Both CoC providers and program participants may deny or reject referrals from the defined CE access point, although service denials should be infrequent and must be documented with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and client, and be reviewed and updated annually. All participating projects and client must provide the reason for service denial, and may be subject to a limit on number of service denials.

### **Coordinated Entry System Ensures:**

- **Low Barrier:**

The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
- **Person-Centered:**
  - The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Emergency Services:**
  - The coordinated entry process does not delay access to emergency services such as shelter through the local Department of Social Services.
  - Emergency Shelter providers will be invited to the Coordinated Entry monthly meetings. DSS places families and singles at emergency shelters and hotel/motels throughout Columbia & Greene
- **Prevention Services:**
  - Referral to Prevention Services Provider is made through the Coordinated Entry system.
  - Community Action of Greene County, Inc. administers The Solution to End Homelessness Program (STEHP) for Greene County residents. STEHP provides prevention assistance for individuals and families who are currently involved in the eviction process and are income eligible. Eligible applicants receive comprehensive supportive services throughout their eviction and / or housing stabilization process. Services include financial assistance to remain in or obtain new permanent housing, as well as advocacy, information, and referral to other community resources.
  - The Legal Aid Society of Northeastern New York (LASNNY) administers the Solutions to Eligible Homelessness Program (STEHP) to eligible Columbia and Greene County residents. We provide prevention assistance to financially eligible residents who are at risk of eviction. Financial eligibility is at or below 30% of area median household income, while at risk eligibility is persons who are within 21 days or less of eviction. Typical issues we address are landlord tenant advocacy, eviction representation, benefits advocacy, code violations, illegal lockouts, public and subsidized housing and other lease terminations, and utility shut offs or denials of utility service.
- **Inclusive:**
  - A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence.

- All subpopulations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants must be provided equal access to the CoC's Coordinated Entry System services regardless of the characteristics and attributes of their specific subpopulations.
- **Ongoing planning and stakeholder consultation**
  - The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning:**
  - Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Safety planning:**
  - The coordinated entry process ensures the safety of the individuals seeking assistance. This ensures that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). The CoC coordinates with victim/non-victim providers to ensure DV survivors are provided housing services that uphold safety by prioritizing programs that collaborate to offer victims a wide range of options. Households presenting at non-victim providers are linked with DV services via a phone assessment. Households are given options including VAWA and CoC services to guard personally identifiable information. If a client is eligible and elects DV services the provider will end intake, void electronic record and connect victim with DV service provider. If client elects for non DV services, the Client is referred to a nonvictim provider to fulfill CoC CE process. VAWA compliant informed consent is required to provide information to other providers.
- **Street Outreach:**
  - Programs that are staffed by outreach workers will address homeless individual and families housing by offering ongoing engagement with those not able or willing to access housing services on their own. Street outreach services by local DSS staff will have access to CE assessment tools and are well to complete coordinated Entry application and provide follow up with the client while the client transitions to being housed. Unsheltered persons will be engaged by local DSS staff and will be offered immediate support, intervention and connections with homeless assistance programs, social services and housing programs including permanent supportive housing. Street outreach efforts are linked to the coordinated entry process when the local DSS participates in the well-defined CE system. Through the collaboration with the local DSS staff and their street outreach efforts, The Columbia & Greene Coordinated Entry Committee is committed to the people on the streets being prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.
- **Using other systems for Coordinated Entry process:**

- Columbia & Greene will use document sharing to collect and manage data associated with assessments and referrals in addition to an excel workbook designed to track activity and produce reports for weekly communication.
- **Fair and Equal Access:**
  - The Columbia & Greene Coordinated Entry system will ensure fair and equal access so that all people can easily access the Coordinated Entry process and the process for accessing help is well known.
  - All programs will ensure fair and equal access to CE system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status.
  - To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within the Coordinated Entry System.
  - If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

**Marketing:** CoC's and recipients of HUD CoC Program and ESG Program funding are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. Marketing strategies may include participating agencies utilizing their websites to advertise that they are a point of access and a brochure outlining the coordinated entry process as well as where individuals can go to apply for housing assistance through the CoC. This flyer will be available at community organizations such as health centers, churches and libraries.

**Evaluation/Oversight: Grievance/Appeal process:**

- There will be formal grievance and appeals process overseen by the Coordinated Entry Committee. Consumer choice is central to coordinated entry and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions. It is Coordinated Entry policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.
- Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency. We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process. If, after addressing concerns with the Agency, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.
- Coordinated Entry Grievance Form will be available at each participating CoC Agency.
- The Coordinated Entry Committee will engage in regular evaluations. The committee will recommend changes to the CE process after these evaluations. Changes will be recommended to and approved by the COC Board. The Coordinated Entry Committee will also be responsible for overseeing the grievance and appeals process within CE.

- Coordinated Entry formal meetings will occur biweekly. This meeting should serve as a space for agency representatives to discuss participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the coordinated entry system.
- Programs will be evaluated on their level of participation in Coordinated Entry including having CE committee members who attend and actively participate in the monthly meetings, taking referrals from coordinated entry, and regular updates on vacancies and waiting list. Participation in coordinated entry will be tracked through shared documentation for quality, and agencies will be given the opportunity to submit their feedback on the process.

All components of the Coordinated Entry System will be reviewed and assessed by all stakeholders annually. Recommendations for policy change will be presented to the COC Board.

\*The statements in this manual may be impacted by resources available to the funded agencies.

I have received the Policy and Procedures Manual for the Columbia & Greene Coordinated Entry System and I understand that it is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

Name of Participating Agency: \_\_\_\_\_

Name of Designated Agency Representative authorized to sign: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Designated Agency Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this page to your Coordinated Entry Lead:

**Tara Lehmann**  
HUD Program Supervisor  
MHACGC  
45 Five Mile Woods Rd.  
Suite #2  
Catskill, NY 12414  
Phone: (518) 943-2930 x363  
Fax: (518) 943-2910

### ***Acronym Index***

- ❖ **CoC**: **Continuum of Care** is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families
- ❖ **CE**: Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.
- ❖ **DSS**: Department of Social Services
- ❖ **DV**: Domestic Violence
- ❖ **ES**: Emergency Shelter
- ❖ **ESG**: Emergency Solutions Grants The purpose of the **Emergency Solutions Grants (ESG)** program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.
- ❖ **HEARTH**: Homeless Emergency Assistance and Rapid Transition to Housing Act on May 20, 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was signed. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes,
- ❖ **HMIS**: Homeless Management Information System is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.
- ❖ **HUD**: Housing Urban Development
- ❖ **POE**: Point of Entry
- ❖ **PSH**: Permanent Supportive Housing is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible.
- ❖ **RRH**: Rapid Re-housing is an intervention, informed by a Housing First approach that is a critical part of a community's effective homeless crisis response system. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
- ❖ **TA**: Temporary Assistance
- ❖ **IH**: Transitional Housing is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

- ❖ **VAWA**: Violence Against Women Act U.S. federal legislation that expanded the juridical tools to combat violence against women and provide protection to women who had suffered violent abuses.

Funded Agency Contact Information

Columbia Opportunities, Inc.: 518-828-4611  
540 Columbia Street, Hudson, NY

Community Action of Greene County, Inc.: 518-943-9205  
7856 US Highway, Catskill, NY

Mental Health Association of Columbia & Greene Counties: 518-943-2930 ext. 363  
45 Five Mile Woods Road, Suite #2 Catskill, NY 12414

St Catherine's Center for Children: 518-869-1960 ext. 18

## Columbia and Greene County Coordinated Entry Grievance Policy

It is the Columbia and Green Coordinated Entry's policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.

Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency.

**We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process.**

If, after addressing concerns with the Agency, the client is not satisfied with the outcome, then the client should proceed with the grievance procedure.

The ***Columbia and Greene County Coordinated Entry Grievance Form*** will be available at each participating COC Agency.

There are two levels of review available for each grievance filed:

**Level 1:**

- The first person to review the grievance will be the Coordinated Entry Lead
- Once the grievance is received, the Coordinated Entry Lead will contact and meet with the client within (3) business days.
- After the meeting, the Coordinated Entry lead will complete part II of the grievance form and inform the client of the outcome.
- The client will complete Part III and sign and date the form.
- If Client agrees with the outcome, the process ends and the resolution is implemented
- If Client disagrees they move to the next level of grievance.

**Level 2:**

- The Columbia and Green County Coordinated Entry Committee (if member is employed by agency involved in grievance member will excuse him/herself) will review grievance and complete part IV of grievance form.
- After this meeting the Coordinated Entry lead will contact the client to convey possible resolutions.
- The client will complete Part V of the ***Columbia and Greene County Coordinated Entry Grievance Form***.
- If Client agrees the process ends and the resolution is implemented
- If Client disagrees Client may bring grievance to the Columbia and Greene County Executive Board.

## **Columbia and Greene County Coordinated Entry Grievance Form**

**Part I:****Your Name (Please Print):****Date:****Agency Name:****Please state your concern (use back of form, if necessary):*****What action would you suggest?*****Your Signature:****Date:****Part II:****To Be Completed by Coordinated Entry Lead****CE Lead Name****Date Grievance Received:****Recommended Grievance Solution:****CE Lead Signature:****Date:****Part III:****To be completed by client, name above:****I am satisfied with the recommended grievance solution.****I am not satisfied with the recommended grievance solution.**

<b>Signature of Client:</b>	<b>Date:</b>
<b>Part IV:</b>	
<b>To Be Completed by Coordinated Entry Committee</b>	
<b>Name:</b>	
<b>Date Grievance Received:</b>	
<b>Date of Committee Review:</b>	
<b>Final Grievance Solution:</b>	
<b>Date Discussed with Client:</b>	
<b>Panel Facilitator Signature:</b>	<b>Date:</b>
<b>Part V:</b>	
<b>To be completed by client:</b>	
_____ I am satisfied with the recommended grievance solution.	
_____ I am not satisfied with the recommended grievance solution.	
<b>Signature of Client:</b>	<b>Date:</b>

## **A Summary of the Columbia and Greene County Coordinated Entry**

### **Marketing and Outreach Plan**

The goal of the Columbia and Greene County Coordinated Entry is having an understandable, easy to access system to provide Continuum of Care (COC) and Supportive Housing, to individuals and families in our community.

Implementing and sustaining viable marketing strategies, will build community awareness and access to the various programs offered through COC funded agencies. By creating awareness gaps in services can be bridged which in turn aid in long-term housing for Columbia and Greene County's homeless population, in an effective and timely manner.

As Noted within the CoC's Written standards and Coordinated Entry Policies and Procedure Manual

All HUD funded projects must:

- Ensure Equal access in Housing to all eligible individuals and families regardless of sexual orientation, gender identity, or marital status. Equal access must be granted to individuals in accordance with the individual's gender identity, and in a manner that affords equal access to the individual's family.
- I. How will Coordinated Entry engage non-HUD funded organizations and agencies?
- The Coordinated Entry member agencies will utilize their agency websites to advertise that they are a Point of Entry site for clients to apply for COC funded housing.
  - A modest brochure will be created explaining the Coordinated Entry Process and will include the participating agencies clients may go to apply for COC funded housing. The brochures will be distributed to community organizations such as hospitals, churches, mental health clinics, Department of Social Services, libraries, veteran groups and other community organizations.
- II. Who will participate in the Affirmative Outreach and Marketing of Coordinated Entry?
- All member Agencies will be encouraged to advertise that they are a Point of Entry on their website.
  - Agency representatives will assist with distributing the brochure to community organizations.
- III. How will the marketing plan reach those least likely to apply for Housing assistance in the absence of special outreach?
- 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.
  - For those least likely to apply for services we will encourage and support our street outreach teams through regular trainings with community partners including outreach teams. The CoC supports reaching out to those least likely to apply for

services specifically the CoC has identified those living on the street, and those with language barriers as those who would be least likely to apply for housing without special outreach. The CE form can be translated to reach these populations via request with assistance from community partners.

IV. How will we track the effectiveness of our marketing?

- Staff completing Coordinated Assessment Applications will ask their client how they heard about the program and note the response on their application. That data will be collected and reported on.

## **Attachment 1E-1: CoC Rating and Ranking Procedure**

- 1. Summary of Selection Criteria for the Review and Ranking of CoC Projects,  
Including Interview Questions**
- 2. Renewal Rank and Review Tool**
  - a. Checklist**
  - b. Rank and Review Tool**
  - c. Data Attachments**
- 3. New Project RFP (Reallocation and/or Bonus Project)**
- 4. DV Bonus Project RFP**
- 5. Evidence Supporting the Process Selected: NY-519 Columbia Greene  
Housing Coalition Rank and Review Process Document**

**1. Summary of Selection Criteria for the Review and Ranking of CoC Projects,  
Including Interview Questions**

**Columbia Greene County CoC – NY-519**

**Summary of Selection Criteria for the Review, and Ranking of CoC Projects**

Objective Criteria for Review, Rating, Ranking and Selection	
Specific Criteria	Question Addressing Criteria
Cost effectiveness	A7
Utilization Rate	B1, B1.B, D9
Performance Data	B5, C1, C2
Housing Type	A4, A7
Data Quality	B2: B2.A, B2.B, B2.C, B2.D
Housing First Approach	D7
Financial Drawdown Rates	D14, D14.B
Type of Population Served	A7, B3: B3.A, B3.B, B4: B4.A, B4.B
Coordinated Entry Participation	B6

Objective Criteria Related to Achieving Positive Housing Outcomes	
Specific Criteria	Question Addressing Criteria
Positive Housing Outcomes for PSH/RRH	B5
Exits to Homeless	C1
DV Only Interview Question	See Attached

Specific Method/Criteria for Evaluating Projects Submitted by Victim Service Providers	
Specific Criteria	Question Addressing Criteria
HMIS Attachments 1-5	The Continuum allows DV providers to provide data from a comparable database since they are not in HMIS.
Interview Questions	See Attached

## **Rank & Review Interview Agenda / Additional Questions**

1. Please provide a brief verbal summary of your program. How many clients are currently enrolled? What support services does your agency provide to clients? What is the average length of time clients stay in the program?
2. HUD defines 'Move on Strategy' as how recipients move current CoC Program clients (who no longer require intensive services) from CoC Program funded-PSH beds to other housing assistance programs (including, but not limited to Housing Choice Vouchers and Public Housing) to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness. Does your agency with local agencies to implement 'move on strategies'?
3. Are there any areas of the application you would like to discuss?
4. **REQUIRED - Domestic Violence Projects ONLY:**  
We realize that a DV program may define/consider a positive outcome differently than a non-DV permanent supportive housing program. That said, how do you feel your agency contributes to the level of housing stability across the CoC system?

**2. Renewal Rank and Review Tool**

- a. Checklist**
- b. Rank and Review Tool**
- c. Scoring Matrix**
- d. Data Attachments**

## **NY-519/Columbia-Greene Housing Coalition**

### **2018 Rank and Review – Attachments Checklist**

Agency: \_\_\_\_\_

Project: \_\_\_\_\_

Attachments must be included with the submission of the Rank and Review Application for it to be considered complete.

- Q4 or Q5 Project Application
- Q7 APR
- Q8 APR
- Q19a3 APR (**Only if referenced in D11**)
- Q6 APR
- Copies of last three (3) Loccs drawdowns

Received: \_\_\_\_\_ at \_\_\_:\_\_ am/pm

Interview Time: \_\_\_\_\_

# 2018 Columbia-Greene – Project Rank & Review Application

Please generate a **CoC CALENDAR YEAR 2017 (CY17: 1/1/17 - 12/31/17) APR** from Foothold or comparable HMIS to complete Part I of this application.

## **PART 1**

### **A. PROJECT INFORMATION**

*Informational Only*

**A1.** Organization Name: \_\_\_\_\_

**A2.** Project Name: \_\_\_\_\_

**A3.** Application Contact Person: \_\_\_\_\_

**A4.** Project Type:      PSH      RRH

**A5.** FY17 Funding Request: \$ \_\_\_\_\_

Leasing                          \$ \_\_\_\_\_

Rental Assistance                \$ \_\_\_\_\_

Supportive Services             \$ \_\_\_\_\_

Operations                      \$ \_\_\_\_\_

Admin                            \$ \_\_\_\_\_

**A6.** Is this project voluntarily reallocating funds to the CoC?  Yes  No

### **A7. PROJECT DESCRIPTION**

In a separate document, provide a short project overview that clearly describes the project's unique characteristics and achievements. Please include the target population(s) served, the number of participants served, the number of contracted beds/units/vouchers, cost per bed, how participants access the project, as well as project goals and achievements. Please explain the primary services provided by the project to participants, as well as any supplementary services available. Please be as descriptive as possible by using data stated in the project application and the project's most recent APR. Response must be 300 words or less.

### **B. CONTINUUM PRIORITIES AND SYSTEM PERFORMANCE (TOTAL 79 POINTS)**

**B1. Utilization Rate.** Using the project's most recent Project Application and CY17 APR, complete the following chart to calculate the project's utilization rate. **0-20 pts.**

	Projected persons served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 7 & 8 in APR)	
		Persons	Households
January			
April	_____ Persons		

## 2018 Columbia-Greene – Project Rank & Review Application

July	_____ Households		
October			
		Average:	

**Persons:** Average Actual \_\_\_\_\_ / Projected \_\_\_\_\_ = Utilization \_\_\_\_\_

**Households:** Average Actual \_\_\_\_\_ / Projected \_\_\_\_\_ = Utilization \_\_\_\_\_

**B1.B.** -The Continuum prioritizes projects that best utilize resources. Did your project have a utilization rate of 100% or more? **5 pts.**

Yes       No

If the answer to B1.B is No, please ensure an answer is provided in section D9.

### **B2. Data Quality.** On your CY17 APR Q6: **0-4 pts.**

**B2.A.** Is there an error rate of more than 5% in your PII data?

**B2.B.** Is there an error rate of more than 5% of your universal data elements?

**B2.C.** Is there an error rate of more than 5% of your Income and Housing data?

**B2.D.** Is there an error rate of more than 5% of your Chronic Homelessness data?

### **B3. Dedicated Chronic Homeless:**

**B3.A.** What percentage of the project is dedicated to serving chronically homeless?  
\_\_\_\_\_ **0-5 pts.**

Please refer to the most recent Project Application using Q4B; SSO projects, use Q5B.

**B3.B.** To show the impact of your project on ending chronic homelessness (CH) in the CoC, refer to Attachment 1 and note below the percentage of CH beds it contributes to the CoC. \_\_\_\_\_ **0-10 pts.**

### **B4. Effect on Chronic Homeless:** **0-15 pts.**

**Permanent Housing Programs:** During CY17, the CoC **PH projects** served a total of 26 chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to Attachment 2 to note the following:

**B4.A** The total number of chronically homeless persons this project served in CY17:  
\_\_\_\_\_

**B4.B** The percentage of the CoC total served by this project: \_\_\_\_\_

### **B5. Positive Outcomes** **0-20 pts.**

**Permanent Housing projects:** During CY17, there were 49 persons with positive outcomes noted across all CoC PH programs. (**An exit is positive for PH if individual is a stayer or exited to a PH destination.**) To show the effect of this project on

## **2018 Columbia-Greene – Project Rank & Review Application**

housing stability, refer to Attachment 3 and note the percentage this project had on the system: \_\_\_\_\_ %

### **B6. Coordinated Entry 0-5 pts.**

Does your project participate in the Coordinated Entry process by the following activities? This will be verified by the CE Coordinator.

- Making and/or receiving referrals
- Attending meetings
- Providing reports

### **C. PROJECT PERFORMANCE OUTCOMES AND SYSTEM IMPACT (TOTAL 25 POINTS)**

#### **C1. Exits to Homelessness: 0-15 pts.**

To show impact of this project on ending homelessness, refer to Attachment 4 (showing all CoC project leavers to homelessness) and note the percentage of project leavers who exited this program to a shelter or the street \_\_\_\_\_ %

#### **C2. Effect on Income Growth: 0-10 pts.**

To show impact of this project on total income growth in the Continuum, refer to Attachment 5 which measures total income growth between the last two client assessments, and note the percentage that this project had on the system \_\_\_\_\_ %

# 2018 Columbia-Greene – Project Rank & Review Application

Organization Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Application Contact Person: \_\_\_\_\_

## **PART 2: CONTINUUM PRIORITIES AND SYSTEM IMPACT (TOTAL 96 POINTS)**

**D1. Cultural Barriers.** Please describe your agency's bi-lingual capacity and resources in meeting the needs of clients facing language barriers in 250 words or less. **0-5 pts.**

**D2. Street Outreach.** Due to the lack of street outreach, how do participants access the project? Please answer in 250 words or less. **0-2 pts.**

**D3. Leveraging and Coordination of Services.** Please describe how your project coordinates services with other funded and non-funded providers in order to leverage services in no more than 250 words. **0-10 pts.**

**D4. "Opening Doors".** Please explain how the project works to meet the goals stated in the USICH's "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" (250 words or less). **0-5 pts.**

**D5. Local Strategic Plan.** Please note how the project is addressing the priorities stated by HUD and in the CoC's Ten Year Plan. Please identify the priority from the suggestions below and briefly note the extent to which the project is accomplishing the priority. **0-2 pts.**

- Maximizing the use of mainstream resources
- Partnerships with community stakeholders
- Ending Chronic Homelessness
- Ending Family Homelessness
- Ending Youth Homelessness
- Ending Veteran Homelessness
- Using a Housing First Approach
- Other priority stated by HUD or Ten Year Plan not listed here: \_\_\_\_\_

**D6. Priority Populations.** Is the project dedicated to one of the following priority populations: Chronically homeless, youth, or veterans? **0-10 pts.**

**D6.B** If the project is not dedicated, what percentage of beds are dedicated to a priority population? *Please attach Project Application Q4B. and/or 5B.*

**D7. Housing First.** Housing First is a recovery-oriented approach to ending homelessness that allows for rapidly housing individuals without screening out or terminating based on any of the below criteria. Does the project screen out or terminate based on any the following? **0 or 5 pts.**

## 2018 Columbia-Greene – Project Rank & Review Application

	Yes	No
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

### D8. Continuum Participation. 0-5 pts.

**D8.A.** Does the project or agency staff regularly participate in any of the following CoC standing or ad hoc committees of Columbia Greene CoC? This will be verified by Committee Chairs.

Board Meetings	<input type="checkbox"/>	Point in Time Committee	<input type="checkbox"/>
HMIS Advisory Committee	<input type="checkbox"/>	Education/Outreach	<input type="checkbox"/>
Ranking and Monitoring Committee	<input type="checkbox"/>	Membership	<input type="checkbox"/>

**D9. Utilization Rate.** Please explain why your project had a utilization rate under 100% in 250 words or less. 0-2 pts.

**D10. Housing Stability.** How has increased collaboration among providers affected the project's housing stability? 0-10 pts.

**D11. Income.** How has increased collaboration among providers affected participant income growth, to include non-cash benefits? You may refer to your CY17 APR to demonstrate your specific income growth. 0-5 pts.

**D12. Self Sufficiency:** Include information about the services available to participants and how the program will help households work towards and achieve self-sufficiency. (250 word limit). 0-10 pts.

**D13. Point in Time Count:** Was your project included in the final submission of the 2018 Point in Time? This will be verified by the Collaborative Applicant. 0 or 5 pts.  Yes  No

**D14. Total Funds Awarded.** What was the total percentage of funds spent on the most recently completed contract? 0-15 pts.

**D14.B.** Does the project drawdown CoC funds from eLoccs at a minimum quarterly? Please attach the last 3 drawdowns. 0-5 pts.  Yes  No

## 2018 Columbia-Greene – Project Rank & Review Scoring

**Points Scale:** The 2018 Columbia Greene CoC Project Rank and Review Application is scored on a 200-point scale with the following breakdown:

### **PART 1**

#### **A. PROJECT INFORMATION: No points**

#### **B. CONTINUUM PRIORITIES AND SYSTEM IMPACT: Maximum 79 Points**

**B1.** Utilization Rate: 0- 20 Points Maximum (including B1.B)

<b>B1. Utilization Rate</b>	Points
100%	20
99-90%	18
89-86%	16
85-80%	8
77-75%	4
Under 75%	0

**B1.B** – 5 points

**B2.** Data Quality: 0 -4 Points

**B3.** Dedicated Chronic Homeless: 0- 15 points (for B3.A and B3.B)

<b>B3.A. Chronic Homelessness</b>	Points
100%	5
80-99%	4
50-79%	3
20-49%	2
10-19%	1
0-9%	0

## **2018 Columbia-Greene – Project Rank & Review Scoring**

### **B3.B**

<b>B3.B. Chronic Homelessness – see Attachment 1</b>	<b>Points</b>
40-100%	10
20-39%	8
6-19%	6
0-5%	0

### **B4. Effect on Chronic Homeless 0 – 15 points**

<b>B4. Chronic Homelessness – see Attachment 2</b>	<b>Points</b>
40-100%	15
20-39%	12
6-19%	8
0-5%	0

### **B5. Positive Outcomes – 20 Points Maximum**

<b>B5 Positive Outcomes: PH</b>	<b>Points</b>
More than 25%	20
20-25%	15
15-19%	10
10-14%	5
Under 10%	0

### **B6. Coordinated Entry: 0-5 points**

## **2018 Columbia-Greene – Project Rank & Review Scoring**

### **C. PROJECT PERFORMANCE OUTCOMES AND SYSTEM IMPACT – TOTAL 25 POINTS**

#### **C1. Exits to Homelessness: 0- 15 Points Maximum**

<b>C1: Exits to Homelessness</b>	<b>Points</b>
0%	15
1-5%	10
6-10%	5
Over 10%	0

#### **C2. Effect on Income Growth 0- 10 points**

<b>C2: Effect on Income Growth</b>	<b>Points</b>
0%	0
1-5%	3
6-10%	6
Over 10%	10

## **PART 2**

### **D. CONTINUUM PRIORITIES AND SYSTEM IMPACT – TOTAL 96 POINTS**

#### **D1. Cultural Barriers -0 – 5 points**

Fully explains the primary question	4-5 Points
Explains part(s) of primary question	1-3 Points
Does not explain the primary question	0 Points

#### **D2. Street Outreach 0-2 points**

#### **D3. Leveraging and Coordination of Services 0 – 10 points**

## **2018 Columbia-Greene – Project Rank & Review Scoring**

Fully explains the primary question	9-10 Points
Explains part(s) of primary question	5-8 Points
Does not explain the primary question	0-4 Points

### **D4. Opening Doors 0 – 5 points**

Fully explains the primary question	4-5 Points
Explains part(s) of primary question	1-3 Points
Does not explain the primary question	0 Points

### **D5. Local Strategic Plan – 0 - 2 points (0 if nothing is marked)**

### **D6. Priority Populations 0 – 10 points**

If project is fully dedicated – 10 points

<b>D6. Population</b>	<b>Points</b>
Dedicated Chronic	10
50% or more Chronic	5
Dedicated Youth	10
Dedicated Veteran	10
No Priority Population	0

### **D7. Housing First. 0 or 5 points (Must have all criteria checked to get full 5 points)**

### **D8. Continuum Participation 0 – 5 points**

D8.A – 0-5 points

### **D9. Utilization Rate 0-2 point**

### **D10. Housing Stability 0 – 10 points**

Fully explains the primary question	9-10 Points
Explains part(s) of primary question	5-8 Points
Does not explain the primary question	0-4 Points

## **2018 Columbia-Greene – Project Rank & Review Scoring**

### **D11. Income 0 – 5 points**

Fully explains the primary question	4-5 Points
Explains part(s) of primary question	1-3 Points
Does not explain the primary question	0 Points

### **D12. Self-Sufficiency 0- 10 points**

Fully explains the primary question	9-10 Points
Explains part(s) of primary question	5-8 Points
Does not explain the primary question	0=4 Points

### **D13. Point in Time Count 0 or 5 points**

### **D14. Total Funds Awarded: 0-20 points Maximum, including D14.B**

<b>D14. Funds Spent</b>	<b>Points</b>
100%	15
99-90%	13
89-86%	11
85-80%	9
77-75%	7
Under 75%	0

### **D14.B. Financial Drawdowns 0-5 points**

Rank and Review 519  
Attachment 1 - CH Beds

Proj. Type	Project Name	CH Dedicated Beds	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	1	4%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	9	35%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	8%
PH	SCCC Col-Greene PSH 18-19	12	46%
PH	Supportive Housing for Chronically Homeless Individuals 2017	2	8%
PH	Supportive Housing for Homeless Families 2017	0	0%
6	Total	26	100%

**Rank and Review 519**  
**Attachment 2 - CH Served**

Proj. Type	Project Name	CH Served	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	0	0%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	24	71%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	6	18%
PH	SCCC Col-Greene PSH 18-19	0	0%
PH	Supportive Housing for Chronically Homeless Individuals 2017	4	12%
PH	Supportive Housing for Homeless Families 2017	0	0%
6		<b>Total</b>	34 100%

**Rank and Review 519**  
**Attachment 3 - Positive Outcomes -PSH**

Proj. Type	Project Name	Positive Outcomes	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	1	2%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	24	49%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	4%
PH	SCCC Col-Greene PSH 18-19	12	24%
PH	Supportive Housing for Chronically Homeless Individuals 2017	2	4%
PH	Supportive Housing for Homeless Families 2017	8	16%
6		<b>Total</b>	<b>49</b>
			100%

Rank and Review 519  
Attachment 4 - Returns to Homelessness

Proj. Type	Project Name	Total Leavers	Returned to Homelessness	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	0	0	0%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	1	0	0%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	0	0%
PH	SCCC Col-Greene PSH 18-19	1	0	0%
PH	Supportive Housing for Chronically Homeless Individuals 2017	0	0	0%
PH	Supportive Housing for Homeless Families 2017	0	0	0%
6		<b>Total</b>	4	0
				0% 0%

Rank and Review 519  
Attachment 5 - Total Income Growth

Proj. Type	Project Name	Adults with Income Growth	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	1	8%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	5	42%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	17%
PH	SCCC Col-Greene PSH 18-19	2	17%
PH	Supportive Housing for Chronically Homeless Individuals 2017	0	0%
PH	Supportive Housing for Homeless Families 2017	2	17%
6		<b>Total</b>	12 100%

### **3. New Project RFP (Reallocation and/or Bonus Project)**

# **Columbia Greene Housing Coalition:**

## **New Project RFP 2018 (Reallocation and/or Bonus Projects)**

**APPLICATION MUST NOT EXCEED THREE (3) PAGES**

1. Applicant/Agency Name: \_\_\_\_\_
2. Agency Point of Contact: \_\_\_\_\_
3. Proposed Project Name: \_\_\_\_\_
4. Is the applicant a current member of the Columbia Greene Housing Coalition (CGHC) Continuum of Care (CoC)?  Yes – 10 points  No – 0 points
  - a. If no, what is the agency's current involvement with the CGHC Continuum of Care?
5. Is the agency applying a current CoC funded grantee?  Yes – 5 points  No – 10 points
  - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?  Yes – 0 points  No – 3 points
6. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population. Please specify the name of current or past programs and note the funding sources. (10 points)
7. Please provide a project *description AND budget* that addresses the entire scope of your project. Please include the target population that will be served and the outreach plan. If the proposed project follows a Housing First model, please specifically detail Housing First aspects. (0 – 20 points)

2 points if a specific priority population mentioned in the USICH Plan is noted:  
[https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_OpeningDoors\\_Amendment2015\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf)

1 points if the project clearly states the number of units/beds requested

2 points if an outreach plan is noted

10 points if the budget notes at least 80 percent of the requested funds are dedicated to housing

5 points if the narrative details how the project will implement the housing first model
8. Will the project be able to begin within 12 months?  Yes- 5 points  No – 0 points

# **Columbia Greene Housing Coalition:**

## **New Project RFP 2018 (Reallocation and/or Bonus Projects)**

9. Please describe how the need for this project within this geographic area was identified. Please note where in the USICH Strategic Plan to Prevent and End Homeless it points to this need and using the most recent HMIS quarterly report note the population in need of this service. (0-5 points)
- 2.5 points for referencing the USICH Plan  
[https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_OpeningDoors\\_Amendment2015\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf)  
2.5 points for referencing the last HMIS quarterly report
10. Document potential sources that will allow the program to meet HUD's match requirement (25 percent match) and the 150 percent leverage CoC requirements? (0-20 points)
- 10 Points if match requirements are met  
10 Points if leverage requirements are met
11. The CoC prioritizes a Housing First model. Please indicate with a check mark if the proposed project will meet the following criteria. Please note all of the below criteria must be selected in order to meet the Housing First definition. 20 points
- a. Will the project ensure that participants are not screened out based on the following items?  Yes, we will not screen out based on any of the below  No
- i. Having too little or no income  
ii. Active or history of substance abuse  
iii. Having a criminal record with exceptions for state-mandated restrictions  
iv. History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  
**AND**
- b. Will the project ensure that participants are not terminated from the program for the following reasons?  Yes  No
- i. Failure to participate in supportive services  
ii. Failure to make progress on a service plan  
iii. Loss of income or failure to improve income  
iv. Being a victim of domestic violence  
v. Any other activity not covered in a lease agreement typically found in the project's geographic area.

#### **4. DV Bonus Project RFP**

# Columbia and Greene County Continuum of Care

## DV Bonus Project RFP 2018

Application may not exceed three (3) pages

1. Applicant/Agency Name: \_\_\_\_\_
2. Agency Point of Contact: \_\_\_\_\_
3. Proposed Project Name: \_\_\_\_\_
4. Is the applicant a current member of the Columbia and Greene County Continuum of Care (CoC)?  Yes - 20 points  No - 0 points
  - a. If no, what is the agency's current involvement with the Columbia and Greene County CoC?
5. a. Is the agency applying as a current CoC funded grantee?  Yes - 5 pts  No - 10 pts
  - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?  Yes - 0 points  No - 3 points
6. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources (**10 points**)

3 points for past experience serving a domestic violence survivor population  
3 points for four or more years serving a domestic violence survivor population  
3 points for serving more than 25 households in a calendar year (CY)  
1 point for listing funding sources
7. Please provide a *description AND budget* that addresses the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project. (**0 - 25 points**)

10 pts if the project narrative clearly details how the project will implement the Housing First model  
8 pts if a clear and detailed outreach plan is included  
2 pts if the project clearly states the number of units/beds requested

# Columbia and Greene County Continuum of Care

## DV Bonus Project RFP 2018

8. Eligible DV bonus project must follow a Housing First approach. Housing First is a recovery-oriented approach to ending homelessness which allows for rapidly housing individuals without screening out or terminating based on any of criteria listed below. Does the proposed project screen out or terminate based on any of the following?

	<b>Any Yes - 0 pts</b>	<b>All No - 15 pts</b>
	<b>Yes</b>	<b>No</b>
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

9. Will the project be able to start within 12 months?       **Yes - 10 pts**       **No - 0 pts**

10. Is the project an existing project that is currently not dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking (who meet the definition of homeless) being expanded to dedicate additional units, beds, persons served or services provided to this domestic violence population.       **Yes – 3 pts**       **No**

11. Is your agency an active participant in the Columbia and Greene County CoC Coordinated Entry program?

**Yes – 3.5 pts**     **No - 0 pts**

If no, is your agency willing to become an active participant in the Columbia and Greene County CoC Coordinated Entry program?  **Yes – 3.5 pts**       **No - 0 pts**

**5. Evidence Supporting the Process Selected: NY-519 Columbia Greene  
Housing Coalition Rank and Review Process Document**

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# COLUMBIA GREENE HOUSING COALITION: 2018 RANK AND REVIEW PROCESS

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## ***Rationale***

HUD's Continuum of Care (CoC) homeless assistance programs serve as a source of funding for homeless services in the Counties of Columbia and Greene, which together form the Columbia Greene Housing Coalition (CGHC). In the 2017 NOFA, the Columbia Greene Continuum of Care received \$450,819.00 from HUD to support 7 projects for homeless individuals and families. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition in response to the Notice of Funding Availability (NOFA).

In order for the CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process will help the members of the CoC gain knowledge of project performance and effectiveness within the full CoC system.

In the CGHC, the Ranking and Monitoring Committee is charged with overseeing the Rank and Review process. As described in the CGHC bylaws, the Ranking and Monitoring Committee is responsible for reviewing and scoring CoC funding applications, and monitoring successful HUD funded CoC Projects through performance evaluations". The Continuum of Care follows a collaborative process for the development of funding applications, including funding priorities and the number and type of applications. Each year the Ranking and Monitoring Committee reviews the Rank and Review Process and Application and makes revisions to reflect changing priorities. The Ranking and Monitoring Committee is also responsible for establishing a Review Team to review the project applications. The written Process, the Application and the Review Committee are submitted annually for approval by the Board. Once Board approved, the Written Process and Application are posted for review and comment by full Membership.

## ***Review and Approval of the Rank & Review Application***

The Rank and Review process begins once the Collaborative Applicant submits the Grant Inventory Worksheet. Once submitted, the Ranking and Monitoring Committee meets to discuss the previous year's Rank & Review application, process, and feedback from reviewers and projects. The committee considers information gained on behalf of the CoC over the past year and makes revisions to the application. The committee presents the revised draft of the application to the CGHC Board. Any additional changes to the application or review team suggested by the Board may be made by the committee. Once the Ranking and Monitoring Committee has updated the Board, the application is presented to full Membership for the two (2) week comment period. Any comments received from Membership are then considered by the committee for final decisions regarding further revisions. The Rank & Review Application is then finalized and shared with Membership for projects to complete.

### ***Project Participation***

Each renewal project completes a Rank & Review Application per project. The 2018 Rank and Review Application process will take place in three (3) parts. The intention behind breaking down the Rank and Review process into 3 parts is to allow agencies adequate time to complete the full Rank and Review application at their convenience.

- Rank and Review Application Phase 1 focuses on project and system outcomes, using a project APR and HMIS System Performance data to “rate” projects. Each project will utilize the previous Calendar Year APR to complete the Rank & Review application Part 1. Each application must be completed, including all required attachments.
- Rank and Review Application Part 2 consists of narratives, which allow the projects to explain unique circumstances that may affect project performance. Late submissions of Applications will automatically have a 5 point penalty. At the time of submission each agency/project is assigned an interview time with the review team.
- Project interviews will be Part 3 of the Rank and Review Process. After the NOFA is released, the Ranking and Monitoring Committee will draft questions based on the specific criteria mentioned within the application. These questions will be part of the project interview. Projects will receive these questions in advance of the interview and will supply the Review Team with written answers prior to the interview. Interviews may assist the reviewers in awarding additional points.

### ***Reviewers***

Members of the review team are individuals from the community who are knowledgeable about the CoC and its providers. Reviewers are non-funded and objective individuals. Suggested Reviewers are approached by the Collaborative Applicant and asked to participate. The Ranking and Monitoring Committee schedules a day for Rank & Review project interviews and scoring to take place. Interviews will be scheduled for a date after the NOFA is released to allow for any HUD specific criteria to be incorporated into the interview process, as described above. Each reviewer is provided a copy of project applications and score forms. Once the review team convenes and conducts interviews with each project, the review team scores each application. These scores result in the ranking. The review team provides any final comments to be shared with projects or Membership.

### ***Project Ranking***

The NOFA requires that the CoC conduct a transparent and objective process to review and rank all applications for renewal of existing projects and applications for new projects. Using a CoC-approved Rank and Review tool, all projects seeking funding are scored and placed in numerical order based on scores. All projects will receive their scores and will be offered the opportunity to debrief and review their project scores with the Collaborative Applicant. Projects will have the ability to submit an appeal, within the allotted time frame, regarding their score following their debriefing (See the **Appeals Process** outlined below). Following any debriefings and appeals, the project ranking is then shared with the Ranking and Monitoring Committee. The Committee reviews the process and all project scores. The ranking is then presented to the Board for review. The ranking is then shared with Membership.

## ***Appeal Process***

### **1. Who May Appeal?**

An agency may appeal a decision concerning a project application submitted by that agency. If a project was submitted by a collaboration of agencies, only one joint appeal may be made.

### **2. What May Be Appealed?**

An appeal may not be submitted if the basis of the appeal is one of the following: the applicant did not answer all the questions on the application, the applicant did not submit the application with all required attachments, or the applicant did not submit by the required deadline. The appeals process applies only to project scoring and ranking. There is no appeal for project tiering. If a mathematical error is found by the project, the error can be corrected, and notice of the correction will be provided to the Ranking and Monitoring Committee and the Board.

### **3. Timing of an Appeal**

Formal appeals can only be submitted by a project 3 business days after a debriefing has been completed. Appeals must be submitted in writing to the Collaborative Applicant who will forward them on to the Review Team. The written appeal must consist of a short statement, no longer than 1 page, of the agency's appeal. The written appeal can be in the form of a letter, memo or email. Any appeal via email must be sent to [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org) and cc the CGHC Ranking and Monitoring Committee chair.

### **4. Appeals Decisions**

The Review Team also serves as the Appeal Team. Appeals are decided by majority vote of the Appeal Team. Once decided, all appeals are final and may not be overturned by the Ranking and Monitoring Committee, Board or Membership.

## ***Project Tiering***

HUD requires that the CoC ranks projects into two tiers based on the funding allocation released in the NOFA. The Collaborative Applicant uses the project ranking to tier the projects and presents the tiering to the Ranking and Monitoring Committee. When the NOFA is released, the priorities and tiering outlined in the application are strategically applied by the CoC to the project ranking (which may also affect tiering). Tiering results are then presented to the Board and, with Board approval, to Membership for a vote. Membership votes on the full application, including the tiering.

## ***New Projects***

New projects are created through bonus funds or reallocated funds. A separate RFP will be completed for new projects. If, after the ranking process, additional money becomes available through reallocation, and if all new projects have been approved and there is additional money, the new project RFP will re-open for submission in an effort to use all available funds. RFP's submitted during the second application process will automatically be ranked below the round 1 projects.

### ***Bonus Projects***

Each year, there may be bonus funds available. The CoC is permitted to apply for bonus projects, which will compete nationally against other bonus projects on a HUD scoring system set forth in the NOFA. HUD will notify the Continuums regarding the criteria for bonus funds. The bonus project will complement and fill an unmet need. The application for a bonus project is a separate RFP. The reviewers will score and rank the bonus projects; however, there are no interviews for bonus projects. After the bonus projects are ranked, ranking is sent to membership. Bonus projects will be chosen with the goal of applying for all available funds. The same appeals process that applies to renewal applications also applies to bonus project applications.

### ***Reallocation***

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community. Reallocation is one of the most important tools by which communities can make strategic improvements to their homeless services system.

In addition to the scoring criteria, all projects must meet a minimum threshold, which includes: participation in Coordinated Entry, participation in Point in Time, and participation within HMIS. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation. A threshold review will take place after the Rank and Review process to ensure the threshold requirement has been met by each project. If the threshold has not been met, the Rank and Review team can recommend to the CoC Board possible reallocation or substantial amendments to the contract. CoC funded agencies may voluntarily choose to reallocate CoC funds. These will be reviewed by the Rank and Review team as well. Those agencies who choose to voluntarily reallocate will receive priority in the reallocation ranking process. This prioritization allows that agency to apply for a new project with those reallocated funds. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

### ***CoC Transparency***

The Rank and Review process is conducted by the CoC in a transparent manner in order to ensure a fair and consistent process for prioritizing projects. Each year, feedback on the process is solicited. The process is publicly announced by the CoC, distributed in writing to the full CoC membership, and posted publicly on the CARES website for all community members to review and comment.

### ***FY2018 Rank and Review Application***

The CGHC emphasizes the importance and impact of using the Rank & Review Application as the primary basis for determining the Project Listing submitted as part of the CoC Consolidated Application. The Rank and Review Application is thoughtfully revised each year to include both HUD and CoC standards, incorporating both national and local priorities, balancing objective performance measures with subjective narrative description of project operations.

## **Attachment IE-3: Public Posting of CoC-Approved Consolidated Application**

Community Members and stakeholders were notified that all parts of the final NY-519 Columbia/Greene Housing Coalition (CGHC) Consolidated Application were available on the Collaborative Applicant's website on September 10<sup>th</sup>, 2018; meeting the requirement to be posted at least two days before the application deadline.

- 1. Email Notification of Final Consolidated Application Posting**
- 2. Screenshot of Final Consolidated Application Posting (noting date); including Final Ranking**

**1. Email Notification of Final Consolidated Application Posting**

## **Anna Turner**

---

**From:** CARES Planning Team  
**Sent:** Monday, September 10, 2018 3:38 PM  
**Cc:** 'Allison Smith'; Amanda Pierro; Barbara Palmateer; Florence Ohle; Jeanette Hemingway; Katherine Smith ; Kathy Applegate ; Kylle Proper ([kproper@st-cath.org](mailto:kproper@st-cath.org)); Lindsay Arp; Maggie Graham ; Michael Cole; Nancy Chiarella; Robert Romaker; Sue Paolino ; Susan Cody; Tammy Hall ; Tara McSherry-Wolfe; Tina Sharpe; William Brown  
**Subject:** Final Posting of FY 2018 CoC Consolidated Application

Good Afternoon CG CoC Members,

As the end of the 2018 Continuum of Care competition season approaches, we have some important announcements:

- The final version of the NY-519 2018 Consolidated Application with Attachments is now available on the CoC's webpage
- All comments can be submitted to Anna Turner ([aturner@caresny.org](mailto:aturner@caresny.org)) **prior to 10am this Thursday** (9/13/2018)
- The final version of the Priority Listing was posted 8/31/2018
- Our submission goal is **this Friday** (9/14/2018)

I want to thank all of the funded agencies and systems partners who have worked collaboratively with CARES staff to complete the application.

We look forward to our continued partnership and coordination.

As always, please feel free to contact me directly if you have any comments or questions.

Michelle Sandoz-Dennis  
Planning Unit, Director  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

- 2 Screenshot of Final Consolidated Application Posting (noting date);  
including Final Ranking**

FY2018 CoC Program" X \ E- C O (D Not secure caresny.org/cc\_ny-11-1-of-ca\_1/nofa:221 -'•b)6S6 L1,J::, 1 1b 7-ad2 .pat

## Continuum-Specific Documents

**NY-501 STEPS**

**NY-503ACCH**

**NY-507 HSPB**

**NY-512 RCHSC**

**NY-519 CGHC**

**NY-520FEHC**

**NY-522PNHC**

**NY-523SNC**

**NY-606RCCC**

**NY-608 UCCC**

**CoC Application Public Posting**

CoC Consolidated Application: Public Posting  
FY-5-9 CoC Consolidated Application - Annual; t v. 11-AL v2\_1C  
FY-5-9 Coe Consolidated Applica:tir. - gcaon11ents - f\AL ,s.9 ;  
FY-5-9 Coe Consolidated Application - Plan ins. FrQf'C - FA... -159

CoC Project Descriptions  
FY-5-9 Coe (Onsolted At)D;ca:10n - Pl QfC De-sript1cns - c:jl\_ 1'333 -  
CoC Priority Listing  
FY-5-9 CoC Consolidated Application - Priority Listing - INAL v3\_8\_3  
FY 2018 Coe Project Ranking  
FY-5-9 Coe (onsolted Appka:io - ) Ojdl Rani,1n? E Tidifl" - R\IAL J3\_3\_3

Please send commens or questions on any of the above documents via email to [grra.Tvn](#) :- 4

**CoC Project Applications**

**RENEWAL PROJECTS**

**Rank & Review Document**

All currently funded projects that are looking to be funded again must complete Rank and Review.  
FY-5-9 CGHC Rank & Review - Process - 1VAL  
FY-5-9 S (GHC Rank & Review - Renewal Proj: : Teo, = 1VAL

**NEW PROJECTS**

**Request for Proposals**

My project tooling to be funded for me first time must complete the appropriate RFP  
FY-5-9 CGHC RFP - & ev iN - e-? - oec - 1VAL  
FY-5-9 (G C Rank 0 ;t\IC - t\IC - Vro1eG Rfp - jV Bof-J, - ::;)VAL

**+ HUD-Provided Project Application Resources**

**+ CARES Webinars**

**Attachment 1E-3: Public Posting Project Selections, Ranking and CoC Application**

- 1. Documentation Demonstrating Public Posting of the Objective Ranking and Selection Process: Public Notification of Draft Documents**
  - a. Email and Website Screen Shot**
- 2. Documentation Demonstrating Public Posting of the Objective Ranking and Selection Process: Public Notification of the Release of Final Documents**
  - a. Email (two emails are attached; in memo and web-based formats, the latter documenting the list of Bcc recipients)**
  - b. Website Screen Shot**
  - c. Final Documents**
    - **2018 Rank and Review Process**
    - **2018 Renewal Project Application**
    - **2018 New Project Application**
    - **2018 New DV Project Application**

**1. Documentation Demonstrating Public Posting of the Objective Ranking  
and Selection Process: Public Notification of Draft Documents**

**a. Email and Website Screen Shot**

**From:** Samantha Barnaby  
**To:** Alison Calhoun; Amanda Pierro; Anezka Sebek; Barbara Palmateer; Bill Gettman; Debra Armstrong; Dianne Lugo; Digna Betancourt Swingle; Dominick Sondrini; Ed Falterman; "Felicia Walters"; Florence Ohle; Frank Pindiak; Jeanette Hemingway; John Lyons; Judy Monson; Kai Hillman; Katherine Smith; Kathy Applegate; Kyle Proper ([kproper@st-cath.org](mailto:kproper@st-cath.org)); Lauren Liberta; Lindsay Arp; Louisa Marra; Lynn Kutski; Maggie Graham; Margaret Kennedy; "Marjie Burgasser"; Mary Walker; Michael Brinck; Michael Cole; Nancy Chiarella; Renee Pine; Robert Romaker; Stephen Piasecki; Sue Paolino; Susan Cody; Tammy Hall; Tara McSherry-Wolfe; Thomas Coates; Tina Sharpe; William Brown  
**Subject:** 2018 Rank and Review  
**Date:** Thursday, June 7, 2018 3:39:00 PM

---

Good Afternoon CG Members,

The comment period for the 2018 CoC Rank and Review process and tool is now open. Please use the link below to view all documents.

Please send all comments to [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org) on or before May 29, 2018.

<http://caresny.org/continuum-of-care/columbia-greene-housing-coalition-continuum-of-care/#tab-RR>

Thank you  
Samantha

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 Ext. 106  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

FY2018 CoC Programs NC X

← → C ⌂ ⓘ Not secure : caresny.org/continuum-of-care/nofa-2018-#1535711202409:b99a3c7-4b57

Log in Events

Final HUD Consolidated Application submission deadline: September 18th, 2018

## Continuum-Specific Documents

**NY-501 STEPS**

Coc Project Applications

**RENEWAL PROJECTS**

Rank & Review Documents

All currently funded projects that are looking to be funded again must complete Rank and Review.

- 2018 CGHC Rank & Review - Process - DRAFT
- 2018 CGHC Rank & Review - Renewal Project Tool - DRAFT

The tool has four parts: Checklist, Application, Rubric/Scoring, and iHMIS Data Attachments

**NEW PROJECTS**

Requests for Proposals

Any project looking to be funded for the first time must complete the appropriate RFP.

- 2018 CGHC Rank & Review - New Project RFP - DRAFT
- 2018 CGHC Rank & Review - New Project RFP - DV Bonus - DRAFT

**NY-503 ACCH**

**NY-507 HSPB**

**NY-512 RCHSC**

**NY-519 CGHC**

**NY-520 FHC**

**NY-522 PNHC**

**NY-523 SNC**

**NY-606 RCCC**

**NY-608 UCCE**

SEARCH STAFF LOCATION CORRECTIONS

Want to help us end homelessness? Join the Capital Region Coalition to End Homelessness and get involved!

© 2018 CARES INC.  
200 Henry Johnson Blvd, Suite 4 Albany NY 12210  
info@caresny.org (518) 469-4130  
Website: [www.caressny.org](http://www.caressny.org) Email: [info@caresny.org](mailto:info@caresny.org) Creation Web Design by [caresny.org](http://www.caressny.org)

12:28 PM 6/7/2018

**2. Documentation Demonstrating Public Posting of the Objective Ranking and Selection Process: Public Notification of the Release of Final Documents**

**a. Email**

- Renewal Project Rank and ReviewTool Final Release
- New/DV RFP Final Release (two emails are attached; in memo and web-based formats, the latter documenting the list of Bcc recipients)

**b. Website Screen Shot**

**c. Final Documents**

- **2018 Rank and Review Process**
- **2018 Renewal Project Application**
- **2018 New Project Application**
- **2018 New DV Project Application**

## **2a. Email**

- Renewal Project Rank and Review Tool Final Release**
- New/DV RFP Final Release (two emails are attached; in memo and web-based formats, the latter documenting the list of Bcc recipients)**

**From:** Samantha Barnaby  
**To:** Florence Ohle; Frank Pindiak; Jeanette Hemingway; Michael Gelfand ([mgelfand@mhacg.org](mailto:mgelfand@mhacg.org)); Susan Cody; Tina Sharpe; "[tlehmann@mhacg.org](mailto:tlehmann@mhacg.org)"  
**Cc:** Michelle Sandoz-Dennis  
**Subject:** CG 2018 Rank and Review Application  
**Date:** Monday, July 2, 2018 6:35:00 PM  
**Attachments:** C-G 2018-Rank-and-Review-Application.docx  
CG -2018-Rank-and-Review-Checklist.docx  
Final Columbia Greene-Rank and Review 519.pdf

---

Dear CG CoC Funded Agencies,

On behalf of the Rank and Review Committee, please find attached the following documents:

1. 2018 Project Rank and Review Application to be completed for each CoC funded project.
2. 2018 Rank and Review Attachments Checklist, which is required in order for the Rank and Review Application to be considered complete.
3. PDF of HMIS Attachments:
  - a. Attachment 1: CG Dedicated CH beds
  - b. Attachment 2: CG CH Served Individuals
  - c. Attachment 3: Positive Outcomes for PH and TH projects
  - d. Attachment 4: Returns to Homelessness
  - e. Attachment 5: CG Total Income Growth

HMIS Attachments 1-5 are necessary in order to complete certain Rank and Review application questions, which specifically refer to them. The Rank and Review Application is to be completed using Calendar Year 2017 (CY17) APR (new format).

Completed applications are due to CARES by **3pm on Wednesday, July 18, 2018**. Please email all information to [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org). Projects will have an interview with the Review Team to discuss completed Rank and Review Applications via phone on August 16, 2018. An email with interview time slots will be sent out soon. We welcome the following individuals as the 2018 Review Team: Maggie Graham, Greene County Mental Health, Lindsay Arp, Columbia County DSS, and William Brown, Soldier On..

Feel free to contact me with any questions that you may have.

Thank you,

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 Ext. 106  
(F): (518) 489-2237  
[www.caressny.org](http://www.caressny.org)

## **Anna Turner**

---

**From:** CARES Planning Team  
**Sent:** Tuesday, July 10, 2018 11:37 AM  
**Subject:** Columbia-Greene Membership: 2018 Continuum of Care Bonus and DV RFPs are Available  
**Attachments:** DV Bonus RFP 2018 CG.DOCX; C-G 2018 New Project RFP.DOCX

Good Afternoon members of the Columbia Greene-Housing Coalition (CGHC):

On behalf of the Continuum, please see the attached 2018 New Project RFP *and* the 2018 DV Bonus RFP. Please note deadline for submission is **Wednesday, July 31st, 2018**. In addition to currently funded Continuum member organizations, agencies with 501c3 status, State or Local municipalities, and PHAs are eligible to apply for funding. *Please share this information with colleagues/agencies that may be interested.*

In order to provide additional information on this funding opportunity, CARES will be holding a webinar on *July 18<sup>th</sup> at 10am*. Please contact Anna Turner ([aturner@caresny.org](mailto:aturner@caresny.org)) to RSVP and receive call-in information.

Below is a brief description of available funding and eligible activities under each funding stream.

### **New Project RFP (Reallocation and Bonus Funding) - \$27,049 is available**

New projects may be created through **Reallocation** or **Bonus funding**, including:

- **Permanent Supportive Housing (PH-PSH) Projects** to meet the goal of stably housing homeless individuals and families with disabilities. The project must meet requirements of Dedicated PLUS (details in FY18 NOFA page 16) or dedicate 100 percent of beds to individuals and families experiencing chronic homelessness.
- **Rapid Rehousing Projects** to meet the goal of stably housing homeless households *with or without* disabilities. This project can provide up to 24 months of assistance to serve homeless individuals and families, including unaccompanied youth.
- **Joint Transitional Housing-Rapid Rehousing Projects** to meet the goal of stably housing homeless households using a combination of intensive transitional housing services and rental assistance/support services of rapid rehousing. This project can provide up to 24 months of total assistance to serve homeless individuals and families, including unaccompanied youth. (Details in FY18 NOFA page 28)
- **Support Service Only – Coordinated Entry** project to support the Continuum's goal of developing and operating an effective and efficient Coordinated Entry System.

### **DV Bonus - \$50,000 is available**

This year an additional bonus opportunity is available for projects to serve survivors of Domestic Violence. Below are the eligible project types. *(See page 8 of the NOFA for further details)*:

- **Rapid Rehousing Projects** to meet the goal of stably housing survivors of domestic violence (individuals and families). This project can provide up to 24 months of assistance.
- **Joint Transitional Housing-Rapid Rehousing Projects** to meet the goal of stably housing survivors of domestic violence using a combination of intensive transitional housing services and rental

assistance/support services of rapid rehousing. This project can provide up to 24 months of total assistance. (Details in FY18 NOFA page 28)

- **Support Service Only – Coordinated Entry Project** to implement policies, procedures and practices that equip the Continuum's coordinated entry to better meet the needs of survivors of domestic violence.

Please feel free to contact me with any questions.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit, Director  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

# Columbia-Greene Membership: 2018 Continuum of Care Bonus and DV RFPs are Available

## CARES Planning Team

Tue 7/10/2018 11:36 AM

Bcc:Allison Smith <allison.smith7@va.gov>; Amanda Pierro <athomash@mhacg.org>; Barbara Palmateer <barbarap@cagcny.org>; Florence Ohle <fohle@cagcny.org>; Jeanette Hemingway <jhemingway@st-cath.org>; Katherine Smith <ksmith@mhacg.org>; Kathy Applegate <kapplegate@columbiaopportunities.org>; Kylene Proper (kproper@st-cath.org) <kproper@st-cath.org>; Lindsay Arp <lindsay.arp@dfa.state.ny.us>; Maggie Graham <mgraham@discovergreene.com>; Michael Cole <michael.cole@columbiacountyny.com>; Nancy Chiarella <nchiarella@caresny.org>; Robert Romaker <rromaker@lasnny.org>; Sue Paolino <spaolino@discovergreene.com>; Susan Cody <scody@mhacg.org>; Tammy Hall <thall@mhacg.org>; Tara McSherry-Wolfe <mcscherryt@hudsoncsd.org>; Tina Sharpe <tsharpe@columbiaopportunities.org>; William Brown <wbrown@wesoldieron.org>;

2 attachments (62 KB)

DV Bonus RFP 2018 CG.DOCX; C-G 2018 New Project RFP.DOCX;

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Please feel free to contact me with any questions.

Thank you,

Michelle Sandoz-Dennis  
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(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

**2b. Website Screen Shot**

FY2018 CoC Program Notice

Not secure | careny.org/continuum-of-care/note-2018-1535742-08cd3b4c-490f-0000-0000-000000000000

Log in Events

Final HUD Consolidated Application submission deadline: September 18th, 2018

## Continuum-Specific Documents

### NY-501 STEPS

#### COC Project Applications

### RENEWAL PROJECTS

#### Rank & Review Documents

All currently funded projects that are looking to be funded again must complete Rank and Review.

2018 CGHC Rank & Review - Process - FINAL

2018 CGHC Rank & Review - Renewal Project Tool - FINAL

### NY-519 CGHC

#### NEW PROJECTS

#### Requests for Proposals

Any project looking to be funded for the first time must complete the appropriate RFP.

2018 CGHC Rank & Review - New Project RFP - FINAL

2018 CGHC Rank & Review - New Project RFP - SV Bonus - FINAL

### NY-520 FEHC

### NY-522 PHHC

### NY-523 SMC

### NY-605 RCFC

### NY-608 UCCC

Want to help us end homelessness? Join the Capital Region Coalition to End Homelessness and get involved!



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STAFF  
LOCATION  
CORRECTIONS

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[Info@caresny.org](http://Info@caresny.org) (518) 438-4130  
Website designed by Entities of Creation Web Design & SEO



## **2c. 2018 Rank and Review Process**

---

# COLUMBIA GREENE HOUSING COALITION: 2018 RANK AND REVIEW PROCESS

---

## ***Rationale***

HUD's Continuum of Care (CoC) homeless assistance programs serve as a source of funding for homeless services in the Counties of Columbia and Greene, which together form the Columbia Greene Housing Coalition (CGHC). In the 2017 NOFA, the Columbia Greene Continuum of Care received \$450,819.00 from HUD to support 7 projects for homeless individuals and families. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition in response to the Notice of Funding Availability (NOFA).

In order for the CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process will help the members of the CoC gain knowledge of project performance and effectiveness within the full CoC system.

In the CGHC, the Ranking and Monitoring Committee is charged with overseeing the Rank and Review process. As described in the CGHC bylaws, the Ranking and Monitoring Committee is responsible for reviewing and scoring CoC funding applications, and monitoring successful HUD funded CoC Projects through performance evaluations". The Continuum of Care follows a collaborative process for the development of funding applications, including funding priorities and the number and type of applications. Each year the Ranking and Monitoring Committee reviews the Rank and Review Process and Application and makes revisions to reflect changing priorities. The Ranking and Monitoring Committee is also responsible for establishing a Review Team to review the project applications. The written Process, the Application and the Review Committee are submitted annually for approval by the Board. Once Board approved, the Written Process and Application are posted for review and comment by full Membership.

## ***Review and Approval of the Rank & Review Application***

The Rank and Review process begins once the Collaborative Applicant submits the Grant Inventory Worksheet. Once submitted, the Ranking and Monitoring Committee meets to discuss the previous year's Rank & Review application, process, and feedback from reviewers and projects. The committee considers information gained on behalf of the CoC over the past year and makes revisions to the application. The committee presents the revised draft of the application to the CGHC Board. Any additional changes to the application or review team suggested by the Board may be made by the committee. Once the Ranking and Monitoring Committee has updated the Board, the application is presented to full Membership for the two (2) week comment period. Any comments received from Membership are then considered by the committee for final decisions regarding further revisions. The Rank & Review Application is then finalized and shared with Membership for projects to complete.

### ***Project Participation***

Each renewal project completes a Rank & Review Application per project. The 2018 Rank and Review Application process will take place in three (3) parts. The intention behind breaking down the Rank and Review process into 3 parts is to allow agencies adequate time to complete the full Rank and Review application at their convenience.

- Rank and Review Application Phase 1 focuses on project and system outcomes, using a project APR and HMIS System Performance data to “rate” projects. Each project will utilize the previous Calendar Year APR to complete the Rank & Review application Part 1. Each application must be completed, including all required attachments.
- Rank and Review Application Part 2 consists of narratives, which allow the projects to explain unique circumstances that may affect project performance. Late submissions of Applications will automatically have a 5 point penalty. At the time of submission each agency/project is assigned an interview time with the review team.
- Project interviews will be Part 3 of the Rank and Review Process. After the NOFA is released, the Ranking and Monitoring Committee will draft questions based on the specific criteria mentioned within the application. These questions will be part of the project interview. Projects will receive these questions in advance of the interview and will supply the Review Team with written answers prior to the interview. Interviews may assist the reviewers in awarding additional points.

### ***Reviewers***

Members of the review team are individuals from the community who are knowledgeable about the CoC and its providers. Reviewers are non-funded and objective individuals. Suggested Reviewers are approached by the Collaborative Applicant and asked to participate. The Ranking and Monitoring Committee schedules a day for Rank & Review project interviews and scoring to take place. Interviews will be scheduled for a date after the NOFA is released to allow for any HUD specific criteria to be incorporated into the interview process, as described above. Each reviewer is provided a copy of project applications and score forms. Once the review team convenes and conducts interviews with each project, the review team scores each application. These scores result in the ranking. The review team provides any final comments to be shared with projects or Membership.

### ***Project Ranking***

The NOFA requires that the CoC conduct a transparent and objective process to review and rank all applications for renewal of existing projects and applications for new projects. Using a CoC-approved Rank and Review tool, all projects seeking funding are scored and placed in numerical order based on scores. All projects will receive their scores and will be offered the opportunity to debrief and review their project scores with the Collaborative Applicant. Projects will have the ability to submit an appeal, within the allotted time frame, regarding their score following their debriefing (See the **Appeals Process** outlined below). Following any debriefings and appeals, the project ranking is then shared with the Ranking and Monitoring Committee. The Committee reviews the process and all project scores. The ranking is then presented to the Board for review. The ranking is then shared with Membership.

## ***Appeal Process***

### **1. Who May Appeal?**

An agency may appeal a decision concerning a project application submitted by that agency. If a project was submitted by a collaboration of agencies, only one joint appeal may be made.

### **2. What May Be Appealed?**

An appeal may not be submitted if the basis of the appeal is one of the following: the applicant did not answer all the questions on the application, the applicant did not submit the application with all required attachments, or the applicant did not submit by the required deadline. The appeals process applies only to project scoring and ranking. There is no appeal for project tiering. If a mathematical error is found by the project, the error can be corrected, and notice of the correction will be provided to the Ranking and Monitoring Committee and the Board.

### **3. Timing of an Appeal**

Formal appeals can only be submitted by a project 3 business days after a debriefing has been completed. Appeals must be submitted in writing to the Collaborative Applicant who will forward them on to the Review Team. The written appeal must consist of a short statement, no longer than 1 page, of the agency's appeal. The written appeal can be in the form of a letter, memo or email. Any appeal via email must be sent to [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org) and cc the CGHC Ranking and Monitoring Committee chair.

### **4. Appeals Decisions**

The Review Team also serves as the Appeal Team. Appeals are decided by majority vote of the Appeal Team. Once decided, all appeals are final and may not be overturned by the Ranking and Monitoring Committee, Board or Membership.

## ***Project Tiering***

HUD requires that the CoC ranks projects into two tiers based on the funding allocation released in the NOFA. The Collaborative Applicant uses the project ranking to tier the projects and presents the tiering to the Ranking and Monitoring Committee. When the NOFA is released, the priorities and tiering outlined in the application are strategically applied by the CoC to the project ranking (which may also affect tiering). Tiering results are then presented to the Board and, with Board approval, to Membership for a vote. Membership votes on the full application, including the tiering.

## ***New Projects***

New projects are created through bonus funds or reallocated funds. A separate RFP will be completed for new projects. If, after the ranking process, additional money becomes available through reallocation, and if all new projects have been approved and there is additional money, the new project RFP will re-open for submission in an effort to use all available funds. RFP's submitted during the second application process will automatically be ranked below the round 1 projects.

### ***Bonus Projects***

Each year, there may be bonus funds available. The CoC is permitted to apply for bonus projects, which will compete nationally against other bonus projects on a HUD scoring system set forth in the NOFA. HUD will notify the Continuums regarding the criteria for bonus funds. The bonus project will complement and fill an unmet need. The application for a bonus project is a separate RFP. The reviewers will score and rank the bonus projects; however, there are no interviews for bonus projects. After the bonus projects are ranked, ranking is sent to membership. Bonus projects will be chosen with the goal of applying for all available funds. The same appeals process that applies to renewal applications also applies to bonus project applications.

### ***Reallocation***

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community. Reallocation is one of the most important tools by which communities can make strategic improvements to their homeless services system.

In addition to the scoring criteria, all projects must meet a minimum threshold, which includes: participation in Coordinated Entry, participation in Point in Time, and participation within HMIS. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation. A threshold review will take place after the Rank and Review process to ensure the threshold requirement has been met by each project. If the threshold has not been met, the Rank and Review team can recommend to the CoC Board possible reallocation or substantial amendments to the contract. CoC funded agencies may voluntarily choose to reallocate CoC funds. These will be reviewed by the Rank and Review team as well. Those agencies who choose to voluntarily reallocate will receive priority in the reallocation ranking process. This prioritization allows that agency to apply for a new project with those reallocated funds. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

### ***CoC Transparency***

The Rank and Review process is conducted by the CoC in a transparent manner in order to ensure a fair and consistent process for prioritizing projects. Each year, feedback on the process is solicited. The process is publicly announced by the CoC, distributed in writing to the full CoC membership, and posted publicly on the CARES website for all community members to review and comment.

### ***FY2018 Rank and Review Application***

The CGHC emphasizes the importance and impact of using the Rank & Review Application as the primary basis for determining the Project Listing submitted as part of the CoC Consolidated Application. The Rank and Review Application is thoughtfully revised each year to include both HUD and CoC standards, incorporating both national and local priorities, balancing objective performance measures with subjective narrative description of project operations.

**2c. 2018 Renewal Project Application**

# **NY-519/Columbia-Greene Housing Coalition**

## **2018 Rank and Review – Attachments Checklist**

Agency: \_\_\_\_\_

Project: \_\_\_\_\_

Attachments must be included with the submission of the Rank and Review Application for it to be considered complete.

- Q4 or Q5 Project Application
- Q7 APR
- Q8 APR
- Q19a3 APR (**Only if referenced in D11**)
- Q6 APR
- Copies of last three (3) Loccs drawdowns

Received: \_\_\_\_\_ at \_\_:\_\_ am/pm

Interview Time: \_\_\_\_\_

# 2018 Columbia-Greene – Project Rank & Review Application

Please generate a **CoC CALENDAR YEAR 2017 (CY17: 1/1/17 - 12/31/17) APR** from Foothold or comparable HMIS to complete Part I of this application.

## PART 1

### A. PROJECT INFORMATION

*Informational Only*

**A1.** Organization Name: \_\_\_\_\_

**A2.** Project Name: \_\_\_\_\_

**A3.** Application Contact Person: \_\_\_\_\_

**A4.** Project Type:      PSH      RRH

**A5.** FY17 Funding Request: \$ \_\_\_\_\_

Leasing                          \$ \_\_\_\_\_

Rental Assistance                \$ \_\_\_\_\_

Supportive Services             \$ \_\_\_\_\_

Operations                        \$ \_\_\_\_\_

Admin                             \$ \_\_\_\_\_

**A6.** Is this project voluntarily reallocating funds to the CoC?  Yes  No

### A7. PROJECT DESCRIPTION

In a separate document, provide a short project overview that clearly describes the project's unique characteristics and achievements. Please include the target population(s) served, the number of participants served, the number of contracted beds/units/vouchers, cost per bed, how participants access the project, as well as project goals and achievements. Please explain the primary services provided by the project to participants, as well as any supplementary services available. Please be as descriptive as possible by using data stated in the project application and the project's most recent APR. Response must be 300 words or less.

### B. CONTINUUM PRIORITIES AND SYSTEM PERFORMANCE (TOTAL 79 POINTS)

**B1. Utilization Rate.** Using the project's most recent Project Application and CY17 APR, complete the following chart to calculate the project's utilization rate. **0-20 pts.**

	Projected persons served during an average PIT (Question 5 in Project Application)	Actual number served during PIT (Questions 7 & 8 in APR)	
		Persons	Households
January			
April	_____ Persons		

# 2018 Columbia-Greene – Project Rank & Review Application

July	Households		
October			
		Average:	

**Persons:** Average Actual \_\_\_\_\_ / Projected \_\_\_\_\_ = Utilization \_\_\_\_\_  
**Households:** Average Actual \_\_\_\_\_ / Projected \_\_\_\_\_ = Utilization \_\_\_\_\_

**B1.B.** -The Continuum prioritizes projects that best utilize resources. Did your project have a utilization rate of 100% or more? **5 pts.**

Yes       No

If the answer to B1.B is No, please ensure an answer is provided in section D9.

## **B2. Data Quality.** On your CY17 APR Q6: **0-4 pts.**

**B2.A.** Is there an error rate of more than 5% in your PII data?

**B2.B.** Is there an error rate of more than 5% of your universal data elements?

**B2.C.** Is there an error rate of more than 5% of your Income and Housing data?

**B2.D.** Is there an error rate of more than 5% of your Chronic Homelessness data?

## **B3. Dedicated Chronic Homeless:**

**B3.A.** What percentage of the project is dedicated to serving chronically homeless?

\_\_\_\_\_ **0-5 pts.**

Please refer to the most recent Project Application using Q4B; SSO projects, use Q5B.

**B3.B.** To show the impact of your project on ending chronic homelessness (CH) in the CoC, refer to Attachment 1 and note below the percentage of CH beds it contributes to the CoC. \_\_\_\_\_ **0-10 pts.**

## **B4. Effect on Chronic Homeless:** **0-15 pts.**

**Permanent Housing Programs:** During CY17, the CoC PH projects served a total of 26 chronically homeless individuals. To show impact of this project on ending chronic homelessness, refer to Attachment 2 to note the following:

**B4.A** The total number of chronically homeless persons this project served in CY17:

\_\_\_\_\_

**B4.B** The percentage of the CoC total served by this project: \_\_\_\_\_

## **B5. Positive Outcomes** **0-20 pts.**

**Permanent Housing projects:** During CY17, there were 49 persons with positive outcomes noted across all CoC PH programs. (**An exit is positive for PH if individual is a stayer or exited to a PH destination.**) To show the effect of this project on

## **2018 Columbia-Greene – Project Rank & Review Application**

housing stability, refer to Attachment 3 and note the percentage this project had on the system: \_\_\_\_\_ %

### **B6. Coordinated Entry 0-5 pts.**

Does your project participate in the Coordinated Entry process by the following activities?  
This will be verified by the CE Coordinator.

- Making and/or receiving referrals
- Attending meetings
- Providing reports

## **C. PROJECT PERFORMANCE OUTCOMES AND SYSTEM IMPACT (TOTAL 25 POINTS)**

### **C1. Exits to Homelessness: 0-15 pts.**

To show impact of this project on ending homelessness, refer to Attachment 4 (showing all CoC project leavers to homelessness) and note the percentage of project leavers who exited this program to a shelter or the street \_\_\_\_\_ %

### **C2. Effect on Income Growth: 0-10 pts.**

To show impact of this project on total income growth in the Continuum, refer to Attachment 5 which measures total income growth between the last two client assessments, and note the percentage that this project had on the system \_\_\_\_\_ %

# 2018 Columbia-Greene – Project Rank & Review Application

Organization Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Application Contact Person: \_\_\_\_\_

## **PART 2: CONTINUUM PRIORITIES AND SYSTEM IMPACT (TOTAL 96 POINTS)**

**D1. Cultural Barriers.** Please describe your agency's bi-lingual capacity and resources in meeting the needs of clients facing language barriers in 250 words or less. **0-5 pts.**

**D2. Street Outreach.** Due to the lack of street outreach, how do participants access the project? Please answer in 250 words or less. **0-2 pts.**

**D3. Leveraging and Coordination of Services.** Please describe how your project coordinates services with other funded and non-funded providers in order to leverage services in no more than 250 words. **0-10 pts.**

**D4. "Opening Doors".** Please explain how the project works to meet the goals stated in the USICH's "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" (250 words or less). **0-5 pts.**

**D5. Local Strategic Plan.** Please note how the project is addressing the priorities stated by HUD and in the CoC's Ten Year Plan. Please identify the priority from the suggestions below and briefly note the extent to which the project is accomplishing the priority. **0-2 pts.**

- Maximizing the use of mainstream resources
- Partnerships with community stakeholders
- Ending Chronic Homelessness
- Ending Family Homelessness
- Ending Youth Homelessness
- Ending Veteran Homelessness
- Using a Housing First Approach
- Other priority stated by HUD or Ten Year Plan not listed here: \_\_\_\_\_

**D6. Priority Populations.** Is the project dedicated to one of the following priority populations: Chronically homeless, youth, or veterans? **0-10 pts.**

**D6.B** If the project is not dedicated, what percentage of beds are dedicated to a priority population? *Please attach Project Application Q4B. and/or 5B.*

**D7. Housing First.** Housing First is a recovery-oriented approach to ending homelessness that allows for rapidly housing individuals without screening out or terminating based on any of the below criteria. Does the project screen out or terminate based on any the following? **0 or 5 pts.**

## 2018 Columbia-Greene – Project Rank & Review Application

	Yes	No
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

### D8. Continuum Participation. 0-5 pts.

**D8.A.** Does the project or agency staff regularly participate in any of the following CoC standing or ad hoc committees of Columbia Greene CoC? This will be verified by Committee Chairs.

- |                                  |                          |                         |                          |
|----------------------------------|--------------------------|-------------------------|--------------------------|
| Board Meetings                   | <input type="checkbox"/> | Point in Time Committee | <input type="checkbox"/> |
| HMIS Advisory Committee          | <input type="checkbox"/> | Education/Outreach      | <input type="checkbox"/> |
| Ranking and Monitoring Committee | <input type="checkbox"/> | Membership              | <input type="checkbox"/> |

### D9. Utilization Rate. Please explain why your project had a utilization rate under 100% in 250 words or less. 0-2 pts.

**D10. Housing Stability.** How has increased collaboration among providers affected the project's housing stability? **0-10 pts.**

**D11. Income.** How has increased collaboration among providers affected participant income growth, to include non-cash benefits? You may refer to your CY17 APR to demonstrate your specific income growth. **0-5 pts.**

**D12. Self Sufficiency:** Include information about the services available to participants and how the program will help households work towards and achieve self-sufficiency. (250 word limit). **0-10 pts.**

**D13. Point in Time Count:** Was your project included in the final submission of the 2018 Point in Time? This will be verified by the Collaborative Applicant. **0 or 5 pts.**  Yes  No

**D14. Total Funds Awarded.** What was the total percentage of funds spent on the most recently completed contract? **0-15 pts.**

**D14.B.** Does the project drawdown CoC funds from eLoccs at a minimum quarterly? Please attach the last 3 drawdowns. **0-5 pts.**  Yes  No

# **2018 Columbia-Greene – Project Rank & Review Scoring**

**Points Scale:** The 2018 Columbia Greene CoC Project Rank and Review Application is scored on a 200-point scale with the following breakdown:

## **PART 1**

### **A. PROJECT INFORMATION: No points**

### **B. CONTINUUM PRIORITIES AND SYSTEM IMPACT: Maximum 79 Points**

**B1. Utilization Rate:** 0- 20 Points Maximum (including B1.B)

<b>B1. Utilization Rate</b>	Points
100%	20
99-90%	18
89-86%	16
85-80%	8
77-75%	4
Under 75%	0

**B1.B – 5 points**

**B2. Data Quality:** 0 -4 Points

**B3. Dedicated Chronic Homeless:** 0- 15 points (for B3.A and B3.B)

<b>B3.A. Chronic Homelessness</b>	Points
100%	5
80-99%	4
50-79%	3
20-49%	2
10-19%	1
0-9%	0

## **2018 Columbia-Greene – Project Rank & Review Scoring**

### **B3.B**

<b>B3.B. Chronic Homelessness – see Attachment 1</b>	<b>Points</b>
40-100%	10
20-39%	8
6-19%	6
0-5%	0

### **B4. Effect on Chronic Homeless 0 – 15 points**

<b>B4. Chronic Homelessness – see Attachment 2</b>	<b>Points</b>
40-100%	15
20-39%	12
6-19%	8
0-5%	0

### **B5. Positive Outcomes – 20 Points Maximum**

<b>B5 Positive Outcomes: PH</b>	<b>Points</b>
More than 25%	20
20-25%	15
15-19%	10
10-14%	5
Under 10%	0

### **B6. Coordinated Entry: 0-5 points**

## **2018 Columbia-Greene – Project Rank & Review Scoring**

### **C. PROJECT PERFORMANCE OUTCOMES AND SYSTEM IMPACT – TOTAL 25 POINTS**

#### **C1. Exits to Homelessness: 0- 15 Points Maximum**

<b>C1: Exits to Homelessness</b>	<b>Points</b>
0%	15
1-5%	10
6-10%	5
Over 10%	0

#### **C2. Effect on Income Growth 0- 10 points**

<b>C2: Effect on Income Growth</b>	<b>Points</b>
0%	0
1-5%	3
6-10%	6
Over 10%	10

## **PART 2**

### **D. CONTINUUM PRIORITIES AND SYSTEM IMPACT – TOTAL 96 POINTS**

#### **D1. Cultural Barriers -0 – 5 points**

Fully explains the primary question	4-5 Points
Explains part(s) of primary question	1-3 Points
Does not explain the primary question	0 Points

#### **D2. Street Outreach 0-2 points**

#### **D3. Leveraging and Coordination of Services 0 – 10 points**

## **2018 Columbia-Greene – Project Rank & Review Scoring**

Fully explains the primary question	9-10 Points
Explains part(s) of primary question	5-8 Points
Does not explain the primary question	0-4 Points

### **D4. Opening Doors 0 – 5 points**

Fully explains the primary question	4-5 Points
Explains part(s) of primary question	1-3 Points
Does not explain the primary question	0 Points

### **D5. Local Strategic Plan – 0 - 2 points (0 if nothing is marked)**

### **D6. Priority Populations 0 – 10 points**

If project is fully dedicated – 10 points

<b>D6. Population</b>	<b>Points</b>
Dedicated Chronic	10
50% or more Chronic	5
Dedicated Youth	10
Dedicated Veteran	10
No Priority Population	0

### **D7. Housing First. 0 or 5 points (Must have all criteria checked to get full 5 points)**

### **D8. Continuum Participation 0 – 5 points**

D8.A – 0-5 points

### **D9. Utilization Rate 0-2 point**

### **D10. Housing Stability 0 – 10 points**

Fully explains the primary question	9-10 Points
Explains part(s) of primary question	5-8 Points
Does not explain the primary question	0-4 Points

## **2018 Columbia-Greene – Project Rank & Review Scoring**

### **D11. Income 0 – 5 points**

Fully explains the primary question	4-5 Points
Explains part(s) of primary question	1-3 Points
Does not explain the primary question	0 Points

### **D12. Self-Sufficiency 0- 10 points**

Fully explains the primary question	9-10 Points
Explains part(s) of primary question	5-8 Points
Does not explain the primary question	0=4 Points

### **D13. Point in Time Count 0 or 5 points**

**D14. Total Funds Awarded:** 0-20 points Maximum, including D14.B

<b>D14. Funds Spent</b>	<b>Points</b>
100%	15
99-90%	13
89-86%	11
85-80%	9
77-75%	7
Under 75%	0

### **D14.B. Financial Drawdowns 0-5 points**

Rank and Review 519  
Attachment 1 - CH Beds

Proj. Type	Project Name	CH Dedicated Beds	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	1	4%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	9	35%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	8%
PH	SCCC Col-Greene PSH 18-19	12	46%
PH	Supportive Housing for Chronically Homeless Individuals 2017	2	8%
PH	Supportive Housing for Homeless Families 2017	0	0%
6		Total	26 100%

Rank and Review 519  
Attachment 2 - CH Served

Proj. Type	Project Name	CH Served	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	0	0%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	24	71%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	6	18%
PH	SCCC Col-Greene PSH 18-19	0	0%
PH	Supportive Housing for Chronically Homeless Individuals 2017	4	12%
PH	Supportive Housing for Homeless Families 2017	0	0%
6		Total	34 100%

**Rank and Review 519**  
**Attachment 3 - Positive Outcomes -PSH**

Proj. Type	Project Name	Positive Outcomes	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	1	2%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	24	49%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	4%
PH	SCCC Col-Greene PSH 18-19	12	24%
PH	Supportive Housing for Chronically Homeless Individuals 2017	2	4%
PH	Supportive Housing for Homeless Families 2017	8	16%
6		<b>Total</b>	49 100%

Rank and Review 519  
Attachment 4 - Returns to Homelessness

Proj. Type	Project Name	Total Leavers	Returned to Homelessness	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	0	0	0%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	1	0	0%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	0	0%
PH	SCCC Col-Greene PSH 18-19	1	0	0%
PH	Supportive Housing for Chronically Homeless Individuals 2017	0	0	0%
PH	Supportive Housing for Homeless Families 2017	0	0	0%
6		<b>Total</b>	<b>4</b>	<b>0</b>
				0%

Rank and Review 519  
Attachment 5 - Total Income Growth

Proj. Type	Project Name	Adults with Income Growth	Percent of System Impact
PH	COI Chronic Homeless Project FY2017	1	8%
PH	P16 Permanent Supportive Housing for CH and Homeless Individuals and Families	5	42%
PH	P2S Permanent Supportive Housing Project for Chronically Homeless, Mentally Ill	2	17%
PH	SCCC Col-Greene PSH 18-19	2	17%
PH	Supportive Housing for Chronically Homeless Individuals 2017	0	0%
PH	Supportive Housing for Homeless Families 2017	2	17%
6		<b>Total</b>	12 100%

**2c. 2018 New Project Application**

# Columbia Greene Housing Coalition: New Project RFP 2018 (Reallocation and/or Bonus Projects)

APPLICATION MUST NOT EXCEED THREE (3) PAGES

1. Applicant/Agency Name: \_\_\_\_\_
2. Agency Point of Contact: \_\_\_\_\_
3. Proposed Project Name: \_\_\_\_\_
4. Is the applicant a current member of the Columbia Greene Housing Coalition (CGHC) Continuum of Care (CoC)?  Yes – 10 points  No – 0 points
  - a. If no, what is the agency's current involvement with the CGHC Continuum of Care?
5. Is the agency applying a current CoC funded grantee?  Yes – 5 points  No – 10 points
  - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?  Yes – 0 points  No – 3 points
6. Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population. Please specify the name of current or past programs and note the funding sources. (10 points)
7. Please provide a project *description AND budget* that addresses the entire scope of your project. Please include the target population that will be served and the outreach plan. If the proposed project follows a Housing First model, please specifically detail Housing First aspects. (0 – 20 points)
  - 2 points if a specific priority population mentioned in the USICH Plan is noted:  
[https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_OpeningDoors\\_Amendment2015\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf)
  - 1 points if the project clearly states the number of units/beds requested
  - 2 points if an outreach plan is noted
  - 10 points if the budget notes at least 80 percent of the requested funds are dedicated to housing
  - 5 points if the narrative details how the project will implement the housing first model
8. Will the project be able to begin within 12 months?  Yes- 5 points  No – 0 points

# Columbia Greene Housing Coalition:

## New Project RFP 2018 (Reallocation and/or Bonus Projects)

9. Please describe how the need for this project within this geographic area was identified. Please note where in the USICH Strategic Plan to Prevent and End Homeless it points to this need and using the most recent HMIS quarterly report note the population in need of this service. (0-5 points)
- 2.5 points for referencing the USICH Plan  
[https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_OpeningDoors\\_Amendment2015\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf)  
2.5 points for referencing the last HMIS quarterly report
10. Document potential sources that will allow the program to meet HUD's match requirement (25 percent match) and the 150 percent leverage CoC requirements? (0-20 points)
- 10 Points if match requirements are met  
10 Points if leverage requirements are met
11. The CoC prioritizes a Housing First model. Please indicate with a check mark if the proposed project will meet the following criteria. Please note all of the below criteria must be selected in order to meet the Housing First definition. 20 points
- a. Will the project ensure that participants are not screened out based on the following items?  Yes, we will not screen out based on any of the below  No
- i. Having too little or no income  
ii. Active or history of substance abuse  
iii. Having a criminal record with exceptions for state-mandated restrictions  
iv. History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  
**AND**
- b. Will the project ensure that participants are not terminated from the program for the following reasons?  Yes  No
- i. Failure to participate in supportive services  
ii. Failure to make progress on a service plan  
iii. Loss of income or failure to improve income  
iv. Being a victim of domestic violence  
v. Any other activity not covered in a lease agreement typically found in the project's geographic area.

**2c. 2018 DV Project Application**

# Columbia and Greene County Continuum of Care

## DV Bonus Project RFP 2018

**Application may not exceed three (3) pages**

1. Applicant/Agency Name: \_\_\_\_\_
2. Agency Point of Contact: \_\_\_\_\_
3. Proposed Project Name: \_\_\_\_\_
4. Is the applicant a current member of the Columbia and Greene County Continuum of Care (CoC)?  Yes - 20 points  No - 0 points
  - a. If no, what is the agency's current involvement with the Columbia and Greene County CoC?
5. a. Is the agency applying as a current CoC funded grantee?  Yes - 5 pts  No - 10 pts
  - b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC?  Yes - 0 points  No - 3 points
6. Please provide a detailed description of the agency's experience in administering projects dedicated to serving survivors of domestic violence, dating violence and stalking. Please specify the name of current or past programs and note the funding sources (10 points)

3 points for past experience serving a domestic violence survivor population  
3 points for four or more years serving a domestic violence survivor population  
3 points for serving more than 25 households in a calendar year (CY)  
1 point for listing funding sources
7. Please provide a *description AND budget* that addresses the entire scope of your project. Please include an outreach plan to the targeted population. Specify whether the project will be a Rapid Rehousing (PH-RRH) project, Joint TH and PH-RRH component project or a SSO project for Coordinated Entry (SSO-CE) designed to implement policies, procedures and practices to equip the CoC's Coordinated Entry system to better meet the needs of survivors of domestic violence, dating violence, sexual assault or stalking (e.g., policies and procedures that are trauma informed, client centered or to improve the referral process between the CoC's Coordinated Entry and victim service providers Coordinated Entry systems where they are different). Please provide details about Housing First aspects of the project. (0 - 25 points)

10 pts if the project narrative clearly details how the project will implement the Housing First model  
8 pts if a clear and detailed outreach plan is included  
2 pts if the project clearly states the number of units/beds requested

# **Columbia and Greene County Continuum of Care**

## **DV Bonus Project RFP 2018**

8. Eligible DV bonus project must follow a Housing First approach. Housing First is a recovery-oriented approach to ending homelessness which allows for rapidly housing individuals without screening out or terminating based on any of criteria listed below. Does the proposed project screen out or terminate based on any of the following?

	<b>Any Yes - 0 pts</b>	<b>All No - 15 pts</b>
	<b>Yes</b>	<b>No</b>
Having too little or no income	<input type="checkbox"/>	<input type="checkbox"/>
Active or history of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>	<input type="checkbox"/>
History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to participate in supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input type="checkbox"/>	<input type="checkbox"/>

9. Will the project be able to start within 12 months?       **Yes - 10 pts**       **No - 0 pts**

10. Is the project an existing project that is currently not dedicated to serving survivors of domestic violence, dating violence, sexual assault or stalking (who meet the definition of homeless) being expanded to dedicate additional units, beds, persons served or services provided to this domestic violence population.       **Yes – 3 pts**       **No**

11. Is your agency an active participant in the Columbia and Greene County CoC Coordinated Entry program?

**Yes – 3.5 pts**     **No - 0 pts**

If no, is your agency willing to become an active participant in the Columbia and Greene County CoC Coordinated Entry program?  **Yes – 3.5 pts**       **No - 0 pts**

## **Attachment IE-4: CoC's Process for Reallocation**

NY-519 Columbia Greene Housing Coalition (CGHC) actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high-performing projects.

### **1. CGHC Reallocation Process**

### **2. Columbia Greene Housing Coalition: 2018 Rank and Review Process (includes Reallocation Process)**

### **3. Email Invitation to Participate in New Projects (Reallocation and/or Bonus Projects) Webinar**

(two emails attached; in memo and web-based formats, the latter documenting Bcc recipients)

### **4. Webinar for New Projects (Reallocation and/or Bonus Projects)**

### **5. Email to Membership Announcing Release of New Project RFP (Reallocation and/or Bonus Project)**

(two emails attached; in memo and web-based formats, the latter documenting Bcc recipients)

### **6. Screenshot of New Project RFP (Reallocation and/or Bonus Project) Public Posting**

## **1. CGHC Reallocation Process**

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## COLUMBIA GREENE HOUSING COALITION: REALLOCATION PROCESS

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Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community. Reallocation is one of the most important tools by which communities can make strategic improvements to their homeless services system.

In addition to the scoring criteria, all projects must meet a minimum threshold, which includes: participation in Coordinated Entry, participation in Point in Time, and participation within HMIS. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation. A threshold review will take place after the Rank and Review process to ensure the threshold requirement has been met by each project. If the threshold has not been met, the Rank and Review team can recommend to the CoC Board possible reallocation or substantial amendments to the contract. CoC funded agencies may voluntarily choose to reallocate CoC funds. These will be reviewed by the Rank and Review team as well. Those agencies who choose to voluntarily reallocate will receive priority in the reallocation ranking process. This prioritization allows that agency to apply for a new project with those reallocated funds. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

**2. Columbia Greene Housing Coalition: 2018 Rank and Review Process**  
**(Reallocation Process, p 4)**

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# COLUMBIA GREENE HOUSING COALITION: 2018 RANK AND REVIEW PROCESS

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## ***Rationale***

HUD's Continuum of Care (CoC) homeless assistance programs serve as a source of funding for homeless services in the Counties of Columbia and Greene, which together form the Columbia Greene Housing Coalition (CGHC). In the 2017 NOFA, the Columbia Greene Continuum of Care received \$450,819.00 from HUD to support 7 projects for homeless individuals and families. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition in response to the Notice of Funding Availability (NOFA).

In order for the CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process will help the members of the CoC gain knowledge of project performance and effectiveness within the full CoC system.

In the CGHC, the Ranking and Monitoring Committee is charged with overseeing the Rank and Review process. As described in the CGHC bylaws, the Ranking and Monitoring Committee is responsible for reviewing and scoring CoC funding applications, and monitoring successful HUD funded CoC Projects through performance evaluations". The Continuum of Care follows a collaborative process for the development of funding applications, including funding priorities and the number and type of applications. Each year the Ranking and Monitoring Committee reviews the Rank and Review Process and Application and makes revisions to reflect changing priorities. The Ranking and Monitoring Committee is also responsible for establishing a Review Team to review the project applications. The written Process, the Application and the Review Committee are submitted annually for approval by the Board. Once Board approved, the Written Process and Application are posted for review and comment by full Membership.

## ***Review and Approval of the Rank & Review Application***

The Rank and Review process begins once the Collaborative Applicant submits the Grant Inventory Worksheet. Once submitted, the Ranking and Monitoring Committee meets to discuss the previous year's Rank & Review application, process, and feedback from reviewers and projects. The committee considers information gained on behalf of the CoC over the past year and makes revisions to the application. The committee presents the revised draft of the application to the CGHC Board. Any additional changes to the application or review team suggested by the Board may be made by the committee. Once the Ranking and Monitoring Committee has updated the Board, the application is presented to full Membership for the two (2) week comment period. Any comments received from Membership are then considered by the committee for final decisions regarding further revisions. The Rank & Review Application is then finalized and shared with Membership for projects to complete.

### ***Project Participation***

Each renewal project completes a Rank & Review Application per project. The 2018 Rank and Review Application process will take place in three (3) parts. The intention behind breaking down the Rank and Review process into 3 parts is to allow agencies adequate time to complete the full Rank and Review application at their convenience.

- Rank and Review Application Phase 1 focuses on project and system outcomes, using a project APR and HMIS System Performance data to “rate” projects. Each project will utilize the previous Calendar Year APR to complete the Rank & Review application Part 1. Each application must be completed, including all required attachments.
- Rank and Review Application Part 2 consists of narratives, which allow the projects to explain unique circumstances that may affect project performance. Late submissions of Applications will automatically have a 5 point penalty. At the time of submission each agency/project is assigned an interview time with the review team.
- Project interviews will be Part 3 of the Rank and Review Process. After the NOFA is released, the Ranking and Monitoring Committee will draft questions based on the specific criteria mentioned within the application. These questions will be part of the project interview. Projects will receive these questions in advance of the interview and will supply the Review Team with written answers prior to the interview. Interviews may assist the reviewers in awarding additional points.

### ***Reviewers***

Members of the review team are individuals from the community who are knowledgeable about the CoC and its providers. Reviewers are non-funded and objective individuals. Suggested Reviewers are approached by the Collaborative Applicant and asked to participate. The Ranking and Monitoring Committee schedules a day for Rank & Review project interviews and scoring to take place. Interviews will be scheduled for a date after the NOFA is released to allow for any HUD specific criteria to be incorporated into the interview process, as described above. Each reviewer is provided a copy of project applications and score forms. Once the review team convenes and conducts interviews with each project, the review team scores each application. These scores result in the ranking. The review team provides any final comments to be shared with projects or Membership.

### ***Project Ranking***

The NOFA requires that the CoC conduct a transparent and objective process to review and rank all applications for renewal of existing projects and applications for new projects. Using a CoC-approved Rank and Review tool, all projects seeking funding are scored and placed in numerical order based on scores. All projects will receive their scores and will be offered the opportunity to debrief and review their project scores with the Collaborative Applicant. Projects will have the ability to submit an appeal, within the allotted time frame, regarding their score following their debriefing (See the **Appeals Process** outlined below). Following any debriefings and appeals, the project ranking is then shared with the Ranking and Monitoring Committee. The Committee reviews the process and all project scores. The ranking is then presented to the Board for review. The ranking is then shared with Membership.

## ***Appeal Process***

### **1. Who May Appeal?**

An agency may appeal a decision concerning a project application submitted by that agency. If a project was submitted by a collaboration of agencies, only one joint appeal may be made.

### **2. What May Be Appealed?**

An appeal may not be submitted if the basis of the appeal is one of the following: the applicant did not answer all the questions on the application, the applicant did not submit the application with all required attachments, or the applicant did not submit by the required deadline. The appeals process applies only to project scoring and ranking. There is no appeal for project tiering. If a mathematical error is found by the project, the error can be corrected, and notice of the correction will be provided to the Ranking and Monitoring Committee and the Board.

### **3. Timing of an Appeal**

Formal appeals can only be submitted by a project **3 business days** after a debriefing has been completed. Appeals must be submitted in writing to the Collaborative Applicant who will forward them on to the Review Team. The written appeal must consist of a short statement, no longer than 1 page, of the agency's appeal. The written appeal can be in the form of a letter, memo or email. Any appeal via email must be sent to [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org) and cc the CGHC Ranking and Monitoring Committee chair.

### **4. Appeals Decisions**

The Review Team also serves as the Appeal Team. Appeals are decided by majority vote of the Appeal Team. Once decided, all appeals are final and may not be overturned by the Ranking and Monitoring Committee, Board or Membership.

## ***Project Tiering***

HUD requires that the CoC ranks projects into two tiers based on the funding allocation released in the NOFA. The Collaborative Applicant uses the project ranking to tier the projects and presents the tiering to the Ranking and Monitoring Committee. When the NOFA is released, the priorities and tiering outlined in the application are strategically applied by the CoC to the project ranking (which may also affect tiering). Tiering results are then presented to the Board and, with Board approval, to Membership for a vote. Membership votes on the full application, including the tiering.

## ***New Projects***

New projects are created through bonus funds or reallocated funds. A separate RFP will be completed for new projects. If, after the ranking process, additional money becomes available through reallocation, and if all new projects have been approved and there is additional money, the new project RFP will re-open for submission in an effort to use all available funds. RFP's submitted during the second application process will automatically be ranked below the round 1 projects.

### ***Bonus Projects***

Each year, there may be bonus funds available. The CoC is permitted to apply for bonus projects, which will compete nationally against other bonus projects on a HUD scoring system set forth in the NOFA. HUD will notify the Continuums regarding the criteria for bonus funds. The bonus project will complement and fill an unmet need. The application for a bonus project is a separate RFP. The reviewers will score and rank the bonus projects; however, there are no interviews for bonus projects. After the bonus projects are ranked, ranking is sent to membership. Bonus projects will be chosen with the goal of applying for all available funds. The same appeals process that applies to renewal applications also applies to bonus project applications.

### ***Reallocation***

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community. Reallocation is one of the most important tools by which communities can make strategic improvements to their homeless services system.

In addition to the scoring criteria, all projects must meet a minimum threshold, which includes: participation in Coordinated Entry, participation in Point in Time, and participation within HMIS. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation. A threshold review will take place after the Rank and Review process to ensure the threshold requirement has been met by each project. If the threshold has not been met, the Rank and Review team can recommend to the CoC Board possible reallocation or substantial amendments to the contract. CoC funded agencies may voluntarily choose to reallocate CoC funds. These will be reviewed by the Rank and Review team as well. Those agencies who choose to voluntarily reallocate will receive priority in the reallocation ranking process. This prioritization allows that agency to apply for a new project with those reallocated funds. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

### ***CoC Transparency***

The Rank and Review process is conducted by the CoC in a transparent manner in order to ensure a fair and consistent process for prioritizing projects. Each year, feedback on the process is solicited. The process is publicly announced by the CoC, distributed in writing to the full CoC membership, and posted publicly on the CARES website for all community members to review and comment.

### ***FY2018 Rank and Review Application***

The CGHC emphasizes the importance and impact of using the Rank & Review Application as the primary basis for determining the Project Listing submitted as part of the CoC Consolidated Application. The Rank and Review Application is thoughtfully revised each year to include both HUD and CoC standards, incorporating both national and local priorities, balancing objective performance measures with subjective narrative description of project operations.

**3. Email Invitation (7/5/18) to Participate in New Projects (Reallocation and/or Bonus Projects) Webinar**

(two emails attached; in memo and web-based formats, the latter documenting list of B&E recipients)

## **Michelle Sandoz-Dennis**

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**From:** Michelle Sandoz-Dennis  
**Sent:** Thursday, July 5, 2018 4:01 PM  
**Subject:** Columbia-Greene CoC: Important NOFA Information

Good Afternoon Columbia Greene CoC,

The CoC and Project Applications are now open for completion in [Esnaps](#). Below is a detailed Project Submission Application timeline, a brief NOFA summary and links to available resources. In order to provide an in depth summary of the NOFA, CARES has produced a series of webinars that cover specific topics in detail. Webinar titles are:

- 1) NOFA Summary: HUD Priorities and the Consolidated Application
- 2) The New Project Application: Bonus Project and Reallocation Information
- 3) The New Domestic Violence Bonus
- 4) New Opportunities for Renewing Projects

To access the page these are posted on, click [here](#).

### **Project Application Submission Timeline**

Renewal and New Project Applications (which include applications for projects requesting reallocated, Bonus, and/or DV Bonus funding) must be submitted both through the local CoC Rank and Review Process **AND** through Esnaps.

- New Project Application was released July 2<sup>nd</sup>.
- **Coming Soon:** Rank and Review Renewal Project Application and DV Bonus Application will be sent to the community.
- **July 27<sup>th</sup>:** Renewal Applications for Rank and Review are due to CARES (please send to Samantha Barnaby, [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org)).
- **July 31<sup>st</sup>:** New Project Applications for Rank and Review, including applications for the DV Bonus funding, are due to CARES (please send to Samantha Barnaby, [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org)).
- **July 31<sup>st</sup>:** All Renewal Project Applications due in *Esnaps*. CARES will review all project applications in Esnaps and will provide recommended edits within two weeks. **All edits need to be made to project applications by the agencies in Esnaps by August 15<sup>th</sup>.**
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### **NOFA Summary**

- Approximately \$2.1 billion is available in this FY 2018 CoC Program Competition NOFA.

- **Tiering**: HUD requires CoCs to tier projects (excluding Planning and UFA Projects).
  - Tier 1 is 94 percent of the CoC's Annual Renewal Demand (ARD).
    - The CoC's ARD equals \$450,819.
    - Tier 1 equals \$423,770.
  - Tier 2 is the remaining 6 percent of the Annual Renewal Demand PLUS the amount of Bonus Funding being requested.
    - Six percent of the annual renewal demand equals \$27,049.
  - The amount of funds available for Bonus is six percent of the ARD which equals \$27,049.

*As a note: The DV Bonus which equals \$50,000 is included within tiering. If the DV Bonus project is not awarded, projects ranked below the DV Bonus will automatically move up one rank position.*

- **Bonus and Reallocated funding (see pages 16, 19, 28)** : Bonus and Reallocated funding is available for the below eligible project types.
  - Permanent Supportive Housing that is Dedicated PLUS (see page 16) OR has 100% of beds dedicated to persons experiencing chronic homelessness.
  - Rapid Rehousing
  - Joint Transitional Housing-Rapid Rehousing
  - HMIS
  - Support Service Only – Coordinated Entry project

The amount of funding to create new projects through reallocation will depend on the amount of current project funds returned to the CoC. HUD highly recommends CoCs pursue reallocation in order to ensure CoC-funded projects are addressing the most pressing community needs, are high performing, and are not returning funding to HUD. For more information regarding reallocation, please review the [Rank and Review Process](#).

- **DV Bonus (see page 8 of the NOFA)**: This year an additional bonus opportunity is available for projects to serve survivors of Domestic Violence. \$50 million is available nationwide; the Columbia Greene CoC is eligible for \$50,000. Below are the eligible project types.
  - Rapid Rehousing
  - Joint Transitional Housing-Rapid Rehousing
  - Support Service Only – Coordinated Entry

A CoC can only submit one project application per project type. A CoC can expand an existing renewal project serving survivors of DV, can add additional services focused on serving survivors to a project that is not currently dedicated to survivors, or may create a brand new project through this bonus funding.

- **Transition Grants (see page 20 of the NOFA)**: A Transition Grant is a grant that allows agencies to request a change to the current project type. For example, a Transitional Housing Project may request to change to a Permanent Housing Project. To create a Transition Grant, the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant.
  - No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded.
  - Transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component.
  - To be eligible to receive a transition grant, the renewal project applicant must have the consent of its Continuum of Care.
- **Consolidated Projects (see page 9 of the NOFA)**: Eligible renewal projects will have the ability to consolidate projects during the application process. Applicants should consult with the local HUD field office to confirm eligibility for consolidation.
  - To be eligible for consolidation, projects must be operated by the same agency and be the for same project type.
  - No funds recaptured from prior years will be awarded.
  - To apply for a consolidated grant, applicants must submit separate renewal project applications for each of the grants that are proposed to be consolidated, and an application for the new consolidated grant with the combined budget and information of all grants proposed for consolidation.
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## **Available Resources**

Below are additional resources which provide information on the NOFA and application process.

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- [Esnaps](#) (please note, CARES is unable to recover Esnaps logins/passwords. Please utilize the “Forgot your password” link on the Esnaps homepage to reset.)
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CARES looks forward to working with you to ensure another year of successful CoC funding. If you have any questions about what is detailed in the NOFA, please feel free to reach out to me directly.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit, Director  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

# Columbia-Greene CoC: Important NOFA Information

Michelle Sandoz-Dennis

Thu 7/5/2018 4:00 PM

Bcc:Allison Smith <allison.smith7@va.gov>; Amanda Pierro <athomas@mhacg.org>; Barbara Palmateer <barbarap@cagcny.org>; Florence Ohle <fohle@cagcny.org>; Jeanette Hemingway <jhemingway@st-cath.org>; Katherine Smith <ksmith@mhacg.org>; Kathy Applegate <kapplegate@columbiaopportunities.org>; Kylle Proper (kproper@st-cath.org) <kproper@st-cath.org>; Lindsay Arp <lindsay.arp@dfa.state.ny.us>; Maggie Graham <mgraham@discovergreene.com>; Michael Cole <michael.cole@columbiacountyny.com>; Nancy Chiarella <nchiarella@caresny.org>; Robert Romaker <rromaker@lasnny.org>; Sue Paolino <spaolino@discovergreene.com>; Susan Cody <scody@mhacg.org>; Tammy Hall <thall@mhacg.org>; Tara McSherry-Wolfe <mcsherryt@hudsoncsd.org>; Tina Sharpe <tsharpie@columbiaopportunities.org>; William Brown <wbrown@wesoldieron.org>;

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Thank you,

Michelle Sandoz-Dennis  
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(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

**4. Webinar for New Projects (Reallocation and/or Bonus Projects)**

This publicly posted webinar was created to encourage new applicants, specifically non-funded agencies, to apply for CoC funds.

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# New Project Application Review

## 2018 Continuum of Care (CoC)

### Notice of Funding Availability (NOFA)

Presented by – CARES of NY  
June, 2018



## GOALS

- Summarize New Project Application opportunities by describing:
  - What a CoC New Project is.
  - How much funding is available for new projects.
  - What forms new projects can take.
  - Who is eligible to apply.
  - The process for applying for a new project.



## WHAT IS A COC NEW PROJECT APPLICATION?

- **Renewal Applications:** applications applied for each year by CoC-funded agencies to support their on-going permanent supportive housing, transitional housing, rapid-rehousing, support services only and HMIS projects.

**New Project Applications:** applications to provide additional units, beds, support services, or HMIS capacity, funded through bonus or reallocation funding.



## NEW PROJECT APPLICATIONS: WHAT FORMS CAN NEW PROJECT APPLICATIONS TAKE?

New Project Applications are funded through:

- 1) Reallocation Funding Project
  - 2) Bonus Funding Project
  - 3) Domestic Violence Bonus Project\*
- New Project Applications can take the following forms:
    - 1) New Projects
    - 2) Expansion Projects
    - 3) Transition Grants\*\*

\*Please see DV Bonus Project Webinar for more information.

\*\*Please see the "New Opportunities for Renewing Projects" Webinar for more information.



## NEW PROJECT APPLICATION: HOW MUCH FUNDING IS AVAILABLE?

- Bonus Funding: HUD allows CoC's to apply for up to 6% of the Final Pro Rata Need (FPRN) for new Bonus Applications.
- Reallocation Funding: amount of funding current CoC-funded agencies return in order to free-up funding for New Project Applications.



## NEW PROJECT APPLICATION: HOW MUCH FUNDING IS AVAILABLE?

CoC	Bonus	DV Bonus
NY-503 Albany	\$296,126	\$286,516
NY-519 Columbia-Greene	\$27,049	\$50,000
NY-520 Franklin-Essex	\$22,015	\$50,000
NY-522 Points North	\$75,189	\$112,731
NY-512 Rensselaer	\$193,189	\$159,887
NY-606 Rockland	\$99,599	\$165,999
NY-523 Saratoga-North Country	\$91,741	\$103,793
NY-507 Schenectady	\$231,599	\$184,591
NY-SO I STEPS	\$91,194	\$135,518
NY-608 Ulster	\$68,295	\$64,964



## NEW PROJECT APPLICATION: REALLOCATION FUNDING

- Reallocation is a process by which CoC-funded agencies return a portion of their renewal project funding. That agency or any other agency can apply to utilize the returned funding to create a new project or expand on an existing project.
- Agencies opt to reallocate funding when:
  - The project is regularly returning money to HUD that could be otherwise utilized in the community by another project.
  - The project is underperforming or is not meeting a current community need.
- HUD recommends every CoC assess the needs in their community and performance of CoC-funded projects and reallocate funding accordingly.



## NEW PROJECT APPLICATION: WHO IS ELIGIBLE TO APPLY?

- Any agency or local governmental entity who meets threshold requirements outlined in the CoC **NOFA** are eligible to apply for CoC Bonus or Reallocation funding.
- You do not have to currently have CoC funding in order to apply.



## NEW PROJECT APPLICATION: WHAT ARE ELIGIBLE PROJECTS?

- Eligible projects for Bonus and/or Reallocation Funding Include:
  - 1) Permanent Supportive Housing that is Dedicated PLUS OR has 100% of beds dedicated to persons experiencing chronic homelessness.
  - 2) Rapid Rehousing
  - 3) Joint Transitional Housing-Rapid Rehousing
  - 4) HMIS
  - 5) Support Service Only - Coordinated Entry project



## NEW PROJECT APPLICATION: HUD REVIEW - QUALITY THRESHOLD

- 1) Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grants that are funded under the S+C or CoC program.
- 2) Expansion projects must articulate the part of the project being expanded, and demonstrate they are not supplanting other funding sources.
- 3) Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85.



## NEW PROJECT APPLICATIONS: HUD REVIEW - FUNDING

HUD utilizes the following criteria to review new and reallocated projects that fall into Tier 2:

- 50 Points: CoC Score
- 40 Points: Project Ranking
- 10 Points: Commitment to Housing First



## NEW PROJECT APPLICATIONS: WHAT FORMS CAN NEW PROJECT APPLICATIONS TAKE?

- New Project Applications are funded through:
  - 1) Reallocation Funding Project
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- New Project Applications can take the following forms:
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  - 3) Transition Grants\*\*

\*Please see DV Bonus Project Webinar for more information.

\*\*Please see the "New Opportunities for Renewing Projects" Webinar for more information.



## NEW PROJECT APPLICATIONS: EXPANSION PROJECTS

- Expansion projects: new projects submitted to expand current operations of an existing project by adding units, beds, persons served, services provided to program participants, or HMIS.
- Expansion projects can expand upon CoC or Non-CoC funded projects that serve persons who are homeless.



## EXPANSION PROJECTS: FUNDING AND ELIGIBLE PROJECTS

- Expansion projects apply through Bonus and/or Reallocation funding.
- Expansion projects can only expand under the eligible activities allowed through Reallocation and Bonus funding, including:
  - 1) Permanent Supportive Housing that are Dedicated PLUS OR have 100% of beds dedicated to the persons experiencing chronic homelessness.
  - 2) Rapid Rehousing
  - 3) Joint Transitional Housing-Rapid Rehousing
  - 4) HMIS
  - 5) Support Service Only - Coordinated Entry project

Expansion projects CANNOT supplant funding from another funder.



- Expansion projects must:
  - 1) Apply through the Rank and Review Process (New Project Application)
  - 2) Apply as a new project in eSNAPS.
  - 3) Submit the renewal project application through eSNAPS per usual.



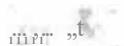
- **Check your local CoC Rank and Review Process** to determine when New Project Applications are due to the Rank and Review Committee/reviewers (see [caresny.org](http://caresny.org)).
- All projects must be submitted in **eSNAPS on or before August 15<sup>th</sup>**.
- All New Project Applications are ranked and will be listed on a separate Priority Listing from the Renewal Applications.



## NEXT STEPS: FUTURE WEBINARS

- A NOFA Summary: **HUD** Priorities and the Consolidated Application
- The DV Bonus
- New Opportunities for Renewing Projects
- Esnaps: New and Returning UserTraining

V



**5. Email to Membership (7/10/18) Releasing New Project RFP**

**(Reallocation and/or Bonus Project)**

(two emails attached; in memo and web-based formats, the latter documenting list of Bcc recipients)

**From:** CARES Planning Team  
**Sent:** Tuesday, July 10, 2018 11:37 AM  
**Subject:** Columbia-Greene Membership: 2018 Continuum of Care Bonus and DV RFPs are Available  
**Attachments:** DV Bonus RFP 2018 CG.DOCX; C-G 2018 New Project RFP.DOCX

Good Afternoon members of the Columbia Greene-Housing Coalition (CGHC):

On behalf of the Continuum, please see the attached 2018 New Project RFP ***and*** the 2018 DV Bonus RFP. Please note deadline for submission is **Wednesday, July 31st, 2018**. In addition to currently funded Continuum member organizations, agencies with 501c3 status, State or Local municipalities, and PHAs are eligible to apply for funding. *Please share this information with colleagues/agencies that may be interested.*

In order to provide additional information on this funding opportunity, CARES will be holding a webinar on *July 18<sup>th</sup> at 10am*. Please contact Anna Turner ([aturner@caresny.org](mailto:aturner@caresny.org)) to RSVP and receive call-in information.

Below is a brief description of available funding and eligible activities under each funding stream.

**New Project RFP (Reallocation and Bonus Funding) - \$27,049 is available**

New projects may be created through **Reallocation** or **Bonus funding**, including:

- **Permanent Supportive Housing (PH-PSH) Projects** to meet the goal of stably housing homeless individuals and families with disabilities. The project must meet requirements of Dedicated PLUS (details in FY18 NOFA page 16) or dedicate 100 percent of beds to individuals and families experiencing chronic homelessness.
- **Rapid Rehousing Projects** to meet the goal of stably housing homeless households *with or without* disabilities. This project can provide up to 24 months of assistance to serve homeless individuals and families, including unaccompanied youth.
- **Joint Transitional Housing-Rapid Rehousing Projects** to meet the goal of stably housing homeless households using a combination of intensive transitional housing services and rental assistance/support services of rapid rehousing. This project can provide up to 24 months of total assistance to serve homeless individuals and families, including unaccompanied youth. (Details in FY18 NOFA page 28)
- **Support Service Only – Coordinated Entry** project to support the Continuum's goal of developing and operating an effective and efficient Coordinated Entry System.

**DV Bonus - \$50,000 is available**

This year an additional bonus opportunity is available for projects to serve survivors of Domestic Violence. Below are the eligible project types. (*See page 8 of the NOFA for further details*):

- **Rapid Rehousing Projects** to meet the goal of stably housing survivors of domestic violence (individuals and families). This project can provide up to 24 months of assistance.
- **Joint Transitional Housing-Rapid Rehousing Projects** to meet the goal of stably housing survivors of domestic violence using a combination of intensive transitional housing services and rental assistance/support services of rapid rehousing. This project can provide up to 24 months of total assistance. (Details in FY18 NOFA page 28)
- **Support Service Only – Coordinated Entry Project** to implement policies, procedures and practices that equip the Continuum's coordinated entry to better meet the needs of survivors of domestic violence.

Please feel free to contact me with any questions.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit, Director  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

# Columbia-Greene Membership: 2018 Continuum of Care Bonus and DV RFPs are Available

## CARES Planning Team

Tue 7/10/2018 11:36 AM

Bcc:Allison Smith <allison.smith7@va.gov>; Amanda Pierro <athomas@mhacg.org>; Barbara Palmateer <barbarap@cagcny.org>; Florence Ohle <fohle@cagcny.org>; Jeanette Hemingway <jhemingway@st-cath.org>; Katherine Smith <ksmith@mhacg.org>; Kathy Applegate <kapplegate@columbiaopportunities.org>; Kylle Proper (kproper@st-cath.org) <kproper@st-cath.org>; Lindsay Arp <lindsay.arp@dfa.state.ny.us>; Maggie Graham <mgraham@discovergreen.com>; Michael Cole <michael.cole@columbiacountyny.com>; Nancy Chiarella <nchiarella@caresny.org>; Robert Romaker <rromaker@lasny.org>; Sue Paolino <spaoilino@discovergreen.com>; Susan Cody <scody@mhacg.org>; Tammy Hall <thall@mhacg.org>; Tara McSherry-Wolfe <mcsherryt@hudsoncsd.org>; Tina Sharpe <tsharpere@columbiaopportunities.org>; William Brown <wbrown@wesoldieron.org>;

2 attachments (62 KB)

DV Bonus RFP 2018 CG.DOCX; C-G 2018 New Project RFP.DOCX;

Good Afternoon members of the Columbia Greene-Housing Coalition (CGHC):

On behalf of the Continuum, please see the attached 2018 New Project RFP **and** the 2018 DV Bonus RFP. Please note deadline for submission is **Wednesday, July 31st, 2018**. In addition to currently funded Continuum member organizations, agencies with 501c3 status, State or Local municipalities, and PHAs are eligible to apply for funding. *Please share this information with colleagues/agencies that may be interested.*

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Below is a brief description of available funding and eligible activities under each funding stream.

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Please feel free to contact me with any questions.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit, Director  
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(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

**6. Screenshot of New Project RFP (Reallocation and/or Bonus Project)  
Public Posting**

FY2018 CoC Program NO X

Not secure | caresny.org/continuum-of-care/nofa-2018/#1535742193542-c8bd3b4c-4a0f

Log in Events

Final HUD Consolidated Application submission deadline: September 18th, 2018

## Continuum-Specific Documents

**NY-501 STEPS**

**NY-503 ACCH**

**NY-507 HSPB**

**NY-512 RCHSC**

**NY-519 CGHC**

**NY-520 FEHC**

**NY-522 PNHC**

**NY-523 SNC**

**NY-606 RCCC**

**NY-608 UCCC**

### CoC Project Applications

#### RENEWAL PROJECTS

*Rank & Review Documents*

All currently funded projects that are looking to be funded again must complete Rank and Review.

[2018 CGHC Rank & Review – Process – FINAL](#)

[2018 CGHC Rank & Review – Renewal Project Tool – FINAL](#)

#### NEW PROJECTS

*Requests for Proposals*

Any project looking to be funded for the first time must complete the appropriate RFP.

[2018 CGHC Rank & Review – New Project RFP – FINAL](#)

[2018 CGHC Rank & Review – New Project RFP – DV Bonus – FINAL](#)

Want to help us end homelessness? Join the Capital Region Coalition to End Homelessness and [get involved](#).



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200 Henry Johnson Blvd, Suite 4 Albany NY 12210  
[info@caresny.org](mailto:info@caresny.org) (518) 489-4130  
Website Design by Engines of Creation Web Design & SEO

SEARCH  
STAFF  
LOCATION  
CORRECTIONS

**Attachment 1E-5: Projects Accepted Notification**

**1. Projects Accepted (8) Notifications (5)**

- a. Mental Health Association Columbia Greene County**
- b. St. Catherine's Center for Children**
- c. Community Action of Greene County Inc.**
- d. CARES, Inc.**
- e. Columbia Opportunities, Inc.**

**2. Notification of Final Priority Listing Ranking in Writing Outside of e-Snaps  
Including the Final Objective Ranking**

**1. Projects Accepted (8) Notifications (5)**

- a. Mental Health Association Columbia Greene County**
- b. St. Catherine's Center for Children**
- c. Community Action of Greene County Inc.**
- d. CARES, Inc.**
- e. Columbia Opportunities, Inc.**

## **Samantha Barnaby**

---

**From:** Samantha Barnaby  
**Sent:** Friday, August 24, 2018 3:22 PM  
**To:** Susan Cody  
**Subject:** Notification Outside of e-snaps-Projects Accepted

Good Afternoon,

As the Collaborative Applicant for the Columbia Greene CoC, CARES would like to congratulate you on having your project/s accepted within the 2018 Columbia Greene CoC NOFA Application. A detailed list of your agency's accepted project/s and funding requests can be found below:

- PSH P16: \$240,710
- PSH P2S: \$32,381

Again, congratulations. If you have any questions please do not hesitate to contact me directly.

Thank you

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 Ext. 106  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

## **Samantha Barnaby**

---

**From:** Samantha Barnaby  
**Sent:** Friday, August 24, 2018 3:23 PM  
**To:** Jeanette Hemingway  
**Subject:** Notification Outside of e-snaps-Projects Accepted

Good Afternoon,

As the Collaborative Applicant for the Columbia Greene CoC, CARES would like to congratulate you on having your project/s accepted within the 2018 Columbia Greene CoC NOFA Application. A detailed list of your agency's accepted project/s and funding requests can be found below:

- Columbia-Greene Supportive Housing: \$79,848

Again, congratulations. If you have any questions please do not hesitate to contact me directly.

Thank you

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 Ext. 106  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

## **Samantha Barnaby**

---

**From:** Samantha Barnaby  
**Sent:** Friday, August 24, 2018 3:26 PM  
**To:** Florence Ohle  
**Subject:** Notification Outside of e-snaps-Projects Accepted

Good Afternoon,

As the Collaborative Applicant for the Columbia Greene CoC, CARES would like to congratulate you on having your project/s accepted within the 2018 Columbia Greene CoC NOFA Application. A detailed list of your agency's accepted project/s and funding requests can be found below:

- PSH for Chronically Homeless Individuals: \$17,726
- PSH for Homeless Families: \$50,799
- Bonus Transitional Housing for Victims of DV: \$50,000

Again, congratulations. If you have any questions please do not hesitate to contact me directly.

Thank you

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 Ext. 106  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

## **Samantha Barnaby**

---

**From:** Samantha Barnaby  
**Sent:** Friday, August 24, 2018 3:27 PM  
**To:** Allyson Thiessen  
**Subject:** Notification Outside of e-snaps-Projects Accepted

Good Afternoon,

As the Collaborative Applicant for the Columbia Greene CoC, CARES would like to congratulate you on having your project/s accepted within the 2018 Columbia Greene CoC NOFA Application. A detailed list of your agency's accepted project/s and funding requests can be found below:

- HMIS: \$12,068

Again, congratulations. If you have any questions please do not hesitate to contact me directly.

Thank you

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 Ext. 106  
(F): (518) 489-2237  
[www.caresny.org](http://www.caresny.org)

## **Samantha Barnaby**

---

**From:** Samantha Barnaby  
**Sent:** Friday, August 24, 2018 3:28 PM  
**To:** Tina Sharpe  
**Subject:** Notification Outside of e-snaps-Projects Accepted

Good Afternoon,

As the Collaborative Applicant for the Columbia Greene CoC, CARES would like to congratulate you on having your project/s accepted within the 2018 Columbia Greene CoC NOFA Application. A detailed list of your agency's accepted project/s and funding requests can be found below:

- COI Chronic Homeless Program: \$17,287

Again, congratulations. If you have any questions please do not hesitate to contact me directly.

Thank you

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
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Albany, NY 12210  
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[www.caresny.org](http://www.caresny.org)

**2. Notification of Final Priority Listing Ranking in Writing Outside of e-Snaps  
Including the Final Objective Ranking**

## **Samantha Barnaby**

---

**From:** Samantha Barnaby  
**Sent:** Thursday, August 30, 2018 3:59 PM  
**To:** Allison Smith; Amanda Pierro; Barbara Palmateer; Florence Ohle; Jeanette Hemingway; Katherine Smith ; Kathy Applegate ; Kylle Proper ([kproper@st-cath.org](mailto:kproper@st-cath.org)); Lindsay Arp; Maggie Graham ; Michael Cole; Nancy Chiarella; Robert Romaker; Sue Paolino ; Susan Cody; Tammy Hall ; Tara McSherry-Wolfe; Tina Sharpe; William Brown  
**Subject:** Final 2018 NOFA Ranking  
**Attachments:** 2018 Columbia Greene Ranking.xlsx

Good Afternoon Columbia Greene CoC Members:

On behalf of the Columbia Greene NOFA Committee, attached please find the final FY 2018 Priority Listing CoC Ranking and Tiering.

As a reminder draft versions of the Consolidated Application including the Priority Listing as well as the Planning grant are posted on the [CARES Website](#) for public comment.

CARES will be updating the application every Friday until submission with our progress using public comments we receive.

Please do not hesitate to contact me directly with any comments or questions.

Regards,

Samantha Barnaby  
Continuum of Care Unit  
Program Compliance Specialist  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
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2018 Columbia-Greene Ranking

<b>Rank</b>	<b>Score</b>	<b>Applicant Name</b>	<b>Project Name</b>	<b>Funding Amount</b>
1	189	The Mental Health Association of Columbia Greene Counties	P16	\$ 240,710
2	178	St. Catherine's Center for Children	Columbia-Greene Supportive Housing	\$ 79,848
3	159	The Mental Health Association of Columbia Greene Counties	P2S	\$ 32,381
4	153	Community Action of Greene County	PSH for Chronically Homeless Individuals	\$ 17,726
5	--	CARES, Inc.	HMIS	\$ 12,068
6	142	Community Action of Greene County	PSH for Homeless Families	\$ 50,799
7	137	Columbia Opportunities	COI Chronic Homeless Program	\$ 17,287
8	--	DV Bonus-Community Action of Greene County	Rapid Re-Housing for Victims of DV	\$ 50,000

Annual Renewal Demand	\$450,819
Tier 1 = 94% of ARD	\$423,770
Tier 2 = 6% of ARD + bonus	\$27,049
<b>Planning = 3% of ARD</b>	<b>\$13,525</b>
<b>PH Bonus = 5% of FPRN</b>	<b>\$27,049</b>
<b>DV Bonus</b>	<b>\$50,000</b>

**Attachment 1E-5: Project Rejection-Reduction Notification**

- 1. Projects Rejected (0) Notifications sent via mail (0)**
  - a. Sample Rejection Letter Attached**
  
- 2. Projects Reduced (0)**
  - a. Sample Reduction Letter Attached**

**1. Projects Rejected (0) Notifications sent via mail (0)**

**a. Sample Rejection Letter Attached**

---

Columbia Greene Housing Coalition (CG)  
Rank and Review Committee

---

August 9, 2018

Samantha Barnaby  
Executive Director  
CARES  
20 Prospect Street, Bldg 2  
Suite 313  
Ballston Spa, New York 12020  
Re: CARES – SVAP – FY18 New Project Application

Dear Mrs. Barnaby,

On behalf of the Columbia Greene Housing Coalition Rank and Review Committee, we would like to thank you for your application for the Veterans Apartment bonus funding through the FY18 Continuum of Care Competition. Unfortunately, through the rank and review process for new projects, your application was not chosen to apply. Although the project was eligible, your project was ranked outside of the eligible funding amount after the combined total of accepted application. Specific feedback of the review included:

The CoC encourages you to apply if funding becomes available in the future CoC Competitions.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit Director, CARES, Inc.  
Columbia Greene Housing Coalition  
Collaborative Applicant

**2. Projects Reduced (0)**

**a. Sample Reduction Letter Attached**

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Columbia Greene Housing Coalition (CG)  
2018 Rank and Review

---

August 30, 2018

Samantha Barnaby  
CARES  
Re: CARES – Rapid Rehousing 1 – FY18 New Project Application

Dear Mrs. Barnaby,

On behalf of the Columbia Greene Housing Coalition Rank and Review Committee, we would like to thank you for your application for the renewal of CARES Rapid Rehousing 1 under the FY18 Continuum of Care Competition. Unfortunately, through the rank and review process, your application was chosen to be reduced in the amount of XXX. Although the full project amount was eligible, it is the recommendation of the Rank and Review Committee to reduce funds in order to more effectively meet the unique needs of the most vulnerable in Columbia Greene County.

As noted in our Rank and Review Policy you do have the right to request a debriefing of your project.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit Director, CARES, Inc.  
Columbia Greene Housing Coalition  
Collaborative Applicant

**Attachment IE-5: Local Competition Deadline**

**NY-519 Columbia Greene Housing Coalition**

**1. Public Posting Local Competition Deadline: Email Dated (7/5/18) Noting Competition Deadline**

(two emails are attached; in memo and web-based formats, the latter documenting the list of Bcc recipients)

**1. Public Posting Local Competition Deadline: Email Dated (7/5/18) Noting  
Competition Deadline**

(two emails are attached; in memo and web-based formats, the latter documenting the list of Bcc recipients)

## **Michelle Sandoz-Dennis**

---

**From:** Michelle Sandoz-Dennis  
**Sent:** Thursday, July 5, 2018 4:01 PM  
**Subject:** Columbia-Greene CoC: Important NOFA Information

Good Afternoon Columbia Greene CoC,

The CoC and Project Applications are now open for completion in Esnaps. Below is a detailed Project Submission Application timeline, a brief NOFA summary and links to available resources. In order to provide an in depth summary of the NOFA, CARES has produced a series of webinars that cover specific topics in detail. Webinar titles are:

- 1) NOFA Summary: HUD Priorities and the Consolidated Application
- 2) The New Project Application: Bonus Project and Reallocation Information
- 3) The New Domestic Violence Bonus
- 4) New Opportunities for Renewing Projects

To access the page these are posted on, click [here](#).

### **Project Application Submission Timeline**

Renewal and New Project Applications (which include applications for projects requesting reallocated, Bonus, and/or DV Bonus funding) must be submitted both through the local CoC Rank and Review Process AND through Esnaps.

- New Project Application was released July 2<sup>nd</sup>.
- **Coming Soon: Rank and Review** Renewal Project Application and DV Bonus Application will be sent to the community.
- **July 27<sup>th</sup>:** Renewal Applications for Rank and Review are due to CARES (please send to Samantha Barnaby, [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org)).
- **July 31<sup>st</sup>:** New Project Applications for Rank and Review, including applications for the DV Bonus funding, are due to CARES (please send to Samantha Barnaby, [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org)).
- **July 31<sup>st</sup>:** All Renewal Project Applications due in *Esnaps*. CARES will review all project applications in Esnaps and will provide recommended edits within two weeks. **All edits need to be made to project applications by the agencies in Esnaps by August 15<sup>th</sup>.**
- **August 15<sup>th</sup>:** All New Project Applications (including those applying for the DV Bonus) due in *Esnaps*. CARES is available to work with agencies on development of New Project applications through August 15<sup>th</sup>.

### **NOFA Summary**

- Approximately \$2.1 billion is available in this FY 2018 CoC Program Competition NOFA.

- **Tiering**: HUD requires CoCs to tier projects (excluding Planning and UFA Projects).
  - Tier 1 is 94 percent of the CoC's Annual Renewal Demand (ARD).
    - The CoC's ARD equals \$450,819.
    - Tier 1 equals \$423,770.
  - Tier 2 is the remaining 6 percent of the Annual Renewal Demand PLUS the amount of Bonus Funding being requested.
    - Six percent of the annual renewal demand equals \$27,049.
  - The amount of funds available for Bonus is six percent of the ARD which equals \$27,049.

*As a note: The DV Bonus which equals \$50,000 is included within tiering. If the DV Bonus project is not awarded, projects ranked below the DV Bonus will automatically move up one rank position.*

- **Bonus and Reallocated funding (see pages 16, 19, 28)** : Bonus and Reallocated funding is available for the below eligible project types.
  - Permanent Supportive Housing that is Dedicated PLUS (see page 16) OR has 100% of beds dedicated to persons experiencing chronic homelessness.
  - Rapid Rehousing
  - Joint Transitional Housing-Rapid Rehousing
  - HMIS
  - Support Service Only – Coordinated Entry project

The amount of funding to create new projects through reallocation will depend on the amount of current project funds returned to the CoC. HUD highly recommends CoCs pursue reallocation in order to ensure CoC-funded projects are addressing the most pressing community needs, are high performing, and are not returning funding to HUD. For more information regarding reallocation, please review the Rank and Review Process.

- **DV Bonus (see page 8 of the NOFA)**: This year an additional bonus opportunity is available for projects to serve survivors of Domestic Violence. \$50 million is available nationwide; the Columbia Greene CoC is eligible for \$50,000. Below are the eligible project types.
  - Rapid Rehousing
  - Joint Transitional Housing-Rapid Rehousing
  - Support Service Only – Coordinated Entry

A CoC can only submit one project application per project type. A CoC can expand an existing renewal project serving survivors of DV, can add additional services focused on serving survivors to a project that is not currently dedicated to survivors, or may create a brand new project through this bonus funding.

- **Transition Grants (see page 20 of the NOFA)**: A Transition Grant is a grant that allows agencies to request a change to the current project type. For example, a Transitional Housing Project may request to change to a Permanent Housing Project. To create a Transition Grant, the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant.
  - No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded.
  - Transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component.
  - To be eligible to receive a transition grant, the renewal project applicant must have the consent of its Continuum of Care.
- **Consolidated Projects (see page 9 of the NOFA)**: Eligible renewal projects will have the ability to consolidate projects during the application process. Applicants should consult with the local HUD field office to confirm eligibility for consolidation.
  - To be eligible for consolidation, projects must be operated by the same agency and be the for same project type.
  - No funds recaptured from prior years will be awarded.
  - To apply for a consolidated grant, applicants must submit separate renewal project applications for each of the grants that are proposed to be consolidated, and an application for the new consolidated grant with the combined budget and information of all grants proposed for consolidation.
  - Project applications for the grants that are proposed to be consolidated will be ranked, and if all those grants are selected, HUD will award the single consolidated grant.

## **Available Resources**

Below are additional resources which provide information on the NOFA and application process.

- [FY2018 Continuum of Care NOFA](#)
- [Esnaps](#) (please note, CARES is unable to recover Esnaps logins/passwords. Please utilize the “Forgot your password” link on the Esnaps homepage to reset.)
- [Esnaps User Resources](#)
- [HUD Ask A Question](#)

CARES looks forward to working with you to ensure another year of successful CoC funding. If you have any questions about what is detailed in the NOFA, please feel free to reach out to me directly.

Thank you,

**Michelle Sandoz-Dennis**  
**Planning Unit, Director**  
**CARES, Inc.**  
**200 Henry Johnson Blvd, Suite 4,**  
**Albany, NY 12210**  
**(P): (518) 489-4130 ext 102**  
**(F): (518) 489-2237**  
**[www.caresny.org](http://www.caresny.org)**

# Columbia-Greene CoC: Important NOFA Information

Michelle Sandoz-Dennis

Thu 7/5/2018 4:00 PM

Bcc:Allison Smith <allison.smith7@va.gov>; Amanda Pierro <athomas@mhacg.org>; Barbara Palmateer <barbarap@cagcny.org>; Florence Ohle <fohle@cagcny.org>; Jeanette Hemingway <jhemingway@st-cath.org>; Katherine Smith <ksmith@mhacg.org>; Kathy Applegate <kapplegate@columbiaopportunities.org>; Kylene Proper (kproper@st-cath.org) <kproper@st-cath.org>; Lindsay Arp <lindsay.arp@dfa.state.ny.us>; Maggie Graham <mgraham@discovergreene.com>; Michael Cole <michael.cole@columbiacountyny.com>; Nancy Chiarella <nchiarella@caresny.org>; Robert Romaker <rromaker@lasnny.org>; Sue Paolino <spaolino@discovergreene.com>; Susan Cody <scody@mhacg.org>; Tammy Hall <thall@mhacg.org>; Tara McSherry-Wolfe <mcsherryt@hudsoncsd.org>; Tina Sharpe <tsharpe@columbiaopportunities.org>; William Brown <wbrown@wesoldieron.org>;

Good Afternoon Columbia Greene CoC,

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- 3) The New Domestic Violence Bonus
- 4) New Opportunities for Renewing Projects

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## **Project Application Submission Timeline**

Renewal and New Project Applications (which include applications for projects requesting reallocated, Bonus, and/or DV Bonus funding) must be submitted both through the local CoC Rank and Review Process **AND** through Esnaps.

- **New Project** Application was released July 2<sup>nd</sup>.
- **Coming Soon: Rank and Review Renewal** Project Application and DV Bonus Application will be sent to the community.
- **July 27<sup>th</sup>: Renewal** Applications for Rank and Review are due to CARES (please send to Samantha Barnaby, [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org)).
- **July 31<sup>st</sup>: New Project** Applications for Rank and Review, including applications for the DV Bonus funding, are due to CARES (please send to Samantha Barnaby, [sbarnaby@caresny.org](mailto:sbarnaby@caresny.org)).
- **July 31<sup>st</sup>: All Renewal** Project Applications due in *Esnaps*. CARES will review all project applications in Esnaps and will provide recommended edits within two weeks. **All edits need to be made to project applications by the agencies in Esnaps by August 15<sup>th</sup>.**
- **August 15<sup>th</sup>: All New Project** Applications (including those applying for the DV Bonus) due in *Esnaps*. CARES is available to work with agencies on development of New Project applications through August 15<sup>th</sup>.

## NOFA Summary

- Approximately \$2.1 billion is available in this FY 2018 CoC Program Competition NOFA.
- **Tiering:** HUD requires CoCs to tier projects (excluding Planning and UFA Projects).
  - Tier 1 is 94 percent of the CoC's Annual Renewal Demand (ARD).
    - The CoC's ARD equals \$450,819.
    - Tier 1 equals \$423,770.
  - Tier 2 is the remaining 6 percent of the Annual Renewal Demand PLUS the amount of Bonus Funding being requested.
    - Six percent of the annual renewal demand equals \$27,049.
  - The amount of funds available for Bonus is six percent of the ARD which equals \$27,049.

*As a note: The DV Bonus which equals \$50,000 is included within tiering. If the DV Bonus project is not awarded, projects ranked below the DV Bonus will automatically move up one rank position.*

- **Bonus and Reallocated funding (see pages 16, 19, 28):** Bonus and Reallocated funding is available for the below eligible project types.
  - Permanent Supportive Housing that is Dedicated PLUS (see page 16) OR has 100% of beds dedicated to persons experiencing chronic homelessness.
  - Rapid Rehousing
  - Joint Transitional Housing-Rapid Rehousing
  - HMIS
  - Support Service Only – Coordinated Entry project

The amount of funding to create new projects through reallocation will depend on the amount of current project funds returned to the CoC. HUD highly recommends CoCs pursue reallocation in order to ensure CoC-funded projects are addressing the most pressing community needs, are high performing, and are not returning funding to HUD. For more information regarding reallocation, please review the Rank and Review Process.

- **DV Bonus (see page 8 of the NOFA):** This year an additional bonus opportunity is available for projects to serve survivors of Domestic Violence. \$50 million is available nationwide; the Columbia Greene CoC is eligible for \$50,000. Below are the eligible project types.
  - Rapid Rehousing
  - Joint Transitional Housing-Rapid Rehousing
  - Support Service Only – Coordinated Entry

A CoC can only submit one project application per project type. A CoC can expand an existing renewal project serving survivors of DV, can add additional services focused on serving survivors

to a project that is not currently dedicated to survivors, or may create a brand new project through this bonus funding.

- **Transition Grants (see page 20 of the NOFA)**: A Transition Grant is a grant that allows agencies to request a change to the current project type. For example, a Transitional Housing Project may request to change to a Permanent Housing Project. To create a Transition Grant, the CoC must wholly eliminate one or more projects and use those funds to create the single, new transition grant.
  - No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded.
  - Transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component.
  - To be eligible to receive a transition grant, the renewal project applicant must have the consent of its Continuum of Care.
- **Consolidated Projects (see page 9 of the NOFA)**: Eligible renewal projects will have the ability to consolidate projects during the application process. Applicants should consult with the local HUD field office to confirm eligibility for consolidation.
  - To be eligible for consolidation, projects must be operated by the same agency and be the for same project type.
  - No funds recaptured from prior years will be awarded.
  - To apply for a consolidated grant, applicants must submit separate renewal project applications for each of the grants that are proposed to be consolidated, and an application for the new consolidated grant with the combined budget and information of all grants proposed for consolidation.
  - Project applications for the grants that are proposed to be consolidated will be ranked, and if all those grants are selected, HUD will award the single consolidated grant.

### **Available Resources**

Below are additional resources which provide information on the NOFA and application process.

- [FY2018 Continuum of Care NOFA](#)
- [Esnaps](#) (please note, CARES is unable to recover Esnaps logins/passwords. Please utilize the “Forgot your password” link on the Esnaps homepage to reset.)
- [Esnaps User Resources](#)
- [HUD Ask A Question](#)

CARES looks forward to working with you to ensure another year of successful CoC funding. If you have any questions about what is detailed in the NOFA, please feel free to reach out to me directly.

Thank you,

Michelle Sandoz-Dennis  
Planning Unit, Director  
CARES, Inc.  
200 Henry Johnson Blvd, Suite 4,  
Albany, NY 12210  
(P): (518) 489-4130 ext 102  
(F): (518) 489-2237  
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Attachment 2A-1: CoC and HMIS Lead Governance (e.g., section of Governance, MOU, MOA)

1. HMIS Governance Charter
2. HMIS-CoC MOU

## **CARES Regional HMIS Governance Charter**

The following document describes the governance responsibilities for the CARES Regional HMIS and participating agencies. This will apply to all CoCs in contract with CARES for HMIS System Administration.

### **Planning and Software Selection**

**HMIS Planning and Strategic Activities - CARES, Inc.** will ensure that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC's goals.

**HMIS Program Milestones Development – CARES, Inc.** Identifies general milestones for project management, including training, expanded system functionality, etc.

**Universal Data Elements – CARES, Inc.** ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Date Elements as outlined in the HMIS Data and Technical Standards.

**Program-Specific Data Elements – CARES, Inc.** ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Program-specific data elements as outlined in the HMIS Data and Technical Standards.

**Unduplicated Client Records - CARES, Inc.** ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.

**APR Reporting - CARES, Inc.** ensures the HMIS is consistently able to produce a reliable APR.

**HMIS Reports - CARES, Inc.** ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.

### **HMIS Management and Operations - Governance and Management**

**HMIS Governance Structure – CARES, Inc.** ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency/grantee and the community planning body(ies). Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). CARES, Inc also regularly monitors the HMIS Lead/Grantee and the CoC HMIS Oversight entity on adherence to the agreement.

**HMIS Oversight Inclusive Participation – The CoC** ensures membership of the HMIS steering committee or advisory board is inclusive of decision makers representing the CoC and community.

**HMIS Technical Support - CARES, Inc.** provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS Software changes in response to the changing requirements of participating agencies; and, generally reviews and authorizes special issues brought to it by participating agencies.

**HMIS Software Technical Support – CARES, Inc.** provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.

**HMIS IT Issue Tracking – CARES, Inc.** maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.

**HMIS IT Issue Monitoring (Community Level) - CARES, Inc.** regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.

**HMIS Staff Organization Chart – CARES, Inc.** maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. This organization chart is available for review upon request to Nancy Chiarella, CARES, Inc. (518) 489-4130 x103 or nchiarella@caresny.org

**HMIS Software Training - CARES, Inc.** provides regular training on software usage, software and data security, and data entry techniques to participating agencies. Develops, updates, and disseminates data entry tools and training materials. Monitors and insures system.

**HMIS User Feedback – CARES, Inc.** manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups

**System Operation and Maintenance - CARES, Inc.** is responsible for the day to day operation and maintain of the HMIS System.

**HMIS Management Issues - CARES, Inc.** ensures that the HMIS is managed in accordance to CoC policies, protocols, and goals.

**HMIS Program Milestones Monitoring - CARES, Inc.** monitors milestones, notes variances, and reports variances to CoC membership.

**Agency and Program HMIS Participation – CARES, Inc.** regularly monitors program and agency-level participation in HMIS via comparison of point-in-time census of beds/slots versus

clients served and reports findings to CoC on a regular basis. Evidence of monitoring reports are available for review.

**AHAR Participation – CARES, Inc.** ensures participation in the AHAR (Annual Homeless Assessment report).

**Client Consent - Each Participating Agency** ensures the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols.

**Data and System Security - CARES, Inc.** ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and technical Standards.

**Data Quality Standards - The CoC** Data Quality Committee, in conjunction with CARES, Inc and the Advisory Committee's base standards, outlined in the Policy and Procedure manual, develops and enforces community level data quality plan and standards.

**Universal Data Elements – CARES, Inc.** ensures the collection of each data variable and corresponding response categories on all clients served by McKinney Vento funding.

## **Other**

**Program-Specific Data Elements – CARES, Inc.** ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by McKinney Vento funding.

**Data Quality Reports – CARES, Inc.** regularly runs and disseminates data quality reports to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

**Data Quality Reports – CARES, Inc.** provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

**Data Quality Reports – CARES, Inc.** regularly runs and disseminates data quality reports The CoC Data Committee that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

**Data Quality Reports - The CoC Data Committee** regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

## **HMIS Policy Development and Oversight**

**Client Confidentiality and Privacy Training - CARES, Inc.** provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. **CARES, Inc.** also ensures all agencies have sufficient privacy policies and protocols in place.

**Performance Measurement Training - The CoC Lead Agency** provides regular training and guidance on program performance measurement.

**Community Planning Goals and Objectives Training - The CoC Lead Agency** provides training and regularly reviews the progress of the Community Planning Goals and Objectives.

**Business Practices Training - The CoC Lead Agency** provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethnics, strategies for communication, etc.)

**Program Funding Training and Orientation – The CoC Lead Agency** ensures all required HMIS participants (McKinney-Vento funded programs such as ESG, SHP, S+C, SRO, and HOPWA projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento.

**Participating Agency Documentation – CARES, Inc.** maintains documentation of the number of participating agencies (utilizing the system) is up-to-date. A comparative analysis of planned versus actual deployments at the project level is maintained by **The CoC Data Committee**.

**Participation Rates – The CoC Data Committee** regularly reviews and monitors the HMIS coverage rates of the CoC. If coverage rates have not achieved a 75% level of participation, can provide an explanation for the barriers to implementation at specific agencies. Ensures that ongoing engagement activities and barrier resolution are occurring with nonparticipating agencies.

**Participation Rates – CARES, Inc.** provides regular reports on HMIS participation rates to CoC Subcommittee. **The CoC Data Committee** is encouraged to create and keep up to date analysis of agency-specific barriers with potential solutions.

**Policies and Procedures - CARES, Inc.** ensures the existence and use of HMIS Policies and Procedures.

**Agency Participation Agreement – CARES, Inc.** ensures and maintains written agreements with participating agencies that describes the protocols for participation in the HMIS.

**Data Sharing Agreements –** There is currently no data sharing within the CARES Regional HMIS.

***HMIS End-User Agreement – CARES, Inc.*** ensures and Maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.

***Client Consent – CARES, Inc.*** ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client consent protocol for use as baseline practice among all participating HMIS users.

***Data Release – CARES, Inc.*** ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.

## **Other Federal Requirements**

***Drug-Free Workplace – CARES, Inc.*** has adopted a drugfree workplace policy. The policy is posted and available for Review.

***Homeless Client Participation – The CoC*** is responsible to ensure the participation of at least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.

***Conflict of Interest – CARES, Inc.*** has adopted a conflict of interest policy for board members, staff, and volunteers.

***Equal Opportunity and Non-Discrimination Policy – CARES, Inc.*** has adopted an equal opportunity and non-discrimination

## **2. HMIS-CoC MOU**



# Memorandum of Understanding

between

**The Corporation for AIDS Research, Education and Services, Incorporated  
(CARES, Inc.)**

and

**NY-519 -COLUMBIA, GREENE COUNTIES COC**

---

## I. Purpose and Scope

NY-519 - COLUMBIA, GREENE COUNTIES COC has requested CARES, Inc. implement and maintain a Homeless Management Information System (HMIS) in compliance with HUD's requirements and standards.

CARES, Inc. agrees to abide by the below purpose of the HMIS:

- To meet HUD's requirement to produce an unduplicated count of homeless
- To develop new means of regional collaboration
- To facilitate continuity of care in homeless services
- To develop programs that are responsive to individuals' needs

In 2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system that will be used by multiple agencies to capture the number of persons utilizing services, their characteristics and demographic information.

The Capital Region HMIS (CARES Inc.) has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends, CARES HMIS will allow providers to collect data using a universal language. Methods and procedures for recording use of service will be standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of service. Perhaps most important, homeless service providers will be working together in a new manner to follow those activities and trends that transcend the individual agency.

## HMIS Goals

- Unduplicated count: The HMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in NY-519 - COLUMBIA, GREENE COUNTIES COC.

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- Service tracking and trends: The HMIS will identify demographic and service utilization trends.
- Streamlined referral process: The HMIS will create a comprehensive data-base of homeless services throughout NY-519 - COLUMBIA, GREENE COUNTIES COC
- Enhanced service delivery: Reviewing client service trends, the HMIS will reveal service areas in need of enhancement and growth.
- Information for policymaking: Aggregate data will be shared with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

## **HMIS Participation**

All recipients of HUD funds will be required to participate in the HMIS as will some Federal Partners. This includes recipients of Emergency Shelter Grant (ESG) funds, Supportive Housing Program (SHP), Shelter Plus Care (S+C), Section 8 Mod Rehab for SRO, Housing Opportunities for Persons with AIDS (HOPWA) and more recently, Homelessness Prevention and Rapid Re-housing Program (HPRP), Supportive Services for Veteran Families (SSVF) and Runaway Homeless Youth (RHY). In addition, HUD encourages participation of other federal programs that serve homeless persons. Participation of other organizations that do not receive HUD Continuum of Care funding is voluntary, but strongly encouraged in order to achieve an accurate picture of homeless services in the region.

## **Benefits to Lead Agency and the Continuum of Care**

In addition to fulfilling the HUD requirements, participation in the HMIS will enable Lead Agency and NY-519 - COLUMBIA, GREENE COUNTIES COC (CoC) to report accurate statistical data to funders and policy makers including information on clients' financial resources, county of origin, and use of services. It will ensure that all local providers are using a common intake, thereby providing the most effective and efficient service to clients. In addition, individual agencies will benefit from the ability to electronically manage their client records and generate reports in a quick and easy manner.

## **CARES and the HMIS**

CARES, Inc. is a not-for-profit agency whose mission is assisting local communities in expanding housing and other resources for homeless persons and/or persons with disabilities. CARES was selected to serve as the administrator of the Homeless Management Information System (HMIS) in the Capital Region because of its involvement and knowledge of the service provision in each of these communities. In addition, CARES serves as HMIS administrators for 24 counties within 13 Continuums of Care in NYS. As the HMIS administrators, CARES is responsible for promoting the use of a regional HMIS, implementing the HMIS, providing computer training to agency users, and providing on-going technical assistance to all service providers participating in the HMIS.

## **II. MOU Term**

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The term is for the period of the HUD HMIS contract year and continues until terminated by one or both parties.

## **III. CARES, Inc. Responsibilities**

CARES, Inc. shall undertake the following activities during the duration of the MOU term:

- Monitor adherence of all participating agencies in NY-519 - COLUMBIA, GREENE COUNTIES COC to applicable federal and state laws and regulations and program guidelines and report findings to the HMIS Data Committee and HMIS Advisory Committee at least quarterly.

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- Review and approve all documentation evidencing NY-519 - COLUMBIA, GREENE COUNTIES COC performance of services as set forth in the Scope of Work and monitor NY-519 - COLUMBIA, GREENE COUNTIES COC performance compliance with the MOU.

Additionally, as the HMIS System Administrator, CARES, Inc. shall undertake the following activities during the duration of the MOU term:

- Selection of a software vendor and maintaining the relationship with this software vendor.
- Ensuring software securities are up-to-date and protecting all individual client data from unauthorized viewing.
- Training on privacy standards at each participating agency.
- Complying with HIPAA regulations as required by covered entities.
- Providing regular user training to ensure all users are knowledgeable on the software system
- Providing technical assistance for all system users
- Producing and distributing regular reports to NY-519 - COLUMBIA, GREENE COUNTIES COC
- Producing additional reports as required by HUD and requested by member agencies.

## **IV. NY-519 - COLUMBIA, GREENE COUNTIES COC Responsibilities**

NY-519 - COLUMBIA, GREENE COUNTIES COC shall undertake the following activities during the duration of the MOU term:

### **Responsibilities of NY-519 - COLUMBIA, GREENE COUNTIES COC**

As the Continuum of Care coordinating body, Lead Agency is responsible for the following activities:

- Encourage the participation of all members in the HMIS
- Require all new users to attend training by CARES, Inc. prior to being assigned a user license
- Review CoC level reports and provide feedback on the data provided to both NY-519 - COLUMBIA, GREENE COUNTIES COC and the HMIS System Administrator as needed.
- Support CARES, Inc.'s efforts to secure funds to maintain the HMIS.
- Ensure participating agencies maintain the rules and responsibilities outlined in the CARES Regional HMIS policy and procedure manual.
- Convene and maintain a Data Quality sub committee

### **Participating Agency Responsibilities**

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

It is required that each participating agency:

- Review and sign in agreement with the CARES/Capital District HMIS Policy and Procedure Manual.
- Establish operating practices to ensure organizational adherence to the HMIS Policies and Procedures.
- Establish a privacy policy to ensure the protection the confidential client data and provide to CARES, Inc.
- Communicate operating practices including privacy protection and User responsibilities to agency users. Document that each User understands and accepts the User responsibilities.
- Monitor compliance and periodically review control decisions.
- Edit and update agency information, including staff, location, and capacity, as needed.
- Grant access to the software system for Users authorized by the agency's Executive Director by creating usernames and passwords

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- Send staff to trainings on the uses of the Foothold software system including a review of the CARES/ Capital Region HMIS Policies and Procedures, and any agency operating practices and privacy notice.
- Notify all Users in their agency of interruptions in service.
- Detect and respond to violations of the Policies and Procedures or agency procedures.
- Maintain complete and accurate client records.

## V. Funding

CARES, Inc. will work with NY-519 - COLUMBIA, GREENE COUNTIES COC to procure adequate funding for programs funded by the Continuum of Care grant to maintain access to the HMIS with all attending supports and services as outlined above, including, but not limited to, grant funding from the Continuum of Care Grant Award and community sourced cash matches.

To keep the CoC cost burden of the HMIS to a minimum, non Continuum of Care funded programs (such as SSVF, RHY, HOPWA, ESG, etc) required by any funding source to use the HMIS will be required to separately contract with CARES, Inc. for inclusion in the HMIS. CARES, Inc. will work with all such programs and agencies to secure appropriate funding. Programs falling under this category, even those within agencies already participating in the HMIS with CoC funded or voluntary programs, will not be set up or given user access until a signed contract has been delivered.

## VII. Modification and Termination

- This agreement may be cancelled or terminated without cause by either party by giving (90) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.
- Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.
- It is mutually agreed that if the funding of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, NY-519 - COLUMBIA, GREENE COUNTIES COC shall have no liability to pay any funds whatsoever to CARES, Inc. and CARES, Inc shall not be obligated to perform any provisions of this Agreement for which they are not reimbursed.



### VIII. Effective Date and Signature

This MOU shall be effective upon the signature of CARES, Inc. and NY-519 - COLUMBIA, GREENE COUNTIES COC authorized officials. It shall be in force from 3/1/19-2/28/20. CARES, Inc. and NY-519 - COLUMBIA, GREENE COUNTIES COC indicate agreement with this MOU by their signatures.

#### Signatures and dates

*Authorized signature from CARES, Inc.*

*Authorized signature from NY-519 - COLUMBIA,  
GREENE COUNTIES COC*

8/28/2018

Date

8/24/18

Date

# CARES Regional Homeless Management Information System (CRHMIS)



**Policies & Procedures Manual**  
**January 2017**

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## **Introduction**

### **Document Overview**

In order to implement and maintain a region-wide Homeless Management Information System (HMIS), CARES, Inc. has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CARES Regional Homeless Management Information System (CRHMIS) program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for privacy, security, consumer disclosure, data quality and data ownership. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them. Additionally, all users are required to sign the User Agreement (also at the end of this document) indicating that they have reviewed and will abide by these policies and procedures as well.

### **History of the HMIS**

In 2001, Congress directed HUD to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system used by multiple agencies to capture the number, characteristics and demographic information of persons utilizing these services. HUD did not create this database, nor was a specified vendor required. All communities are, instead, required to create their own compliant, relational database or contract individually with an outside software vendor. CARES, Inc., at the direction of, and in cooperation with, the CARES Regional HMIS Implementation Committee, chose the vendor Foothold Technology and the software Affordable Wider Area Regional Database System (AWARDS) for this purpose in 2004 and has maintained that relationship through the present day.

### **Configuration and Purpose of the CARES Regional HMIS (CRHMIS)**

The CARES Regional HMIS has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends in the region, the CRHMIS program gives providers the ability to collect data using a universal language accepted by HUD and, increasingly, other State and Federal funders. Methods and procedures for recording use of service are standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of services. Perhaps most importantly, homeless service providers, at the community, State and Federal level are working together to track those activities and trends. This information is then used at each level for allocation of funding and for community planning.

Representing a large area of upstate and mid-western New York, the CARES Regional HMIS captures client-level information over time, allowing agencies and communities to assess the characteristics and service needs of individuals and families experiencing homelessness, and at risk of homelessness, within the participating counties.

### **Purpose of the CR-HMIS**

- To meet HUD's requirement to produce an unduplicated count of homeless persons and households
- To understand the nature and scope of homelessness
- To develop, foster and maintain regional collaboration
- To facilitate continuity of care in homeless services
- To assist in the development of programs addressing the needs of homeless individuals and families through the collection and distribution of data.

## Goals

- **Unduplicated count:** The CRHMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in the region.
- **Service tracking and trends:** The CRHMIS will identify demographic and service utilization trends.
- **Enhanced service delivery:** Through tracking client service trends, the HMIS will identify service areas in need of enhancement and growth.
- **Information for policymaking:** Data will be shared, in accordance with our stated policies, with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

## To Learn More about the CRHMIS

For general information about the CARES Regional HMIS or the policies and procedures contained in this document, please contact the Director of the HMIS Program and Services at [hmis@caresny.org](mailto:hmis@caresny.org) or by phone at (518) 489-4130. For information about becoming part of the CARES Regional HMIS, please contact the Executive Director, Nancy Chiarella, at [nchiarella@caresny.org](mailto:nchiarella@caresny.org) or by phone at (518) 489-4130 x105.

## Administrative Structure:

There are three major components to the CARES Regional Homeless Management System's administrative structure: Lead Agency, Implementation Committee, and Advisory Committee. As new communities join the HMIS a local level implementation committee may be convened in order to facilitate a smooth transition, however the Regional Implementation Committee is currently inactive on and will remain so unless the need arises for the Advisory Committee to re-activate it (such as a change in software vendor).

### **Lead Agency**

The lead agency for the CARES Regional HMIS is the Corporation for AIDS Research, Education and Services (CARES, Inc.). Of the participating CoCs, CARES, Inc is also the HMIS lead on the CoC Grant Application, the exception being Clinton County where the Evergreen Townhouse Community retains the HMIS Lead Agency position and CARES, Inc. is a sub-grantee.

CARES, Inc. is a not-for-profit agency whose mission is to assist local communities in expanding housing and other resources for homeless persons and/or persons with disabilities. In 2003, as the lead agency for coordinating the Continuum of Care groups in 6 Capital Region counties within four Continuums of Care, CARES was asked by providers to assume responsibility for the HMIS development and implementation for the Capital Region of New

York State, encompassing the original three counties that were in the (former) Capital Region HMIS of Albany, Rensselaer and Schenectady. Having led the initial implementation of the HMIS in those counties, CARES continues to act as the Director of the HMIS Program and Services for the HMIS by providing ongoing training, technical assistance, consulting, database management, reporting and help desk support to the Continuums of Care with the HMIS. Since the creation of the regional database in 2004, the number of counties served by the CARES HMIS has grown to include several counties well outside the Capital Region. As a result, and to reflect the scope and collaborative nature of the database, the name was changed in 2008 to the CARES Regional HMIS. In its role as Director of the HMIS Program and Services and Lead Agency, CARES also acts as an intermediary between the Software Solutions Provider (Foothold Technology) and participating agencies, handling the billing and payments for the software, keeping current with the HUD requirements and trends, attending regional and national conferences, participating in larger, regional collaborative HMIS administrator groups, keeping current with software updates, trainings, conferences and trends while also maintaining regular contact with HUD technical assistance providers and staff. In addition to being a member of the Mid-Atlantic HMIS Director of the HMIS

Program and Services group (MARHMIS) CARES is also involved in the New York State Office of Temporary Disability Assistance (NYS OTDA) project of creating a state-wide HMIS Data Warehouse and the HUD AHAR Redesign Project. The Director of the HMIS Program and Services, participates in committee meetings and calls regarding these projects with regular updates to the CRHMIS Advisory Committee.

## **Implementation Committee**

The role of the Implementation Committee is to establish community goals for the HMIS and support the lead agency with investigating, choosing and negotiating a contract with a software solutions provider. In addition, the Implementation Committee assists in coordinating the implementation of the HMIS community-wide, addressing issues and concerns along with the lead agency to help make using the HMIS both functional and efficient within the community. The original implementation team for CARES Regional HMIS has been disbanded as the implementation was completed in 2005 for the original three counties. As new communities join the CARES Regional HMIS, they may nominate a person or persons to work alongside the HMIS Director of the HMIS Program and Services to implement participation in the HMIS. While there is no longer an active implementation committee for the CARES Regional HMIS, smaller-scope implementation committees are often formed when bringing a new community into the CARES Regional HMIS in order to ensure a smooth and complete transition.

## **Advisory Committee**

The role of the Advisory Committee is to facilitate a better-working HMIS and continue to ensure that it meets the needs of both the Continuums of Care as well as meeting the program requirements described in the latest HMIS regulations put out by HUD. The Advisory Committee is made up of representatives from each CoC and meets regularly via webinar. It is the role of this committee to bring forward issues of particular concern to their respective Continuum of Care coordinating bodies in order to find solutions to problems or issues that arise from use of the HMIS. The Advisory Committee will also advise on policies regarding such issues as: consumer privacy and confidentiality, reporting schedules, information sharing, software choices, and user/agency monitoring and report directly back to their CoC as specified by each Continuum's policies.

The Advisory Committee meets the 4th Wednesday of each month. Committee representatives are nominated and approved by each CoC. All Advisory Committee members should be associated with HMIS Participating agencies and there is a limit of two representatives per CoC regardless of the CoC's geographic reach. Chairs/Co-chairs of the CoC are not eligible for membership on the Advisory Committee and there may only be one representative per participating agency, regardless of that agency's geographic scope. It is understood that in smaller, rural CoCs these restrictions may need to be reviewed or waved on a case by case basis. For more information on the committee or the process, or to get the log-on information for the next webinar, please contact the HMIS Director of the HMIS Program and Services at [hmis@caresny.org](mailto:hmis@caresny.org).

A list of CRHMIS Advisory Committee members, along with their contact information, is posted on the CARES, Inc. website at <http://www.caresny.org>. Please contact your advisory committee representative with any HMIS programmatic concerns that you would like to have addressed during the next meeting.

## **Data Committee**

The Data committees are organized and overseen by each local CoC. The Data Committee is made up of members of the CoC who are dedicated to reviewing and reporting on data to the CoC on a quarterly basis. Each Data Committee should have a chair or two co-chairs and at least 3 other committee members. The CoC HMIS and CoC Lead Administrative staff will work closely with the Data Committee chair/co-chairs, providing aggregate HMIS data on the demographics of consumers within the CoC and also assisting in identifying weaknesses and trends in the data by producing quarterly and annual reports. Please see addendums for details on each CoC's data committee role and responsibilities.

## **Communication Protocol**

### **Helpdesk**

All client-level communications are to go through the AWARDS system by filling out a helpdesk ticket. If that is impractical, or the question is from an administrative non-user, the request may be made via telephone. It is strictly prohibited to send client-level information (name, date of birth or social security number), even using client initials in place of names.

If a user does breach policy and send protected personal information (PPI) via e-mail or other unsecure means, the user license may be revoked until a phone meeting between the user, CARES staff and the program manager is held to discuss the breach in protocol and make sure that the user understands the protocol and is committed to following it.

The CRHMIS team works to address all helpdesk tickets within one business day; however that is not always possible. If there is an urgent helpdesk matter which needs more immediate attention, any user or administrator may send an e-mail or leave a voice mail with the Data Specialist, Customer Service Representative or Director of the HMIS Program and Services to alert the team to the more pressing issue so that it can be addressed more expediently.

### **System Administration**

There are several ways to contact the Director of the HMIS Program and Services of the CARES Regional HMIS.

E-mail: Please send all (non PPI) e-mail communications to the HMIS Director of the HMIS Program and Services at **hmis@caresny.org**. Often, due to the travel and meeting demands of the position, e-mail is the most expedient form of communication.

- Telephone: HMIS staff can be reached via phone at (518) 489-4130
- CoC Meetings: The Director of the HMIS Program and Services is available to attend meetings local to Albany, NY or to call in to rural CoC meetings upon request and with proper notice. Please contact the Director of the HMIS Program and Services at **hmis@caresny.org** or by phone at (518) 489-4130 to set up attendance in person or via phone.
- Webinar: Trainings, helpdesk, technical assistance and calls may be facilitated via a webinar format in order to better assist the user or to review reports, contracts and other deliverables.

### **Program Customization**

There are many ways that CARES, Inc. can assist in program customization for the participating agencies, including building custom forms and reports, assisting programs in integrating HMIS into their daily intake and reporting needs and negotiating system changes with the software vendor, Foothold Technology. These services are usually not part of the agency or CoC contract with CARES, Inc. and may come with an additional cost. Please see attached fee schedule for more information.

### **CRHMIS List-serve:**

In the past, the CRHMIS team has used various social media resources to reach out to users, but no one method reached all HMIS users and it began to get confusing. To solve this issue, the CRHMIS has built in a user-maintained subscription list on the CARES website. To subscribe, please go to the website at <http://www.caresny.org> and scroll to the bottom of the home page to register for any of the list-serves offered. All HMIS system level communications now go through the list-serve, so it is essential that all users enroll in this free service.

## **Technical Assistance**

Agencies having trouble integrating HMIS into their programs or getting needed reporting (both mandated and internal) from the database can set up an appointment with the HMIS staff to look for solutions and set up any further intervention that may be needed. Please contact the HMIS Director of the HMIS Program and Services, at (518) 489-4130 x103 or e-mail [hmis@caresny.org](mailto:hmis@caresny.org) for more information.

## **Grievances**

Please see the detailed Grievance Policy in this policy and procedures manual for information on the formal grievance policy at the agency, user or consumer level.

## **Database Customizations**

The AWARDS software can be modified to meet specific needs of an agency. Customizations that are above and beyond those created for the CARES Regional HMIS and HUD requirements will be completed at an additional expense to the agency. All private program-level customizations will be facilitated and contracted through CARES, Inc.

Modifications that could be completed at an additional charge may include, but are not limited to: additional number of users, supplementary training, software customization, increased security to allow transfer of data among specific agencies, increased data collection capabilities and other options that are outside those identified by the HMIS Implementation Team.

At all times, the Foothold Technology staff and CARES, Inc. will work to make sure that the database is compliant with HUD standards for data collection and reporting. CARES, Inc. will also work with other required programs under different funders to ensure relevant and accessible functionality.

## **Continuing Education**

It is extremely important that users stay current with HMIS regulations and changes. CARES, Inc. offers ongoing trainings in many areas of the AWARDS database, both on-line and in person. In order to ensure that all users have proper information and access, periodic attendance to training is required. All users who have not attended at least one training per year will be required to fill out and return a quiz which will be provided to the user via AWARDS messaging within 30 days of their log-in anniversary date. Failure to complete this quiz within 30 days of distribution will result in the loss of HMIS user access until such a time as a training has been attended or the quiz has been submitted.

## **Data Quality**

### **Data Entry Requirements**

In order for data to be meaningful across program sites, data must be consistently added and updated in the AWARDS system. HUD has identified minimum data standards with which all participating agencies must comply. Information for these minimum data fields must be gathered at intake and regularly updated throughout the client's stay within, and at discharge from, the program. While agencies are not currently required to maintain real-time data records, it is important that all data be complete and up-to-date within two weeks of client activity. Backdating permissions for entry of intakes and discharges more than two weeks beyond the intake date must go through an identified program manager and be sent as a request via the helpdesk ticketing system. Progress note and contact log input date ranges will be established on an agency by agency basis and backdating requests must also go through the identified program manager.

## Entry of Universal and Program Level Data Elements

Universal and program specific level data elements have been established by HUD and must be collected by all agencies serving homeless persons, regardless of program type. These data elements make it possible to obtain unduplicated estimates of the number of homeless persons accessing services from homeless providers and also provide basic demographic characteristics of people who are homeless, and their patterns of services. Collection of the Universal Data Elements (UDEs) will also allow measurement of the number and percentage of chronically homeless people who use homeless services. The HMIS software has safeguards built into the intake and discharge so that an intake may not be completed without filling in these data elements. However, due to periodic changes in HUD requirements and upgrades to the software, it may be necessary for some agencies to correct historical data to remain compliant with the current HUD Data and Technical Standards (Data standards 2016 and Technical Standards 2004). Additionally, the Continuum of Care may request that specific, non-required fields be filled out for community planning purposes.

With the October 2014 Data Standards changes more Federal partners began to also use the HMIS for their programs to use as a reporting system in the hopes that duplicate data entry in multiple systems can be mitigated somewhat. The following programs now have HMIS programming capabilities:

### Department of Housing and Urban Development (HUD)

- Office of Special Needs Assistance Programs (SNAPS)
  - Continuum of Care (CoC) Program
  - Emergency Solutions Grants (ESG) Program
  - Housing Opportunities for Persons with AIDS program (HOPWA)\*\*
  - HUD-Veterans Affairs Supportive Housing (HUD/VASH) \*\*
  - Rural Housing Stability Assistance Program (RHSP) \*\*

### Department of Health and Human Services (HHS)

- Administration for Children and Families (ACYF) – Family and Youth Service Bureau (FYSB)
  - Runaway and Homeless Youth (RHY) \*\*
  - Substance Abuse and Mental Health Services Administration (SAMHSA) \*\*
  - Projects for Assistance in Transition from Homelessness (PATH) \*\*

### Department of Veteran Affairs (VA)

- Supportive Services for Veteran Families Program (SSVF)
  - Community Contract Emergency Housing (HCHV/EH)\*
  - Community Contract Residential Treatment Program (HCHV/RT)\*
  - Domiciliary Care (HCHV/DOM)\*
  - VA Community Contract Safe Haven Program (HCHV/SH)\*
  - Grant and Per Diem Program (GPD)\*
  - Compensated Work Therapy Transitional Residence (CWT/TR)\*

*\*Participation in HMIS is not required as part of a funding requirement except for SSVF. The federal partners recognize that communities record Project Descriptor Data Elements and Universal Data Elements in order to facilitate completion of the HIC and PIT.*

*\*\* Please refer to the soon to be published program guides for each specific program for HMIS participation requirements.*

## Data Quality Expectations

As a HUD program, the CRHMIS must report annually on overall data quality in a variety of mediums, including but not limited to: the HMIS Dedicated Grantee Annual Performance Report (APR), the Annual Homeless Assessment Report (AHAR) and the CoC Grant Application (CoC wide data quality is reported in The Collaborative Application, formerly Exhibit 1). Additionally, each mandated agency must report program level data quality during the CoC APR report and CoC Grant Application (program level HMIS data quality is reported to HUD for each renewal) process.

Because of these reports and the constant use of HMIS data for agency level reporting, research and community planning, good data quality is paramount to the success of this program. To facilitate that, the following data quality expectations have been established:

1. Less than 5% missing or null data in any of the universal and program level data elements. This includes any responses of Refused, Unknown or Don't Know as well as incomplete (missing) data. Due to the nature of some programs (including but not limited to; outreach and drop in centers), that data quality measure will be reassessed on a program-by-program basis and data quality markers will be determined by the CoC Data Committee. Some program types may find, due to the difficult population served, that this is an unrealistic data quality expectation. Agencies with particularly difficult circumstances will be given individual waivers on data quality with separate data quality goals.
2. Data collection (intakes and discharges) will be current within 10 days
3. Updates to income, benefits, disability and housing status for consumers at least annually and at discharge
4. Problems with the database or errors in data will be reported, in writing, to the Director of the HMIS Program and Services immediately upon discovery
5. PDDE (Program Descriptor Data Elements known as HMIS Data in the Consumer Face Sheet) must be updated annually (within 30 days before or after the consumer's anniversary date) for programs which create an APR

To facilitate the best data practices possible, projects which are mandated to use the HMIS by their funders and have been found to be non-compliant with the above expectations will be reported to the funding entity (i.e. the CoC Collaborative Applicant, OTDA, Etc.) and may be required to have users and the program manager meet with a representative of the CoC and/or the CRHMIS to create a comprehensive action plan to address the problem areas. If, upon completion of this action plan, there is not adequate improvement in the identified problem areas, the Director of the CRHMIS will require a meeting with the program manager and agency Executive Director to create a more extensive action plan with agency level follow-up. At any time in this process, CARES may disable user log-ins until such a time as the agency is capable of proper data cleanup and entry into the HMIS.

If a mandated program continues to be out of compliance, Technical Assistance may be sought from the funding entity (OTDA, the VA and/or HUD) to assist in the process. Suspended programs will be listed as 'Not Participating' on the CoC Housing Inventory Chart and in any renewal applications within the CoC Grant Application which could influence funding decisions by the CoC governing body.

## **Data Ownership**

CARES, Inc. does not claim ownership of any client level data stored within the CRHMIS other than that which belongs to programs they administer. As such, the CRHMIS will not at any time change, distribute or delete data within programs without the direct instruction of the program in question.

If a community or agency withdraws from the CRHMIS, a request may be made to have their data transferred onto disk in CSV format and sent to them by post. This request, following the protocol at the end of this section, must be made within six months of discontinuing the relationship with the CRHMIS. After six months, the data will no longer be accessible to users or program managers and CARES, Inc. will discontinue the program within the database. If the agency wishes to have all data wiped from the CRHMIS, making it no longer available for historical comparison or data analysis, a written request from the Agency Director must be sent, by post, to CARES, Inc., care

of Nancy Chiarella, Executive Director. That request will be followed up with by the Director of the HMIS Program and Services and confirmation of the data purge will be sent to the requesting Agency Director once the process has been completed.

Following the parameters, set out by Loshin (2002), there are several parties who can claim full or partial ownership of CRHMIS data:

- A. **Creator:** The party that creates or generates the data
- B. **Consumer:** The party that uses the data
- C. **Funder:** The party that commissions the data
- D. **Packager:** The party that collects information for a particular use and adds value through formatting the information for a particular market or set of consumers
- E. **Subject:** The subject of the data claims ownership of that data

In the case of the CRHMIS, there is a hierarchy of ownership of data. It begins with the Subject (5) who can, at any time, submit a written request to CARES, Inc. to have his or her personal information removed from the database. These requests for data removal from the CRHMIS will be honored by CARES, Inc. when done through the correct protocol (below).

Secondly, The Consumer (2), or the agency that enters data, has the ability to claim the data within the CRHMIS that they have input as an agency. In this way, they can modify, delete or ask for a full purge as they desire. These requests for data removal from the CRHMIS will also be honored by CARES, Inc. when done through the correct protocol (below).

Last, the Packager (4), CARES, Inc., has ownership of the data within the database for the purposes outlined within this manual, namely:

1. The aggregation of data for reporting at the community level
2. Control of access to the data via usernames and log-ins
3. Data Quality Parameters to qualify data for admission into the CRHMIS
4. Helpdesk and reporting support requests

Data requests for PPI (client level data) must go through the contracted agency rather than the HMIS Director or the HMIS Program and Services. Upon written request by the Executive Director, CARES will grant access to client files as defined by the contractual agency. This access can range from read-only, aggregate data to client file level access. Similarly, though the data collected and packaged from the HMIS is often published and made available for use in grants, research and educational material, all such data aggregations and analysis belong to the packager, not the consumer who may be using that data for their own purposes.

## **Protocol for requesting data removal from the CRHMIS:**

### **Client (Subject) Request for Data Removal**

Please send a written, signed request to

CARES, Inc.  
C/O Director of the HMIS Program and Services  
200 Henry Johnson Blvd, Suite 4  
Albany NY 12210

Or fax to (518) 489-2237

Make sure to include your full name and which agency/agencies you visited and wish your records removed from. If you would like to also include your contact information, the HMIS Director of the HMIS Program and Services will verify your data removal once complete.

#### **Agency (Creator) Request for Data Removal**

Please send a written, signed request on agency letterhead to

CARES, Inc.  
C/O Director of the HMIS Program and Services  
200 Henry Johnson Blvd, Suite 4  
Albany NY 12210

Or fax to (518) 489-2237

Please specify if you would like to have a copy made of the data in CSV format, burned to CD. Make sure to include all programs you would like purged from the database, remembering that, once gone, there is no way to retrieve the information. The HMIS Director of the HMIS Program and Services will verify your data removal once complete.

## **Interagency Data Sharing for Coordinated Care**

A change in the way data sharing works will go into effect on February 1<sup>st</sup> 2017; the AWARDS feature of Expanded Consent and Client View. Agencies may opt OUT of data sharing at the program level and all consumers have to consent to the data share for each intake they complete with any agency, ensuring control of their own information remains in the consumer's hands. Please see below for more information on the process.

1. There are 3 levels of consent for the consumer; the intake staff must become familiar with the form and guide the consumer to ensure that they are choosing the option that best reflects their preference
2. Consumer data sharing will be covered by the overall consent form being used by the CRHMIS, however, the form within the HMIS will serve to indicate the level of interagency data sharing that occurs.
3. Refusal to participate in data sharing **in no way** impacts the ability of the project to enter the consumer into HMIS or serve the consumer; it simply prohibits the sharing of data with other participating agencies.
4. HIV/AIDS, DV, Behavioral Health and notes/logs are NEVER shared via the HMIS. This is to protect the privacy of consumers.
5. Any consumer in a project who has NOT agreed to share data MUST leave the default setting for user agreements. We are unable to completely remove this option from those agencies, so this will be monitored for compliance.
6. Substance Abuse, Mental Health, Runaway Homeless Youth (RHY) and HIV specific projects are NOT allowed to participate in data sharing at this time. The data share page must be left on the default of no sharing.
7. The signed ROI must match the consumer preference as recorded in the HMIS and be kept in the consumer file (electronic or physical) for monitoring purposes.

A PDF of the data sharing screen is available from your CARES, Inc. representative. Please contact them for

additional information and training.

## **Disclosure of Inclusion in the CRHMIS**

A change in the disclosure of inclusion in the CRHMIS goes into effect on January 1, 2017. Previously a posted sign was sufficient for consumer disclosure, however the CRHMIS Advisory Committee, in conjunction with the System Administrator, have made the move to a signed Release of Information and Informed Consent form. These may be found both on the CARES website and in the appendix of this manual. This ROI must match the consumer data sharing preferences as stated above and be kept in the consumer file (electronic or physical) for monitoring purposes.

As per HUD policy, no agency may decline to provide services to a client based on refusal to be included in the HMIS. While it is desirable to include as many clients as possible in the CRHMIS for both internal and external reporting as well as community planning, we operate on a client-first model and work within the comfort level of those we serve.

If you have clients who refuse all HMIS data entry make sure that you keep an intake record separately so that, for agency level reporting, you will be able to include those households in the report.

## **Distribution of HMIS Data**

CARES Inc. will provide quarterly and yearly reports on the aggregate data collected within the HMIS to the corresponding CoCs as well as the Advisory Committee. CARES, Inc. will also make any AHAR data accepted by HUD available to the CoCs. This is public information and a copy of the latest and historical reports will be provided to anyone, upon written request. These reports are also published on the CARES, Inc. website after CoC approval.

Continuum-wide, aggregate data will be provided to HUD annually as required through the HMIS Annual Performance Report, Annual Homeless Assessment Report and CoC Grant Application.

In general practice, aggregate county-wide and individual agency-level data may be provided to users and administration of that agency upon request for data-quality reasons or to meet agency needs. Non-users within an agency requesting any aggregate or individual data must have the written consent of the agency Executive-Director.

Protected Personal Information (PPI), agency-level information, or any data that may potentially point out an individual or single agency will not be distributed in any community level or published reporting. Individuals, agencies or governing bodies who wish to obtain individual or agency-level data may request such data from the agency Director.

In limited circumstances, HMIS data, including PPI, may be used for the purposes of care coordination or research. In these cases, the minimum amount of information required to coordinate care shall be disclosed; it is up to the professional judgement of staff to determine what information will be shared. Because situations and circumstances differ, there is no set protocol for what information to disclose when—Codifying specific guidelines in this regard may in fact undermine the ability to coordinate services. Additionally, an MOU between the organization(s) and CARES, Inc. defining and limiting the scope of data use must be in place before any data may be distributed. Depending on the specific circumstances of the project, an MOU may also be put in place between CARES, Inc. and agency or agencies participating in the project. This MOU must clearly articulate the scope of work, how the data is accessed, which data elements are shared, the goals of the project and limitations of data usage. The CARES, Inc. Executive Director or Director of HMIS Programs and Services must approve and sign off on each MOU that includes the sharing of PPI.

A list of projects in which HMIS is participating and the level of data sharing occurring is listed on the website at [caresny.org/privacy](http://caresny.org/privacy) for consumers to review. This list must be kept up to date and agencies must be informed when additions are made via the AWARDS Messages module and/or the CRHMIS list serve.

Consumers may choose to have their data removed from the database at any time by contacting the HMIS System Administrator and submitting a written request. All agencies with data concerning that consumer will be informed of the purge beforehand so that consumer records may be printed and stored according to agency policy.

### **Reporting with the HMIS**

The Director of the HMIS Program and Services regularly exports a system-wide aggregation of data. This data is analyzed to determine which agencies are compliant with the system and regulations. It is also used to identify areas of policy or data requirements that must be more thoroughly defined for individual agencies. Additional training or technical assistance is made available based on need.

Quarterly and annual reports are generated to share with the participants of the CARES Regional HMIS. These reports include a summary of the number and demographics of individuals and families participating in services in each program type for the given time period. **Aggregate reports do not include names, social security numbers, or any other identifying characteristics of individual clients.** Trends in the quarterly and annual reports are then examined and reported to the CoC governing body annually. Under no circumstances is client-level data distributed.

## **Grievance Policy**

### **For Clients**

All grievances regarding the handling of your personal information by an agency within the HMIS should be addressed to that agency. If you believe your grievance has not been sufficiently resolved by your agency, you may make a complaint to the HMIS Director of the HMIS Program and Services at:

CARES Inc  
ATTN: HMIS Director of the HMIS Program and Services 200  
Henry Johnson Blvd, Suite 4  
Albany NY 12210  
Phone: (518) 489-4013 fax (518) 489-2237

*CARES will attempt a voluntary resolution of the complaint and by ensuring that the participating agency is acting with accordance to the HMIS agency agreement. Note that CARES does not provide legal services.*

### **For Participating Agencies**

Complaints regarding the administration of the HMIS may be made to either CARES Inc.'s HMIS Director of the HMIS Program and Services or Executive Director at:

CARES Inc  
ATTN: HMIS Director of the HMIS Program and Services/Executive Director  
200 Henry Johnson Blvd, Suite 4  
Albany NY 12210  
Phone: (518) 489-4013 fax (518) 489-2237

Telephone complaints may be recorded for better customer care. CARES will follow up each complaint in writing

and, as appropriate, bring the complaint to the CoC leads and/or the CARES Regional HMIS Advisory Committee.

## **HIPAA Compliance**

Compliance with HIPAA regulations is only required for covered entities, such as community service providers that are also health care providers. For agencies that meet these criteria, participation in the HMIS requires compliance with HIPAA as defined and arranged within the agency. CARES, as the Director of the HMIS Program and Services, follows HIPPA precautions with ALL consumers in ALL agencies, runs background checks on all System level users and requires HIPAA and EHR training for all HMIS Administrative staff.

## **HIPPA Compliance within HOPWA Programs**

On October 9<sup>th</sup>, 2014 the Office of HIV/AIDS Housing released an updated Confidentiality User Guide. These policies and procedures have been modified to be compliant with this version of the guide. The HMIS is inherently HIPAA (and HITECH) compliant, but the CRHMIS team is aware that additional precautions must be made as a support team with access to PPI. As required by HOPWA Regulation 24 CFR 574 and 27F, proper security is taken with all electronic and physical documentation of identifying consumer data, written procedures are in effect, HIPAA training is undertaken by all CRHMIS staff and the revised Agency Agreement found at the back of this document acts as an MOU between each participating agency and CARES, Inc. For copies of these policies or questions about physical or electronic security, please contact the CRHMIS System Administrator at (518) 489-4130 x103 or at [hmis@caresny.org](mailto:hmis@caresny.org).

## **Monitoring of Participating Programs**

In order to ensure compliance with this manual and HUD privacy and security requirements, CARES, Inc. will do periodic monitoring of all programs participating in the HMIS; both mandated and voluntary. This monitoring will review data quality, data completeness, and compliance with the electronic and physical privacy and security procedures outlined in this manual.

Programs found to be out of compliance with the above will be evaluated by the HMIS Director of the HMIS Program and Services and a Plan of Correction; including additional training, measurable goals, a realistic timeline for correction and further monitoring, will be put in place.

Frequency of monitoring visits within a community, agency or program will be at the discretion of the HMIS Director of the HMIS Program and Services. Monitoring Visit results will be shared with the Collaborative Applicant and/or CoC leads for the community and may be discussed with the HMIS Advisory Committee.

## **Participation**

All recipients of HUD McKinney-Vento funds are required to participate in the HMIS. This includes recipients of Emergency Solutions Grants (ESG), Supportive Housing Program (SHP), Shelter Plus Care (S+C) and Section 8 Mod Rehab for SRO.

In addition to McKinney-Vento-funded recipients, other housing assistance programs may require participation as a condition of funding. Agencies who receive funding via the Housing Opportunities for Persons with AIDS (HOPWA) program and are dedicated to serving homeless persons must participate. Providers of Grant and Per Diem, Supportive Services for Veteran Families (SSVF) or Veteran Affairs Supportive Housing (VASH) voucher programs by the Department of Veterans Affairs (VA) are also subject to ongoing participation mandates, as are some NYS OTDA funded programs including the Solutions to End Homelessness Program (STEHP). CARES, Inc. works closely with HUD and NYS OTDA to ensure the program data collection and reporting requirements are consistently met by the

database and administration of this program.

While not all service agencies are mandated to participate, both HUD and local Continuums of Care encourage participation by all agencies who serve the homeless population, including those funded by other federal programs or non-government sources. Participation by organizations that do not receive HUD Continuum of Care funding is voluntary (other than for the exceptions noted), but strongly encouraged in order to achieve an accurate picture of homeless services in the region. Because overall participation by all agencies that provide homeless housing services is rated by HUD annually through the CoC Grant Application process.

## **Benefits to Non-Mandated Programs**

Voluntary participation by non-mandated programs and agencies helps the community meet the threshold for new funding and retain current funding for current homeless housing, create new homeless housing and assist with community planning and development. Through this collaborative effort, non-mandated agencies receive the benefit of a more sophisticated homeless services network in their community, better access to data for research, grant writing and program planning and representation for those they serve to HUD and other Federal partners through standard HMIS reports such as the HMIS Dedicated Grantee Annual Progress Report and the Annual Homeless Assessment Report. Additionally, and perhaps most importantly, access to more and better housing opportunities for persons and households experiencing homelessness is potentially created through renewals, new projects and bonus projects through the CoC Grant process, thus reducing the burden of local agencies, both not-for-profit and government, trying to assist and house homeless persons and families.

## **Benefits to Continuums of Care**

In addition to fulfilling the HUD requirements, participation in the HMIS enables the participating counties to report accurate statistical data to funders and policy makers regarding topics such as financial resources, county of origin, housing utilization and more. It ensures that all local providers are using a common intake instrument, thereby providing the most effective and efficient service to clients while allowing cross-agency data analysis for the community. The reporting capabilities allow agencies to generate accurate and timely reports, reducing time spent away from client services for monitoring, reporting and case review. Electronic management of client records also allows for remote access, reduced use of office resources such as paper, printer ink and office supplies while providing consistent, neat, easily accessed files to present to reviewers, some of whom are allowing remote monitoring and auditing at this time.

## **Privacy**

Baseline privacy standards are required of all programs and must balance the need to protect the confidentiality of client data with the practical realities of homeless service provision. Each agency is required to review and/or develop a privacy policy specific to the individual agency's needs which includes HMIS activities as it pertains to confidential client data in electronic and hard-copy formats. A copy of the above-referenced agency privacy policy must be provided to CARES, Inc., as the HMIS Director of the HMIS Program and Services and, if the agency has a website, must be published thereon in accordance with HUD's 2004 Privacy and Security standards.

CARES, Inc. applies strict privacy policies and procedures internally, compliant with all HIPAA, HOPWA and HITECH rules. For copies of these policies, please contact or questions about physical or electronic security, please contact the CARES, Inc. Security Officer, Tersha Choy, at [tchoy@caresny.org](mailto:tchoy@caresny.org) or via phone at (518) 489-4130x101.

## **Participation Fees**

Fees for participating in the HMIS vary from community to community and project to project and may require a

contract with CARES, Inc. for inclusion in the HMIS. Please contact the Director of the CARES HMIS Program and Services department for information regarding your specific project type and community at [athiessen@caresny.org](mailto:athiessen@caresny.org) or (518) 489-4130.

## **Responsibilities**

Participating agencies and users have specific responsibilities when using the HMIS to ensure proper functioning of the system, accurate data collection, as well as the privacy and security of all consumers. These responsibilities are outlined below.

### ***Participating Agency Responsibilities***

CARES will enter into a Business Associates Agreement with agencies that are eligible to participate in the HMIS. The Business Associates Agreement will outline the specific manner in which CARES will utilize the data submitted in the HMIS.

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

Each participating agency must:

1. Establish operating practices to ensure organizational adherence to the HMIS Policies and Procedures.
2. Establish a privacy policy to ensure the protection of confidential client data. A copy of this policy should be provided to the Director of the HMIS Program and Services and, if an agency website exists, be published thereon.
3. Communicate operating practices, including privacy protection and user responsibilities, to all agency users. Agencies should document that each user understands and accepts the responsibilities associated with use.
4. Monitor user compliance and periodically review control decisions.
5. Edit and update agency information, including staff, location, and capacity, as needed.
6. Notify all users in their agency of interruptions in service.
7. Detect and respond to violations of the Policies and Procedures or agency procedures.
8. Maintain complete and accurate client records for participating programs within the HMIS.
9. Monitor that users respectfully collect data for all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, and as such are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

Agencies must follow all privacy and security requirements outlined in this manual in order to participate in the CARES Regional HMIS.

### **User Responsibilities**

Each user within a participating agency is responsible for maintaining client privacy and protecting each client's protected personal information. A User ID and Password will be provided to each User within the agency by the Director of the HMIS Program and Services at the written request of the Agency Executive or Program Director once training has been completed.

All Users must understand and accept the following responsibilities for utilizing the HMIS:

1. The User ID and Password are to be used by the assigned user only and must not be shared with anyone.  
All Users will take all reasonable means to keep passwords physically secure.
2. All Users will log-off the system before leaving the work area.
3. Users must **not** decline services to a client or potential client if that person refuses to allow entry of information in the HMIS (except if that policy is over-ridden by agency policy or if the information is required to be collected as a condition of receiving services).
4. The user has primary responsibility for information entered by the user. Information entered by users is truthful, accurate and complete to the best of the user's knowledge.
5. Users will not solicit from or enter non-required information about clients into the HMIS unless the information is required for a legitimate program purpose such as to provide services to the client.
6. Any hard copies of personally identifiable (client-level) information printed from the HMIS must be kept in a secure file, and destroyed when no longer needed.
7. All Users must immediately notify the Agency Executive Director should a breach in security be recognized or suspected.
8. Users may only access the HMIS from a designated terminal, following agency guidelines for electronic access of records. Access to the HMIS from public or unsecured computers and networks is prohibited.
9. Users may not send identifying information on clients through standard e-mail but, instead, should utilize the secure messaging feature of the HMIS-AWARDS system for all client-based communications, preferably through a helpdesk ticket.
10. Users agree to respectfully collect all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, thus are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

## **Lead Agency (CARES, Inc.) Responsibilities**

CARES, Inc., as the Lead agency for the CRHMIS, will monitor compliance with the established policies and procedures while providing the following services:

1. Internal compliance with all HUD, HIPAA and HITECH regulations
2. Monitoring of privacy and security compliance of all participating programs
3. Access for questions and concerns with the Software Solution Provider, Foothold Technology
4. Assistance with HUD mandated reporting on an agency/CoC level
5. AHAR and CoC Grant Application reporting
6. Annual and Quarterly CoC reports on basic, aggregate client demographics
7. Creation, deletion and monitoring of user log-ins and passwords
8. Daily helpdesk (work days) for standard helpdesk issues
9. Evaluations and strategies for better use of the HMIS in regards to HUD reporting and data quality
10. Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
11. Monthly New User Trainings (in a group setting)
12. Remote access to all in-house trainings upon request
13. Regular updates on HMIS policy, procedure and the database via a variety of mediums
14. Rapid turn-around for addressing all help desk tickets
15. Ongoing CoC level data quality checks and follow-up

**Additional fees may be assessed for HMIS TA services that are not within the normal scope of CARES Inc.'s HMIS Director of the HMIS Program and Services duties; including, but not limited to, the following:**

- Agency/Program evaluation for use of the database beyond CoC requirements
- Agency specific report and form building
- Agency specific training on non-HUD mandated features of the database

- Customized internal or external reports not related to HUD
- Large helpdesk requests due to user error
- Program level data quality and clean-up assistance
- Training on basic computer skills which complement the use of the HMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

### **CoC Lead Responsibilities**

The CoC leads in each community will be presented with a Memorandum of Understanding (MOU) which requires close involvement in the reporting and regulation of HMIS data. By signing this, the CoC leads, on behalf of their CoC, agree to the terms and conditions outlined therein.

## **Security**

Certain electronic security precautions are required of each agency:

- Install and maintain a firewall on the user's computer or the agency network
- Password protected screensavers set at no more than 5 minute intervals
- Automatically updating antivirus software installed and maintained on every internet-accessible computer
- Keep the Operating System on each HMIS access computer terminal up to date with the latest security devices
- All users must attend a formal HMIS training prior to being assigned a username and password in the database.

This will ensure that proper training on security, policy and procedure has been established for all users in the database. Sharing of usernames and log-ins is strictly prohibited for security reasons.

In the event a user no longer needs access to a program or leaves the employ of the agency, the program manager or Executive Director **MUST** contact the HMIS Director of the HMIS Program and Services within 24 hours of the end of employment so that the active user account can be disabled. This can be done in advance, so Directors and administrative staff are encouraged to alert the Director of the HMIS Program and Services as soon as it is known that a user account will no longer be needed.

In order to facilitate the privacy and security of HMIS consumers, any user account that is inactive for 30 days will be deactivated **until the HMIS Director of the HMIS Program and Services is contacted by a program manager or agency officer in writing** (an e-mail from the agency email address is adequate). If the user is inactive for more than 90 days, or if there has been a significant data elements or policy change during the time off the system, retraining may be required prior to regaining access to the HMIS.

It is recommended that a Written Information Security Policy (WISP), with an electronic information policy, be in place for all agencies using HMIS. For a copy of the CARES, Inc. WISP, please contact the HMIS Director at [hmis@caresny.org](mailto:hmis@caresny.org) or via phone at (518) 489-4139 x103.

### **User access to the HMIS**

The AWARDS software is a web-based software system accessed via the Internet. Each agency user is assigned a unique log-in name and a password to access the system. Within the agency's set-up in the HMIS, each user is assigned specific permissions to view and work only with those programs and records to which he or she has been assigned. A user in one program within an agency is prohibited from viewing or modifying any records in another program area unless express permission has been given by a program supervisor or Executive Director. No user can access the files of any other agency. All users are reminded to never share their log-in names or passwords with anyone else, and not to keep reminder notes in obvious areas.

Access to the HMIS is granted by the Director of the HMIS Program and Services. When an agency needs to add or remove a user, there must be a written request (e-mail, FAX or AWARDS message) from the Program or Executive Director requesting the action. All new users must attend training prior to being assigned a username and password.

## **Software Security**

Maintaining individual client privacy is among the highest priorities in managing the HMIS. The AWARDS software uses the highest encryption currently allowable by law along with the use of SSL (Secure Sockets Layer) technology. Foothold Technology uses several hardware and software firewalls and AWARDS keeps warm backups locally and sends daily backups to a separate data center. All data is stored in two data centers in two different states on 8 different electric grids. Warm copies are available in 2-hour intervals and daily copies are available in 24-hour intervals. Information sent from individual agency sites cannot be unscrambled. In addition, a highly sophisticated series of user names and passwords protect data from unauthorized viewing and manipulation within individual agencies, ensuring no one has access to information they should not see. Data security is also monitored by the Director of the HMIS Program and Services through regular reports and activities. For questions about physical or electronic security of the AWARDS software, please contact the CARES, Inc. Security Officer, Tersha Choy, at [tchoy@caresny.org](mailto:tchoy@caresny.org) or via phone at (518) 489-4130 x101.

## **Software**

As selected by the HMIS Implementation Committee, CARES, Inc. has contracted with Foothold Technology as the software vendor for the CARES Regional HMIS. Foothold's software, AWARDS, is a web-based system in which users access the system via the Internet and includes a comprehensive case management system that each agency can utilize for managing client records, case notes, and referral information if desired. For more information on how to fully utilize these components, please contact your customer service rep or the Director of the HMIS Program and Services at [hmis@caresny.org](mailto:hmis@caresny.org) or by phone at (518) 489-4130

## **Technical Assistance**

All concerns with utilizing the HMIS system should be directed to the HMIS Director of the HMIS Program and Services at CARES, who can be reached by phone at (518) 489-4130 x103, by e-mail at [hmis@caresny.org](mailto:hmis@caresny.org) or through the HMIS (AWARDS) internal messaging and helpdesk modules for confidential e-mail capability. CARES offers assistance to agencies who would like to better integrate the use of the HMIS software into existing procedures through telephone and web conferences as well as occasional site visits. Assistance in gathering agency-wide or county-wide aggregate information for funding sources and grant writing is also available when a written request is made at least a week in advance.

### **CARES will provide, at no additional fees, the following TA services:**

- Access for questions and concerns with the SSP, Foothold Technology
- AHAR and CoC Grant Application reporting
- Annual and Quarterly CoC reports on basic, aggregate client demographics
- Creation, deletion and monitoring of user log-ins and passwords
- Daily helpdesk (work days) for standard helpdesk issues
- Evaluations and strategies for better use of the HMIS in regards to HUD reporting
- Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
- Monthly New User Trainings (in a group setting)
- Monthly user-groups on topics chosen with user-input
- Quarterly Advanced User Trainings (in a group setting)

- Remote access to all in-house trainings upon request
- Regular updates on HMIS policy, procedure and the database via a variety of mediums
- Rapid turn-around for addressing all help desk tickets (one business day)
- Ongoing CoC level data quality checks and follow-up
- Access to social networking for updates and networking among users and administrators

**Additional fees may be assessed for HMIS TA services that are not within the normal scope of CARES Inc's HMIS**

**System Administrator duties; including, but not limited to, the following:**

- Agency/Program evaluation for use of the database beyond HUD requirements
- Agency specific report and form building
- Agency specific training on non-HUD mandated features of the database
- Customized internal or external reports not related to HUD
- Large helpdesk requests due to user error
- Program level data quality and clean-up assistance
- Training on basic computer skills which complement the use of the HMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

## **Training**

CARES offers on-going user training for new and current users who need a refresher on the basics. Training sessions will be provided in 1-4 hour sessions for which attendees are required to sign up in advance. Users participating in each training session are expected to be computer-literate and to attend the full training session. No individual will be given access to the database until initial training has been completed. Access permission for each new user must be given to the Director of the HMIS Program and Services prior to new user set-up. The Executive Director or Program Manager may e-mail or fax permission information to CARES Inc. While users will be allowed to attend training prior to this verification, no active agency access will be given until the permission has been received and processed.

Additionally, Advanced User trainings, Program Director and Administrator trainings, recurring user-groups and periodic CoC updates will be held regularly to help agencies best use and monitor the HMIS system and accompanying software. A list of all available trainings and groups, along with registration information, is available and regularly updated on CARES' website (<http://www.caresny.org>) and all social networking mediums. All trainings and user-groups are available remotely via webinar to accommodate those who cannot attend in person. Remote access requires either a microphone and speaker system, or a regular telephone in conjunction with a computer.

## **User Access to the Database**

Each program within an agency will be permitted 15 user accounts to access the HMIS. The HMIS Director of the HMIS Program and Services will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly software fee\* plus a service fee for additional CARES' staff time to be determined after a scope of work has been completed.

## **Addendum A: Costs of Additional Services**

### *Pricing Structure*

#### **Agency and Community level projects:**

Pricing for projects is variable and based on a rate of \$80 per hour. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information on individual projects including, but not limited to:

- Basic computer instruction
- Agency level training on non-CoC features of the HMIS
- Operational design and the HMIS
- Data quality issue resolutions
- Large help-desk ticket resolution
- Database customization via form and report building

#### **Continuum of Care inclusion in the CARES Regional HMIS**

There are standard contracts available for CoCs interested in joining with the CARES Regional HMIS. Please contact CARES, Inc. for more information. We are dedicated to working with the communities we serve in order to create a service and price base that meets the individual needs of those we serve. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information.

#### **Non-Continuum of Care Agencies and Programs**

As more and more program types which are not covered under the CoC umbrella are mandated to participate in the HMIS, CARES, Inc. has developed pricing strategies to address their specific needs and help their compliance via inclusion within the HMIS. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information.

#### **Domestic Violence Dedicated Programs**

DV programs are prohibited from participating in the HMIS by the Violence Against Women Act (VOWA). There are some funding types, however, which require a comparable database to the HMIS for these programs. While each agency is responsible for creating/contracting for this database, your HMIS Director of the HMIS Program and Services is responsible for ensuring that this database meets HMIS regulations. contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information on this topic and to help ensure the compliance of your database with the dynamic structure of the HMIS.

#### **Additional Users**

Each program within an agency will be permitted 15 user accounts to access the HMIS. The HMIS Director of the HMIS Program and Services will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly fee.

16-30 users total \$500 monthly

31-45 users total \$1000 monthly

46-60 users total \$1,500 monthly

61-75 users total \$2,000 monthly

76+ users must separately contract with the vendor, Foothold Technology, and upload to the HMIS

*\*These fees are based on set costs from the software vendor. There is no intermediate category for additional 10-15 users and CARES, Inc. does not receive any administrative income from additional user fees, however, administrative fees for staff time may be assessed depending on the scope of the project.*



## **CRHMIS Client Informed Consent and Release of Information**

\_\_\_\_\_ (*agency name*) \_\_\_\_\_ participates in the CARES Regional Homeless Management Information System (CRHMIS). This means that we collect information about your household and input it into a secure and private database that allows us to keep track of that information to better assess and serve your needs. The CRHMIS is dedicated to the privacy and safeguarding of the information collected and input into the HMIS database and does not publish identifying, client level data. For more information, please see our complete policy and procedure manual, which includes information on opting out of the HMIS, data ownership and a list of research and coordination projects that use HMIS information at [www.caresny.org/HMIS-policies](http://www.caresny.org/HMIS-policies).

To better assist in the coordination and provision of services, we are requesting your permission to share limited information about you with other homeless services providers. As the owner of your own information within the CRHMIS, you have the right to choose whether or not other users of the system can see any of your personal information and on what level. HIV/AIDS information, Domestic Violence information, Behavioral health (mental illness and substance abuse) and client notes are NOT shared through the HMIS. This consent will be in effect for a minimum of 36 months but may be revoked at any time.

**Please check the (1) box below which indicates the level at which you are willing to share your information with the homeless services coordinators and providers in the community;**

I agree to share my name, gender and program enrollment history through the HMIS with other provider homeless services agencies.

I agree to share my name, gender, program enrollment history, demographic, income and contact information through the HMIS with other partner homeless services agencies.

I do NOT agree to share any of my information through the HMIS with other partner homeless services agencies.

***By signing this form, I agree to share the above level of information with other partner agencies via the HMIS Computer System:***

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PRINTED name of Client

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Signature of Client, Guardian or Power of Attorney

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Signature of Witness

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Date

---

Date



## CARES Regional HMIS Consumer Information Consent Form

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

**I UNDERSTAND THAT:**

The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.

The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.

This authorization will remain in effect for a minimum of 36 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.

The following personal information will not be shared with any HMIS partner agencies via this HMIS computer system.

1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
2. Domestic violence information, such as abuse history, abuser information, trauma information.
3. Behavioral health information, such as substance and alcohol abuse and mental illness.
4. Clients supportive services contacts, medication information and case notes.

If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.

If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

- I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.
- I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.
- I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Program: \_\_\_\_\_



## Expanded Consent and Client View Guide

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### **AWARDS QUICK REFERENCE GUIDE**

The Expanded Consent and Client View feature allows users to view certain client details within Consumer Lookup for clients who have multiple program histories between agencies. These details include the last four digits of the client's SSN, and events recorded within the Client History Report. This guide will describe what details are visible under various circumstances.

To view client details, complete the following steps:

1. From the AWARDS Opening Menu page, click **Consumer Lookup**. The Consumer Lookup page is displayed.
2. For full access to client details, enter the client's full SSN in the **SSN** field, and in the **First Name** and **Last Name** fields, type the first two letters of the consumer's first and last names, respectively.
3. Click the **Limit Search Results to** drop-down arrow and select the number of matches that should be displayed in the lookup results.
4. Click **SEARCH**. The Consumer Lookup Results page is displayed. For clients who have program histories in multiple agencies, the last four SSN digits and Client History Report icon may be available, depending on consent and search information used. Refer to the chart below.

Search Information Used:	Consent Given by Client within OTHER Agency	Appear in search results?	Last 4 SSN digits show?	Client History Report available?
First Name Last Name Full SSN	A	YES	YES	NO
First Name Last Name Full SSN	B	YES	YES	YES
First Name Last Name Full SSN	C	NO	n/a	n/a
First Name Last Name No SSN	A or B	YES	YES	NO
First Name Last Name No SSN	C	NO	n/a	n/a
Any	A, B or C – marked as EXPIRED	NO	n/a	n/a

5. If displayed, click the Client History Report icon  to the left of the client and agency records to be viewed. This version of the report will include any program histories that contain an effective level B consent, and list events in chronological order **without** links to view details.

The process of viewing client details is now complete.

## 2018 HDX Competition Report

### PIT Count Data for NY-519 - Columbia, Greene Counties CoC

#### Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	116	144	196
Emergency Shelter Total	103	135	188
Safe Haven Total	0	0	0
Transitional Housing Total	11	6	3
Total Sheltered Count	114	141	191
Total Unsheltered Count	2	3	5

#### Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	17	15	4
Sheltered Count of Chronically Homeless Persons	16	14	4
Unsheltered Count of Chronically Homeless Persons	1	1	0

# 2018 HDX Competition Report

## PIT Count Data for NY-519 - Columbia, Greene Counties CoC

### Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	22	23	25
Sheltered Count of Homeless Households with Children	22	23	25
Unsheltered Count of Homeless Households with Children	0	0	0

### Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	0	0	4	0
Sheltered Count of Homeless Veterans	0	0	4	0
Unsheltered Count of Homeless Veterans	0	0	0	0

# 2018 HDX Competition Report

## HIC Data for NY-519 - Columbia, Greene Counties CoC

### HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	25	25	0	NA
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	10	10	0	NA
Rapid Re-Housing (RRH) Beds	0	0	0	NA
Permanent Supportive Housing (PSH) Beds	53	8	38	84.44%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	88	43	38	84.44%

## 2018 HDX Competition Report

### HIC Data for NY-519 - Columbia, Greene Counties CoC

#### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	12	25	26

#### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	0	0	

#### Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	9	2	

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

#### Summary Report for NY-519 - Columbia, Greene Counties CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

**RESUBMITTING FY2017 DATA:** If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

**ERRORS AND WARNINGS:** If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

#### Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

**Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.**

**Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.**

- a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	0		0	0		0	0	0		0	0
1.2 Persons in ES, SH, and TH	0		0	0		0	0	0		0	0

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	6		11	156		79	-77	124		53	-71
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	6		11	156		79	-77	124		53	-71

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		0		0			0			0		0	
Exit was from ES		0		0			0			0		0	
Exit was from TH		0		0			0			0		0	
Exit was from SH		0		0			0			0		0	
Exit was from PH		39		0	0%		0	0%		0	0%	0	0%
TOTAL Returns to Homelessness		39		0	0%		0	0%		0	0%	0	0%

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	116	144	28
Emergency Shelter Total	103	135	32
Safe Haven Total	0	0	0
Transitional Housing Total	11	6	-5
Total Sheltered Count	114	141	27
Unsheltered Count	2	3	1

### Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	0		0	0
Emergency Shelter Total	0		0	0
Safe Haven Total	0		0	0
Transitional Housing Total	0		0	0

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	22		24	2
Number of adults with increased earned income	2		3	1
Percentage of adults who increased earned income	9%		13%	4%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	22		24	2
Number of adults with increased non-employment cash income	5		6	1
Percentage of adults who increased non-employment cash income	23%		25%	2%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	22		24	2
Number of adults with increased total income	5		8	3
Percentage of adults who increased total income	23%		33%	10%

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	<b>Submitted FY 2016</b>	<b>Revised FY 2016</b>	<b>FY 2017</b>	<b>Difference</b>
Universe: Number of adults who exited (system leavers)	5		3	-2
Number of adults who exited with increased earned income	2		0	-2
Percentage of adults who increased earned income	40%		0%	-40%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	<b>Submitted FY 2016</b>	<b>Revised FY 2016</b>	<b>FY 2017</b>	<b>Difference</b>
Universe: Number of adults who exited (system leavers)	5		3	-2
Number of adults who exited with increased non-employment cash income	0		1	1
Percentage of adults who increased non-employment cash income	0%		33%	33%

Metric 4.6 – Change in total income for adult system leavers

	<b>Submitted FY 2016</b>	<b>Revised FY 2016</b>	<b>FY 2017</b>	<b>Difference</b>
Universe: Number of adults who exited (system leavers)	5		3	-2
Number of adults who exited with increased total income	2		1	-1
Percentage of adults who increased total income	40%		33%	-7%

# 2018 HDX Competition Report

## FY2017 - Performance Measurement Module (Sys PM)

### Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	0		0	0
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	0		0	0
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	0		0	0

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	35		35	0
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3		0	-3
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	32		35	3

## 2018 HDX Competition Report

### **FY2017 - Performance Measurement Module (Sys PM)**

#### **Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects**

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

#### **Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing**

Metric 7a.1 – Change in exits to permanent housing destinations

	<b>Submitted FY 2016</b>	<b>Revised FY 2016</b>	<b>FY 2017</b>	<b>Difference</b>
Universe: Persons who exit Street Outreach	0		0	0
Of persons above, those who exited to temporary & some institutional destinations	0		0	0
Of the persons above, those who exited to permanent housing destinations	0		0	0
% Successful exits				

Metric 7b.1 – Change in exits to permanent housing destinations

## 2018 HDX Competition Report

### FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	24		32	8
Of the persons above, those who exited to permanent housing destinations	19		16	-3
% Successful exits	79%		50%	-29%

#### Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	52		44	-8
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	51		41	-10
% Successful exits/retention	98%		93%	-5%

# **2018 HDX Competition Report**

## **FY2017 - SysPM Data Quality**

### **NY-519 - Columbia, Greene Counties CoC**

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

# 2018 HDX Competition Report

## FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	0	0	0	0					46	64	54	55	2	2	9	2				
2. Number of HMIS Beds	0	0	0	0					46	50	43	48	2	2	9	0				
3. HMIS Participation Rate from HIC (%)									100.00	78.13	79.63	87.27	100.00	100.00	100.00	0.00				
4. Unduplicated Persons Served (HMIS)	0	0	0	0	0	0	0	0	63	58	49	327	86	45	24	32	0	0	0	0
5. Total Leavers (HMIS)	0	0	0	0	0	0	0	0	17	17	4	10	82	45	24	32	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	0	0	0	0	0	0	0	0	1	0	0	2	6	3	1	15	0	0	0	0
7. Destination Error Rate (%)									5.88	0.00	0.00	20.00	7.32	6.67	4.17	46.88				

## 2018 HDX Competition Report

### Submission and Count Dates for NY-519 - Columbia, Greene Counties CoC

#### Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/25/2018	

#### Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/26/2018	Yes
2018 HIC Count Submittal Date	4/26/2018	Yes
2017 System PM Submittal Date	5/24/2018	Yes

**Attachment 3B-2: Order of Priority–Written Standards**

**1. CG Written Standards - 2018**

**Order of Priority – Prioritization Standards Pg. 3**

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## COLUMBIA GREENE HOUSING COALITION: CONTINUUM OF CARE WRITTEN STANDARDS

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### Preamble

The Continuum of Care (CoC) is responsible for establishing and consistently following written standards for administering assistance. Written standards provide a reference for coordinating and implementing a system to meet the needs of those experiencing homelessness within the geographic area of the

Columbia Greene Housing Coalition (CGHC). Both the Emergency Solutions Grant (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) Continuum of Care Project Interim Rules and Regulations state that CoCs, “in consultation with recipients of ESG project funds within the geographic area, are intended to coordinate service delivery...and assist CoCs and their recipients in evaluating the eligibility of individuals and families consistently and administering assistance fairly and methodically” § 578.7(a)(9).

All projects that receive State ESG or CoC funding are required to abide by these written standards. The CoC strongly encourages projects that do not receive either of these sources of funds to accept and utilize these written standards. The goals of the CGHC written standards are to:

- Establish community-wide expectations and standards
- Provide the basis for monitoring projects
- Clarify local priorities, which will ensure a transparent system • Document the system for prioritizing assistance per project type
- Outline a strategy for use of limited resources.

The CGHC written standards have been established to ensure that persons experiencing homelessness who enter projects throughout the CoC will be given unvarying information and support to access and maintain permanent housing and enable the CoC to end homelessness.

For each project type, the standards outline:

1. Purpose of the project type
2. Eligibility criteria
3. Prioritization
4. Minimum standards of assistance
5. Client access
6. Performance standards.

As a baseline, the CGHC has adopted current minimum standards set by HUD for all CoC funded projects and has adopted the standards noted by state funded ESG programs within the most recent Solutions to End Homelessness Program (STEHP) contract. Requirements set by HUD for CoC and ESG projects include:

- Projects must have written policies and procedures and consistently apply them to all participants
- Projects that serve households with children must comply with the following:
  - A staff person must be designated as the educational liaison that will ensure children are enrolled in school, connected to appropriate services in the community, including early childhood project such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services
  - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), however all homeless programs are strongly encouraged to participate in HMIS and meet the minimum HMIS data quality standards.
- Programs must coordinate and collaborate with other service providers within the geographic area (such as housing, social services, employment, education and youth programs, etc).
- Programs are required to participate in the Coordinated Entry System and use the prioritization criteria established in this document.
- Programs must keep documentation of homelessness on file
- Programs must keep documentation of amount, source and use of resources for each match contribution
- Programs must keep documentation of use of HMIS
- Programs must keep documentation for all eligible costs charged to the grant
- Eligibility requirements as defined by CoC and ESG funding are the standard for receiving assistance. Additional project requirements for eligibility are not the standard and cannot be grounds for rejection. Project participants can only be rejected because the eligibility criteria as defined by CoC and ESG funding and noted in the written standards is not met.
- Projects must have a formal procedure for terminating assistance to a participant that abides all project funding, state and federal regulations.

The *Continuum of Care Written Standards* are implemented in coordination with the *Coordinated Entry Policies and Procedures* and the *Columbia County 10 Year Plan to End Homelessness*. Specifically, the following written standards for administering assistance within the Columbia Greene CoC geographic area serve as a reference to:

- Assist with the coordination of service delivery across the geographic area and are the foundation of the Coordinated Entry system
- Assist in assessing individuals and families consistently to determine project eligibility
- Set prioritization standards for administering assistance that are in line with strategies outlined by the CoC's vision and guiding principles for local targets that are complimentary to those within HUD's *Opening Doors*
- Assist in administering projects fairly and methodically to meet funding regulations
- Establish common core performance measures for all CoC and ESG component types
- Provide the basis for monitoring CoC and ESG funded projects
- Establish how standards will be reviewed regularly and evaluated for effectiveness

## Ongoing Review & Evaluation

As a document that represents the CoC, its housing and services available, as well as local goals and values, these standards serve as a resource for providing assistance across the continuum in order to prevent end homelessness.

These standards are to be reviewed annually to ensure the system of providing assistance is transparent, local priorities are clear to all recipients, and as a CoC that limited resources are being used strategically. To guarantee the written standards are implemented comprehensively, project performance, HMIS data, Coordinated Entry tracking, as well as project participant and stakeholder input will all be considered when evaluating the written standards for effectiveness. As noted in the bylaws, ongoing review and evaluation of these standards will be completed at least annually.

## Prioritization Standards

These written standards establish the community-wide expectation of how resources are to be targeted within the community. This is separate from meeting eligibility requirements, and specific to prioritizing assistance according to population and household types. Project participants must always meet eligibility criteria while all individuals and household types can be prioritized for a type of assistance. As prescribed in the *Coordinated Entry Policies & Procedures*, CoCs are instructed to prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. All CoC program-funded PSH accept referrals only through a single prioritized list that is created through the CoC's Coordinated Entry process, which is also informed by the CoC's street outreach. Populations and households prioritized for assistance include:

- Those prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH or PSH **Prioritized** for Occupancy by CH Persons are, in order of prioritization:
  - First Priority- Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs are.
  - Second Priority- Chronically Homeless Individuals and Families with the Longest History of Homelessness are prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH and PSH **Prioritized** for Occupancy by CH Persons.
  - Third Priority- Chronically Homeless Individuals and Families with the most severe service needs are prioritized in CoC funded PSH beds **Dedicated** to Persons Experiencing CH and PSH **Prioritized** for Occupancy by CH Persons.
  - Fourth Priority- All other Chronically Homeless Individuals and Families ○ Fifth Priority- Non-chronically homeless households, as long as the recipient of CoC Program-funded PSH documents how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area at the point at which a vacancy becomes available.
- Those prioritized in PSH beds that are NOT Dedicated or Prioritized for Persons Experiencing Chronic Homeless, in order of prioritization:
  - First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness, fewer than four occasions where they have been living or

residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months, **and** Severe Service Need.

- Second Priority - Homeless Individuals and Families with a Disability with Severe Service Needs. No minimum length of time required.
- Third Priority - Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. No minimum length of time required.
- Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing where prior to residing in the TH had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in TH who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that TH project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the TH.
- Fifth Priority- All others that meet a lower priority of order, as long as the recipient of CoC Program-funded PSH documents how the determination was made that there were no eligible individuals or families within the CoC's geographic that met a higher priority.

### **Housing First**

A Housing First Model is to be prioritized. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions. Programs ensure that no potential clients are screened out or terminated based on any of the following criteria:

- Having too little or no income
- Active/history of substance abuse
- Criminal record with exceptions for state mandated restrictions
- History of domestic violence
- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve
- Being a victim of domestic violence
- Any other activity not covered in a lease agreement typically found in the CoC's geographic area.

### **Project Requirements Specific to ESG-funded Projects**

Projects funded with ESG funds will be expected to adhere to the following to be considered in good project standing and align with the standards:

- Project will be familiar with and adhere to all project requirements of ESG as stated in Title 24 of the Code of Federal Regulations, Part 576
  - Project will participate in the development and implementation of the Columbia and Greene Counties Continuum of Care Plan
  - Collaborate with other homeless providers in the operation of the project
    - Participate in trainings and coordination meetings
    - Cooperate with related research and evaluation activities
    - Prioritize referrals from homeless service providers with the Counties' Continuum of Care System as it relates to the Coordinated Entry System
  - Meet high standards of professionalism in implementing the project
- Conform to all fiscal accountability standards required by the New York State Office of Temporary and Disability Assistance (OTDA) and by the federal governments (24CFR, Part 84)

*Objectives and Outcomes Specific to State Funded ESG Projects*

- Suitable living environment
- Affordable housing and affordability of services
- Creating economic opportunities Availability and accessibility of services and housing
- Sustainability of the above stated objectives

*Strategic Planning Objectives Specific to CoC Funded*

*Projects*

- Increase the number of beds dedicated and prioritized to serve chronically homeless individuals
- Increase housing stability
- Increase project participant income
- Increase the number of participants obtaining mainstream benefits
- Increase the number of individuals and families served by Rapid Rehousing

## **Written Standards by Project Type**

The project types directly providing homeless housing and services included within the written standards and their location within the document are listed below.

• Homelessness Prevention (HP)	.. . . . .	p.5
• Outreach	.. . . . .	p.5
• Emergency Shelter (ES)	.. . . . .	p.8
• Rapid Re-housing (RRH)	.. . . . .	p.8
• Transitional Housing (TH)	.. . . . .	p.9
• Permanent Supportive Housing (PSH)	.. . . . .	p.10
• Support Service Only (SSO)	.. . . . .	p.10
• Homeless Management Information System (HMIS)	.. . . . .	p.12

## **ACCESSING ASSISTANCE**

The Columbia Greene Housing Coalition's *Coordinated Entry Policies and Procedures* is to be referenced per assistance type as it relates to *accessing assistance*. The *Policies and Procedures* outline the standardized access, assessment, and referral process for housing and other services across agencies in a community. This process is not intended to determine acceptance into a program; it is meant to prioritize community services based on need. This process is intended to assure household eligibility for waiting list acceptance with programs having the ability and responsibility to ensure that household needs are best served by their

program. The goal of Coordinated Entry is to link all Emergency Solutions Grant, CoC funded, and non-CoC funded programs in order to best assess households to effectively and efficiently refer households to services. The *Coordinated Entry Policies and Procedures* can be found on the Columbia Greene Housing Coalition's website [caresny.org/continuum-of-care/columbia-greene-housing-coalition-continuum-ofcare/columbia-greene-housing-coalition-coordinated-entry/](http://caresny.org/continuum-of-care/columbia-greene-housing-coalition-continuum-ofcare/columbia-greene-housing-coalition-coordinated-entry/).

## HOMELESSNESS PREVENTION

Homeless Prevention activities are available to persons who are at risk of becoming homeless. Homeless prevention assistance can be used to prevent an eligible individual or family from becoming homeless or to help to regain stability in their current housing or other permanent housing. Eligible activities include housing relocation and stabilization services as well as short and medium-term rental assistance. Please note, for further information regarding the administration of Homelessness Prevention, refer to the *STEHP contract between OTDA and Community Action of Greene County as well as Legal Aid Society of Northeastern New York*.

### ***Eligibility Criteria (State Funded ESG)***

- Participants must meet the HUD definition of homelessness or at risk of becoming homeless.
- Participants must have combined income below 30% Area Median Income (AMI).
- Participant lacks identifiable financial resources and/or support networks.
- For continued eligibility: participant income eligibility must be reviewed every three months for continued prevention assistance.

### ***Accessing Assistance***

- The Coordinated Entry System screens potential participants for prevention services or housing assistance needs.

### ***Minimum Standard of Assistance (State Funded ESG)***

- A stipend up to \$800 for up to three months
- Rental assistance is provided for a maximum of 3 months or the equivalent in utility arrears
- Case management must occur at least once per month while participant is receiving prevention assistance.

### ***Performance Standard: Expected Outcomes***

- Reduce the Number of Homeless Households Seeking Emergency Shelter
  - At least a 20% increase in diversions for homeless households
  - At least 80% of households served will maintain permanent housing for 90 days after discharge.

## OUTREACH

Street Outreach serves unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Services are provided to eligible participants residing in a place not meant for human habitation. Essential services of street outreach include: engagement, case management, emergency health and mental health services, and transportation, and services for special population. Please note, there are currently no outreach programs in the CoC. Should an outreach program be developed, information regarding the administration of the program will be developed and approved similar to the guidance below.

### ***Eligibility Criteria***

- Participants must meet the HUD definition of unsheltered homelessness.

### ***Accessing Assistance***

- The Coordinated Entry System screens participants for housing assistance needs.

### ***Minimum Standard of Assistance***

- Please note, due to the varying nature of Outreach projects that may function within the CoC, the official minimum standards of assistance are tailored to align with the specific purpose of the particular project.

### ***Performance Standards: Expected Outcomes***

- Expand Homeless Outreach Services o At least 10% more households will be provided services than the previous year.

## EMERGENCY SHELTERS

Essential services of emergency shelter includes: case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations. Please note, there are currently no emergency shelters in the CoC. Should an outreach program be developed, information regarding the administration of the program will be developed and approved similar to the guidance below.

### ***Eligibility Criteria***

- Participants must meet the HUD definition of homelessness

### ***Minimum Standard of Assistance***

- Provision of shelter, food, and personal care items.
- Assistance in transitioning to permanent housing

### ***Accessing Assistance***

- The Coordinated Entry System screens participants for housing assistance needs.

#### ***Performance Standards: Expected Outcomes***

- Reduce Rates of Homelessness
  - At least 30% of households will exit to permanent housing destinations.
  - Average length of stay is less than 20 days

## **RAPID RE-HOUSING PROJECTS (RRH)**

Rapid Re-Housing is available to help those who are literally homeless be quickly and permanently housed. Rapid Re-Housing Projects (RRH) provide housing relocation and stabilization services and short or medium term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing. Please note, Rapid Rehousing funds are available through both CoC and ESG. Please note, for further information regarding the administration of Rapid Rehousing, refer to the *STEHP contract between OTDA and Community Action of Greene County*.

#### ***Eligibility Criteria***

- Participants must meet the HUD definition of homelessness.
- Participant lacks identifiable financial resources and/or support networks.

#### ***Minimum Standards of Assistance***

- Rental assistance with security deposit, 1st and last month's rent @ \$800.00 each

#### ***Accessing Assistance***

- The Coordinated Entry System screens potential participants for permanent housing assistance eligibility.

#### ***Performance Standards: Expected Outcomes***

- Reduce the Number the Length of Homelessness for Homeless Households
  - At least 80% of households served will be placed in permanent housing within 60 days.
  - At least 80% of households served will maintain permanent housing for 90 days after discharge.

#### ***Performance Standards: Strategic Planning Objectives***

- 80% or more of all participants remain stable in RRH or exit to other permanent housing destinations
- 56% or more of adult participants will have mainstream (non-cash) benefits
- 54% or more of adult participants will have income from sources other than employment
- 54% or more of adult participants will increase income from sources other than employment

- 20% or more of adult participants will have income from employment
- 20% or more of adult participants will increase income from employment

## TRANSITIONAL HOUSING PROGRAMS

Transitional Housing (TH) is designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing.

### ***Eligibility Criteria***

- Participants must meet the HUD definition of homelessness

### ***Minimum Standards of Assistance***

- Maximum length of stay cannot exceed 24 months
- Assistance in transitioning to permanent housing must be provided
- Support services must be provided throughout the duration of stay in transitional housing
- Project participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months

### ***Accessing Assistance***

- The Coordinated Entry System screens potential participants for housing assistance needs.

### ***Performance Standards: Strategic Planning Objectives***

- 80% or more of all participants will exit to permanent housing destinations
- 56% or more of adult participants will have mainstream (non-cash) benefits
- 54% or more of adult participants will have income from sources other than employment
- 54% or more of adult participants will increase income from sources other than employment
- 20% or more of adult participants will have income from employment
- 20% or more of adult participants will increase income from employment

## PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) for persons with disabilities is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

### ***Eligibility Criteria***

- Participants must meet the HUD definition of homelessness
- PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability.

#### ***Minimum Standards of Assistance***

- There can be no predetermined length of stay for a PSH project
- Supportive services designed to meet the needs of the project participants must be made available to the project participants throughout the duration of stay in PSH
- Project participants in PSH must enter into a lease (or sublease) agreement for an initial term of at least one year that is renewable and is terminable only for cause. Leases (or subleases) must be renewable for a minimum term of one month.

#### ***Accessing Assistance***

- The Coordinated Entry System screens potential participants for permanent supportive housing assistance eligibility.

#### ***Performance Standards: Strategic Planning Objectives***

- 80% or more of all participants will remain stable in PSH or exit to other permanent housing destinations
- 56% or more of adult participants will have mainstream (non-cash) benefits
- 54% or more of adult participants will have income from sources other than employment
- 54% or more of adult participants will increase income from sources other than employment
- 20% or more of adult participants will have income from employment
- 20% or more of adult participants will increase income from employment

## **SUPPORTIVE SERVICES PROJECTS**

The supportive services only (SSO) project component allows for the provision of services to homeless individuals and families not residing in housing operated by the recipient of SSO funding. SSO projects provide services to persons experiencing homelessness that are not tied to specific housing units. Supportive services can include conducting outreach to sheltered and unsheltered homeless persons and families, link clients with housing or other necessary services, and provide ongoing support. Please note, there are currently no SSO projects in the CoC. Should a SSO project be developed, information regarding the administration of the program will be developed and approved similar to the guidance below.

#### ***Eligibility Criteria***

- Participants must meet the HUD definition of homelessness

#### ***Minimum Standards of Assistance***

- Please note, due to the varying nature of SSO projects that may function within the CoC, the official minimum standards of assistance are tailored to align with the specific purpose of the particular project.

#### ***Accessing Assistance***

- The Coordinated Entry System screens participants for housing assistance needs.

***Performance Standards: Strategic Planning Objectives***

- Please note, due to the varying nature of SSO projects that may function within the CoC, the official performance standards are tailored to align with the specific purpose of the particular project.

## HOMELESS MANAGEMENT INFORMATION SYSTEM

Under the HEARTH Act, HMIS participation is a statutory requirement for all CoC and ESG funded projects. Victims service providers cannot participate in HMIS, these providers must use a comparable database that produces unduplicated and aggregate reports in its place. The CGHC is responsible for designating the HMIS lead who is responsible for the operation and administration of the HMIS.

### ***Minimum Standards***

- Produce an unduplicated count of persons experiencing homelessness for the CoC
- Describe the extent and nature of homelessness within the CoC
- Identify patterns of service use
- Measure program effectiveness

Performance Standards: Expected Outcomes

- Increase and Maintain Data Quality within HMIS

**No more than 5% missing or null data for all required fields.**

## **MOVE ON STRATEGY FOR RECOGNITION OF TENANT INDEPENDENCE**

Columbia Greene Housing Coalition (CGHC, the Continuum of Care for Columbia and Greene Counties) has created a Move On Strategy to transition households in Supportive Housing (including Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH)) who no longer need intensive services to affordable housing. This strategy is broken into Phase I and Phase II, and sets out the actions CGHC will take to ensure the community has suitable long-term, affordable housing options for tenants ready to move on, and that tenants have the skills and are empowered to make this decision. The fundamental goal of the Move On Strategy is to promote the highest levels of independence and choice for tenants, as well as to create flow in supportive housing units to ensure these units are available for currently homeless families and individuals with disabilities who need housing combined with services. Promoting economic mobility and self-sufficiency, the Move On Strategy is first and foremost about celebrating growth, recovery and tenant success, and ensures all services are provided using strengths-based language and a recovery-focused model. Below details the CoC's process for identifying tenants who are eligible to move on; documentation needed to request ideal candidates for the strategy; and providing guidance for tenants on safety and security while prioritizing resources where they are most needed. The plan is based on a model Move On strategy discussed by the U.S. Department of Housing and Urban Development (HUD) and the Corporation for Supportive Housing. The CGHC Board and Education/Outreach Committee will be responsible for providing regular trainings, resources, relationship building, and outcome tracking to support implementation of and monitor the Moving On Strategy.

### **Recruiting Affordable Housing Providers**

The Move On Strategy targets existing tenants in supportive housing who are stable and require only minimal supportive services. These tenants are, with client choice, assisted to transition to a mainstream rent subsidy (typically the Housing Choice Voucher program) or an affordable housing unit, which frees up their subsidy for someone who is chronically homeless and needs the intensive services and long-term subsidies offered in supportive housing. The mainstream rent subsidy may include programs like Public Housing Authorities (PHAs), multifamily assisted housing owners, Low Income Tax Credit (LIHTC) developments, and local low-income housing programs. Phase I of the Move On Strategy is currently being implemented and includes recruiting local affordable housing providers to participate in the program, by setting preferences for tenants moving on from supportive housing. Phase II of the Move

On Strategy will include advocating to New York State to incorporate a preference for individuals and families moving on from supportive housing units in the NYS Affordable Housing Corporation Plan.

### **Identifying Households for Moving On**

Housing providers identify households in supportive housing that may be ready to move on through ongoing case management with tenants. Specifically, program staff meet with tenants on an ongoing basis to establish tenant goals and set a plan towards meeting those goals, utilizing strengths-based language and a recovery-focused model. Program staff implement a client-choice model by ensuring tenants know there is a voluntary option to move on. Program staff ensure tenants interested in moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet PHA or other affordable housing providers screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. During Phase II of this strategy, a standardized assessment for moving on will be developed and implemented.

Program staff work with tenants to create a formal and comprehensive transition plan that identifies tenant strengths, living skills and the supports necessary to help them meet transition goals. Pre-transition plans are individualized to meet the specific needs of each household. Some common resources or supports tenants often need and are connected to include: employment supports, benefits counseling, activities of daily living skills, community living skills, and connection to community-based services. As households volunteer, housing providers make referrals to the PHA or other affordable housing providers.

### **Eligibility Considerations for Tenants**

Individuals are identified by housing provider program staff who work directly with clients in the housing programs. Clients should meet four basic criteria in order to be recommended to move on: 1) a good rental history of on-time payments, 2) evidence of “good neighbor” behavior without any complaints or property management conflicts, 3) supported progress of quantitative areas and 4) low service needs. Housing providers identify households in supportive housing who may be candidates for moving on by analyzing observations (interviews/survey's, demonstrated ability to live stably and maintain housing or any other mitigating circumstances) combined with quantitative key areas for assessing tenant capacity, motivation, confidence and emotional readiness. These key quantitative areas include:

- Emotional independence (interest and confidence in moving on),
- Financial Capacity (employment, income, savings, budgeting skills),
- Housing history (housing tenure, rent arrears, past evictions, neighbor/landlord relationships)
- Intensity of service use (need for on-site services),

- Health/behavioral health (substance use, mental health, medication management, treatment engagement, mobility),
- Connection to mainstream resources (rental supports if needed),
- Connection to family or other natural supports,
- Community living skills (self-managing behavior, limit setting relating to drugs, etc.),
- Activities of daily living skills (ability to get meals, keep apartment clean, follow lease), and
- Housing goals (location, size, affordability, live with family/friends).

### **Transition Services**

Housing Providers are required to provide: assistance with locating and securing a housing unit; case management to support transition including but not limited to assistance building linkages to community supports and services, such as mental and physical health services, substance use treatment, stores for groceries and other necessities, recreational activities and public transportation options; and support with landlord negotiations. Services offered may also include: providing funds to cover moving services, utility deposits/arrears and furniture/household items; and assistance with family reunification.

### **Aftercare Supports**

CGHC recommends housing providers offer voluntary aftercare services to individuals who have moved on for at least six months after their move-out, and track types of supports provided and outcomes of those supports. It is recommended housing providers provide a minimum of two check-ins per month that can be in-person, by phone or by email.

### **Creating a Culture of Moving On**

CGHC believes a programmatic reward/incentive structure for Moving On can assist in further promoting a culture of independence and self-sufficiency. The CoC will develop a variety of strategies to publicize and build interest in Moving On opportunities, including providing trainings on and working with providers to: post fliers in highly visible locations; host community meetings on Moving On; conducting one-on-one outreach to tenants; and encourage Moving On peers to talk about their experiences and engage tenants.

### **Moving on Timing and Availability**

CGHC understands a Move On request may not be able to be satisfied immediately due to a variety of variables. However, the housing program will act as quickly as possible with community partners to move a tenant into appropriate affordable housing.

### **Ongoing CoC Assessment of Move On Strategy**

Once annually CGHC will assess the success of this Move On Strategy, reviewing number/percentage of persons who have moved on and rate of retention in affordable housing destinations. CGHC will also

discuss strengths/weaknesses related to the strategy's recommendations for recruiting affordable housing providers, identifying households for moving on, eligibility considerations for tenants, transition services, aftercare supports, and creating a culture of moving on.

## EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING

### **Emergency Transfers**

The CGHC Continuum of Care is concerned about the safety of the tenants of the housing programs within its geographic area that are funded by Continuum of Care (CoC) Grant funds and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), CoC - funded programs providing permanent housing or transitional housing, except safe havens, must allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit.

The ability of a housing program to honor such a request for tenants currently receiving rental assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer; the documentation needed to request an emergency transfer; confidentiality protections; and how an emergency transfer may occur. In addition, it provides guidance for tenants on safety and security. The plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the federal agency which ensures that CGHC and the CoC funded providers within its geographic area in compliance with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer, if: The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; or The tenant is a victim of a sexual assault, and the sexual assault occurred on the premises within the 90-day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

To request an emergency transfer, a tenant must notify the housing program's administrator or manager and submit a written request for a transfer to that individual. The tenant's written request for an emergency transfer should include either:

1. A statement expressing why the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the same dwelling unit assisted under the housing provider's program; or
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-day period preceding the tenant's request for an emergency transfer.

The housing program may request additional documentation from a tenant in accordance with the documentation policies of HUD's regulations at 24 CFR part 5, subpart L.

### **Confidentiality**

The housing program will keep confidential any information that the tenant submits in requesting an emergency transfer, unless the tenant gives the housing program written permission to release the information or disclosure of the information is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed the act or acts of domestic violence, dating violence, sexual assault, or stalking against the tenant.

### **Emergency Transfer Timing and Availability**

The housing program cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. However, the housing program will act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to the availability and safety of a unit. If the housing program does not expect to have another unit available within a reasonable period of time, it will contact other housing programs in the area to determine whether they have an available unit. If a unit is available, the tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant is being transferred.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. The tenant is encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

### **Attachment 1: Local Organizations in Columbia and Greene Counties offering assistance to victims of domestic violence.**

**ATTACHMENT 1**

**LOCAL ORGANIZATIONS IN COLUMBIA AND GREENE  
COUNTIES OFFERING SERVICES TO VICTIMS OF  
DOMESTIC VIOLENCE**

**COMMUNITY ACTION of Greene County**

**24-hour Domestic Violence Hotline - (518) 943-9211**

All calls are confidential. We provide information, crisis intervention, counseling, referral, and/or shelter. **The hotline is available to victims, friends, family, and other concerned individuals. Collect calls accepted.**

**People**

Services are available to all victims and their dependent children, regardless of gender, age, ethnicity, or sexual orientation.

**Programs - All Services are Free and Confidential**

**Shelter:** The Domestic Violence Program can arrange emergency shelter which provides a safe place, food and supportive services for victims of domestic violence and their children.

**Legal Services:** Our staff can discuss legal options with you and assist you in obtaining Orders of Protection from the family or criminal courts. We can assist you with filing claims to the Crime Victims Board.

**Social Services:** You may be eligible for emergency funds from the Department of Social Services. Our staff will advocate on your behalf with the local department.

**Supportive Services/Counseling:** Our program provides supportive services and counseling for victims of domestic violence and their children.

**Educational Outreach:** The Community Educator of the Columbia Greene Domestic Violence Program can provide in-service and informational trainings to school administrators, students, law enforcement, court personnel, civic groups, etc., on the dynamics of domestic violence, warning signs, healthy relationships and available resources. **All services are confidential and free of charge.**