

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: NY-519 - Columbia, Greene Counties CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CARES Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Other:(limit 50 characters)		
VA Funded Organizations	Yes	Yes

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

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

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

The NY-519 Continuum of Care has a transparent process in place to issue a formal annual public invitation for new members to join. Public invitations are posted and announced via the CoC’s website and list serve. The Education/Outreach committee oversee the formal invitation process and

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

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

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

within the geographic area. The State requested CoC Board support in order to fund proposed projects. The CoC also played an integral role in the evaluation and reporting of performance of ESG subrecipients by providing OTDA with PIT and HMIS/DV data and by developing ESG performance standards. The PIT/HIC Committee, in consultation with the Collaborative Applicant drafted ESG specific performance and evaluation standards. The standards were shared with OTDA for comment, approved by the Board and presented to membership for final approval. The Committee was also responsible for evaluating outcomes of ESG projects and worked in collaboration with the Collaborative Applicant and HMIS Lead to ensure positive outcomes. Additionally, the CoC conducted CoC- and ESG- funded project monitoring and provided technical assistance to agencies who were identified to need assistance through monitoring. Quarterly, the CoC provided HMIS derived CAPER information and any relevant information noted during monitoring to OTDA for review and evaluation.

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

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

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

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

The CoC provides individuals and families fleeing domestic violence access to housing and trauma-informed, victim-centered services that prioritize the survivor’s safety needs, accommodates their unique circumstances, and maximizes client choice by; adopting an emergency transfer plan, ensuring an inclusive and confidential Coordinated Entry System, and engaging and learning from agencies that utilize a trauma informed approach and provide services that are victim-centered. The CoC adopted emergency transfer plan clearly defines eligible households; lists required documentation; defines confidentiality protections; and details how a transfer takes place. In addition, the Plan provides guidance safety and security. The CoC took additional steps to prioritize safety and maximize client choice by approving DV specific protocol within the CE Policy and Procedure Manual. The Manual documents

collaboration between DV and mainstream housing providers. Community Action of Greene County, a CoC/NYS ESG/VAWA funded agency, plays an integral role within the implementation of the CE system, which offers survivors housing options that use a trauma informed and victim centered approach. The CoC has also engaged and learned from agencies, like Community Action of Greene County, by requesting quarterly agency presentations on trauma informed and victim centered best practices during CoC membership and CE committee meetings. In concert with the adopted protocols, the CoC has developed a mechanism through training and education to maximize client choice for housing and services while ensuring safety and confidentiality. The CoC provided training and one-on-one technical assistance on Safety Planning and on the Increasing Mobility Options for Homeless Ind. & Fam w/ TBRA Rule (the Rule). The CoC actively educated mainstream providers on the importance of safety planning and incorporated the Rule into the CE process.

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

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

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

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

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

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

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

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

The Columbia and Greene County CoC is currently (CY 2017) serving 204 survivors of domestic violence, dating violence, sexual assault and stalking. These services were provided through a CoC/ESG/VAWA funded program, Community Action of Greene County, that covers the CoC's entire geographic area. Services include providing shelter to survivors of domestic violence, and their children. In addition to providing shelter survivors also received support services through the Community Action of Greene County. Support services include individual domestic violence counseling, case management, addiction and recovery services, as well as participation in support groups. Advocates from the domestic violence agency also supported survivors through proceedings with family court, police court and child protective services. The data source the CoC used for the calculations was monthly STAT sheets from CAGC and shelter attendance reports. Data is collected in real time via intake and assessment interviews at shelter sites.

1C-4c. Applicants must describe:

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

The Columbia and Greene County CoC has an immediate need for increased housing and supports for survivors of domestic violence, dating violence, sexual assault and stalking. Within the CoC, 204 individuals were in shelter in 2017 as a direct result of domestic violence. Shelter staff struggle to support clients in accessing affordable housing due to the limited financial assistance available for housing. For example, the monthly Department of Social Services housing allowance for a single is under \$400, and there are no apartments in the area under that price range. Often singles request extensions on their permitted 90 day stay in shelter because they cannot find housing. Alternatives to independent housing include staying with family, finding a roommate, returning to the batterer or discharge to a motel paid by DSS. This shows there is a need for housing and services in the CoC's geographic area well beyond the number of survivors currently being served. The CoC works with shelter staff to collect aggregate data on survivors served through intake interviews, hotline calls and requests to the CoC for housing directly related to individuals fleeing domestic violence. All shelters refer households fleeing domestic violence to CAGC which uses monthly STAT sheets from CAGC and shelter attendance reports to collect and report on this data.

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

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

In the Columbia and Greene County CoC there is an unmet need for housing and services for survivors of domestic violence. The most significant unmet need is for Rapid Rehousing dedicated to victims of domestic violence. Community Action of Greene County is currently the only licensed domestic violence shelter in Columbia and Greene County. While CAGC offers a plethora of dedicated services to victims of domestic violence, services cannot be fully accessed or utilized until safe housing is secured. When a survivor first leaves their perpetrator, they are in their most vulnerable state. Being unable to support them at this time can lead to their return to the abusive situation. Given the lack of permanent housing available to survivors of domestic violence, survivors often must return to the same neighborhoods where their abuse took place, thereby making them vulnerable to their perpetrator, as well as their perpetrator's family and friends. Alternatively, victims of domestic violence are referred to permanent housing out of county, potentially removing an already vulnerable household from an essential existing support network and further disrupting their lives. Having access to appropriate housing, child care, mental health support services, addiction and recovery services and financial literacy

programs, is crucial to ensure a survivor can successfully move forward. As such, investment in Rapid Rehousing dedicated to victims of domestic violence is essential to leverage the resources/services already available for these households in the community. In the past year, we served 48 single victims of domestic violence, which is the population to be served by the opportunity. Of those 48 singles, 70% were not discharged to a positive destination, largely as a result of a lack of affordable housing in the area. This data shows a significant unmet need in the community for housing dedicated to victims of DV. The data source the CoC used for the calculations was monthly STAT sheets from CAGC and shelter attendance reports. Aggregate data is collected in real time via intake and assessment interviews at shelter sites.

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

This DV bonus project will address the unmet needs of survivors of domestic violence, dating violence, sexual assault and stalking within the CoC by providing security deposits, first and last month's rent, and rental assistance for one year. In addition, program participants will have supportive services. These services will include job training in order to allow the participants the opportunity to gain valuable skills to increase their chances of employment, and ultimately support themselves. When a victim comes into shelter, one of the biggest struggles our case managers report is finding appropriate homes for victims to be re-housed. Lack of affordable, safe housing in Columbia and Greene Counties creates longer wait times in shelter for victims and their families, most of which include young children under the age of 12, creating further destabilization and trauma. Without suitable housing options, many victims return to the same neighborhoods as their perpetrators. Having access to a funding source that can support first and last month rent and a time-limited rental stipend for victims to rapidly access safe housing will open additional doors to our clients and reduce the trauma and stress on the victim and their family. CAGC has successfully served victims of DV in Columbia and Greene County, and thus has existing and ongoing relationships with necessary community providers to ensure once households are rapidly rehoused they will remain safely and stably housed.

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

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

The Columbia and Greene CoC is applying for the entirety of the DV Bonus funding to create a Rapid Rehousing project. CAGC makes improvements in the safety of survivors of DV by upholding best practices related to operating a shelter for survivors of DV and providing survivors of DV with essential services. Specifically, CAGC shelter provides a safe haven for transition back into the

community. CAGC operates a 10 bed 24-hour manned shelter in Greene County, and a fifteen bed 24-hour manned shelter in Columbia, as well as a four-unit transitional apartment building in Columbia County. CAGC addresses multiple barriers faced by survivors of DV by offering comprehensive services. Individual and support counseling, information and referrals to other supportive services, schools, counseling, etc. is provided, as well as assistance with budgeting, obtaining job skills, employment, and safe permanent housing. For those who choose to exit shelter and remain in our two-county region, CAGC's Aftercare Coordinator continues to work with that family for up to six months, providing transportation, support counseling, information and referral to other services, assistance registering children for school, etc. CAGC's transitional apartment building provided four households with low rents and supportive services for up to six months. Services available to victims include legal advocacy and accompaniment, confidential counseling services, a variety of support group options, and connection to mental health and substance abuse services. Community members also have access to a 24-hour domestic violence hotline for Columbia and Greene Counties. The Columbia and Greene County CoC and Collaborative Applicant fully believe the agency has the capacity to successfully implement a new RRH project, necessary to better meet the needs of survivors of DV in the community.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
NYS Housing Trust Fund Corporation	0.00%	No	No
Hudson Housing Authority	0.00%	No	No
Catskill Housing Authority	0.00%	No	No

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

Within the CG Continuum of Care there are 3 PHAs/HVC administrators that currently do not have a homeless admission preference in their written policies. To encourage these 4 PHAs/HCV administrators to adopt such policies the CoC

has, through one-on-one meetings and via email communication encouraged PHA/HCV administrator staff to participate within the development of the CoC's collaborative planning process. Through this process the CoC and PHAs have been able to discuss the current needs of the homeless population and discussed first steps to establish a system of preferences that would be informed by goals established through the planning process. Additionally, the CoC encourages the PHAs/HCV administrators to create a homeless admission preference by sharing Point-in-Time and Homeless Management Information Systems data. The goal is to utilize data to update preferences (i.e. – create a homeless preference) to ensure that preferences are based on local community needs. Lastly, the CoC conducts outreach via the Education/Outreach Committee to ensure the two PHAs/HVCs are members of the CoC. As a result of the outreach four of the four PHAs are members. Currently all of noted PHAs/HVC administrators partner with non-profit organizations in some form. As members of the CoC, PHAs are able to understand the current need in the community and learn about agencies who can be potential partners if a preference is adopted.

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

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

Columbia-Greene CoC has a Move On Strategy in place. Specifically, under Phase I of the Move On Strategy, the CoC is currently recruiting local affordable housing providers to set a preference for households in Permanent Housing who no longer require and/or request intensive services and are seeking to transition to affordable housing. Local Public Housing Authorities (PHAs), LIHTC, multifamily assisted housing, and low-income housing agencies being reached-out to include: Catskill Mountain Housing Development Corp, Mental Health Association of Columbia, and local PHAs (Hudson, Catskill). The Move On Strategy details the CoC will ensure persons moving on (1) have demonstrated the ability to live stably and maintain housing, (2) will meet screening criteria, and (3) understand the decision to move on from supportive housing is voluntary. The CoC's Move On Strategy recommends PH providers provide pre-transition services, including living skills training, employment, and community integration supports - as well as strong aftercare supports to ensure a successful transition over the long-term, and that all services are provided using strengths-based language and a recovery-focused model. Beginning in 2019, the CoC will implement Phase II of its Move On Strategy by 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. In Phase II the CoC will also provide guidance and trainings for PH providers (i.e. creating a cultural shift towards the option of moving on; best practices for implementing independent living skills, wellness self-management, and accessing community-based services; and empowering tenants to grow beyond their current circumstances). The CoC will also be creating a standardized assessment for moving on.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

The CoC addresses the needs of LGBT individuals and their families experiencing homelessness and ensures equal access to housing individuals in accordance with their gender identity in programs and shelters funded under programs administered by HUD's Office of Community Planning and Development (CPD). Specific actions taken by the CoC include: incorporating an anti-discrimination policy within the CoC Written Standards, educating programs about the final Equal Access Rules, and monitoring ESG and CoC funded programs for compliance. The CoC implemented a CoC wide anti-discrimination policy (documented within the Written Standards) on 8.10.17 to ensure all community programs (CoC and ESG) provide equal access to housing. This policy was reviewed and reapproved 8.24.18. Additionally, the CoC conducts annual trainings for providers on how to effectively implement Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity; including Equal Access in Accordance with an Individual's Gender Identity. The first training occurred on 9.8.17 and a second workshop was held on 5.23.18. In order to ensure a clear understanding of the Rules and the CoC's anti-discrimination policy, the Ranking and Monitoring Committee incorporated the new regulation into the CoC monitoring process. Monitoring ensures each funded agency has a program policy addressing equal access to housing and gender identity that meets the Final Rules.

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

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

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>

Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

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

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

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

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

Reallocation: No

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

The CoC considers reallocation an important tool to make strategic

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

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

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

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	25	25	0	0.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	10	10	0	0.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	53	8	45	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

The HIC reports that there are beds missing from PSH from the Mental Health Association. This was a typo; all Columbia-Greene PSH beds are in the HMIS; they upload from their AWARDS database to CARES' and the uploads do not allow for partial bed uploads. We have corrected the table above to reflect the correct coverage as per an email exchange with William Snow.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 8

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/26/2018

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

Instructions:

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

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

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/26/2018

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

Instructions:

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

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

From 2017 to 2018 the CoC implemented data quality actions to improve the validity of the sheltered PIT count. Changes focused on providing one-on-one technical assistance with non-HMIS agencies, who make up the entirety of emergency shelter and transitional housing providers in the CoC. This data quality change improved the validity of the count and played a role in identifying 50 additional persons during the 2018 sheltered PIT count. The Collaborative Applicant facilitated increased training opportunities for the community on PIT requirements and specifically worked with the Departments of Social Services and DV shelters and transitional housing programs to ensure a complete census on the night of the count. Training with the Departments of Social Services focused on ensuring the numbers reported reflect timely data entry and data accuracy in the DSS tracking system. The result of this additional training was a reported increase of persons utilizing DSS-funded beds from 2017.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

change to the CoC’s 2018 sheltered PIT count?

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

From 2017 to 2018 the CoC implemented data quality actions to improve the implementation of the unsheltered PIT count. Changes included improved PIT count training and increased awareness of the PIT count. This year the Collaborative Applicant facilitated four regional meetings beginning in November that included the unsheltered PIT Lead Agency, VA-funded agencies, and youth providers to ensure a more accurate and complete count. These agencies reviewed and provided feedback on the survey tool, which was then locally revised. Additionally, the Collaborative Applicant and agencies discussed engagement versus observation techniques during the unsheltered count, emphasizing engagement is preferred when possible and safe in order to collect accurate data. The Collaborative Applicant also provided an overview of important definitions (i.e. HUD homeless, youth). Unsheltered PIT Count Leads in turn trained volunteers to more effectively ensure accurate data collection, deduplication and appropriate interviewing techniques. The CoC also increased awareness of the unsheltered PIT count. During this year's regional unsheltered PIT Lead Agency meetings, the Collaborative Applicant facilitated discussion on how to engage additional service partners (including veteran and youth providers who are not CoC funded, and libraries) to participate in the unsheltered PIT. The CoC worked with systems partners such as local schools and Community Colleges to collect information from current caseloads. These data quality changes led to a more accurate and complete count, contributing to the increase of 2 persons counted during the unsheltered PIT count.

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

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

For the 2018 PIT, the CoC implemented specific measures to identify homeless youth including: engaging youth focused agencies/stakeholders within the planning process and ensuring youth voices were included when identifying known locations. A group of key providers that serve youth were consulted during the PIT planning process and provided guidance on the tool, training activities and identified hotspots. Agencies including Columbia Opportunities, Mental Health Association (who has a Transitional Housing project for youth with substance abuse issues), & St. Catherine’s Center for Children, all of whom work with youth, ensured locations known to homeless youth were part of the count by providing information from youth clients when developing the list of locations to target. Additionally, the Hudson City School District McKinney Vento liaison was engaged in identifying homeless youth w/in the school system. In order to count youth experiencing homelessness, the CoC & Collaborative Applicant worked collaboratively to train agencies on the HUD definition of youth to accurately, consistently and completely account for all homeless youth in the CoC. The CoC is recruiting youth peers to participate in conducting the 2019 PIT Count.

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

The CoC implemented several actions to improve its 2018 PIT count to better count the following subpopulations: persons experiencing CH, families w/children, and homeless Veterans. Actions included increased coordination with community partners and improved HMIS data analysis. The CoC held four meetings starting in November with agencies that specifically serve each of the subpopulations to identify any potential causes for undercounting during the 2017 PIT and to formulate an improved process for 2018. Specifically, when focusing on improving the count for the CH subpopulation, the CoC identified improvements to both the unsheltered and sheltered count. To improve the unsheltered PIT count of the CH, the lead, Mental Health Association, coordinated with outreach workers to identify and target known locations for the CH. To improve the sheltered count of the CH, the HMIS Lead reviewed and

analyzed shelter PIT reports and provided one-on-one technical assistance to ensure accurate data quality regarding CH designation. In terms of families, due to NYS's Right to Shelter legislation, it is rare for families with children in the CoC to be unsheltered. As such, in order to improve the sheltered PIT count of homeless families, the HMIS Lead provided training to the Dept. of Social Services, the main provider of ES services for families within the CoC. Training focused on ensuring accurate intake dates and family composition. To better count Veterans, Soldier On and the VA coordinated with the CoC to schedule a Veteran's by-name registry week during the PIT. During the registry week, peer volunteers from each of these agencies worked to conduct both an unsheltered and sheltered count at locations where homeless Veterans frequent. The CoC will continue to increase coordination with community partners and improve HMIS data analysis to again ensure an accurate count of subpopulations for the 2019 PIT.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	35
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3A-1a. Applicants must:

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

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

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

According to the SysPM report, the average length of time (LOT) households remained homeless within the CoC is 0 days. This is because the CoC currently has no non-DV emergency or transition programs. The only emergency beds available are overflow vouchers provided through the Departments of Social Services; neither Department participates within the HMIS. However, the CoC strives to ensure the average LOT homeless is reduced every year. The CoC’s strategies are to increase the amount of appropriate housing available and to ensure CoC and programmatic policies reduce barriers to connect persons to housing. To increase the amount of appropriate housing the CoC advocates and supports the increase of RRH programs, which strive to house clients within 30 days. The CoC also creates flow in PSH units by implementing its Move On Strategy; ensuring PSH units are available for the most vulnerable. In terms of implementing policies to reduce barriers to housing, the CoC encourages Housing First policies within all programs by prioritizing projects that adhere to the Housing First philosophy through Rank and Review. Alleviating barriers to housing for all programs reduces the LOT homeless for the hardest to serve. The CE system works to reduce LOT homeless by prioritizing those with the longest LOT homeless and connecting them to the most appropriate housing. Together, these strategies have successfully lowered the average LOT homeless in the community. The CoC identifies, prioritizes and houses households with the longest LOT homeless through the CE system. During the bi-weekly CE case conferencing meetings, outreach, DSS, and PSH case managers discuss barriers to housing households who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate and appropriate housing for these households. The ad hoc Coordinated Entry Committee, which report to the Board, is in charge of overseeing these strategies.

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	50%

Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	93%
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3A-3a. Applicants must:

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

(limit 2,000 characters)

The CoC has developed strategies to increase the rate at which households in ES, TH, and RRH exit to permanent destinations. Current strategies are: (1) connect the most vulnerable households to RRH and PSH through an efficient and effective Coordinated Entry System; (2) build relationships with local landlords to increase access to affordable community housing; (3) connect households to housing subsidies (i.e. PHA and Section 8); (4) connect households to community support services and benefits (5) and connect households to education/employment training opportunities to improve income. These strategies together ensure households are linked to affordable housing options, have the necessary income to access that housing, and have support services within the community to ensure ongoing housing stability. Strategies to increase the rate at which households in permanent housing projects, other than RRH, retain their permanent housing or exit to permanent housing destinations have been more successful with a rate of 93% in FY17. Current strategies are: (1) engage with clients to ensure they are meeting their individualized goals and are stable within housing; (2) implement the CoC Move On Strategy, which includes providing pre-transition services, such as living skills training, employment, and community integration supports - as well as strong aftercare supports to ensure a successful transition over the long-term; and (3) partner with affordable housing providers and cultivate relationships with local landlords to maintain an ongoing list of apartment vacancies. These strategies ensure clients in PSH programs are supported in maintaining housing, while fostering opportunities for greater housing independence within the community. The Ranking/Monitoring and Education/Outreach Committees, which report to the Board, oversee all of these strategies.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	0%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and**

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

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

3A-5. Job and Income Growth. Applicants must:

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

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

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

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/24/2018

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	11
Total number of beds dedicated to individuals and families experiencing chronic homelessness	26
Total	37

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

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

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

3B-2.2. Applicants must:

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

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

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

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

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

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

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

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

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

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

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

3B-2.6a. Applicants must:

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

In order to measure the noted strategies in question 3B-2.6 the CoC: (1) tracks Capital Region Advisory Board on Homelessness participation and capacity, (2) tracks the amount of funding being applied for to create additional youth specific housing and services, (3) conducts the annual Youth Point in Time Count (which occurred in October 2017), and (4) tracks youth specific housing inventory data semi-annually. In order to track Board participation and capacity, attendance reports and a meeting summary are provided to the CoC Board quarterly. Also tracked and reported to the CoC Board are the number of applications submitted to charitable foundations and the federal, state, and local government that would fund youth housing and services. On a monthly basis, the Executive Committee reports and provides details on projects that applied for and received a letter of support from the CoC. Additionally, to calculate the effectiveness of securing additional funding, every six months the CoC collaborates with the HMIS Lead to collect an accurate housing inventory of beds dedicated to homeless youth as well as youth aging out of foster care, couch-surfing or otherwise unstably housed. The measures the CoC uses to calculate the effectiveness of both strategies include using HMIS data and information collected during the October Youth PIT Count. The CoC analyzes overall changes in the number of homeless youth and household composition. Additional analysis focuses on housing stability, the number of episodes homeless, and recidivism. The CoC believes these measures are the most appropriate methods for determining the effectiveness of the current strategies because 1) they ensure continued collaboration between youth providers and non-traditional providers and 2) provide real-time quantitative data on the amount of resources dedicated to youth.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;

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

The CoC collaborates with youth education providers, the State Education Agency (SEA) and Local Education Agency (LEA) and school districts for the coordinated and continued identification of eligibility for both homeless and educational services, and the continued effort in the provision of services. CoC member agency Columbia Opportunities Inc. (COI) is the county Head Start administrator and actively participates within all aspects of the CoC including Board, Membership, Coordinated Entry, and Strategic Planning. The CoC recognizes these partnerships play a vital role in ensuring efforts to coordinate and identify eligibility for both homeless and educational services are successful. The CoC has developed formal partnerships w/ Head Start, BOCES and the Columbia and Greene County School districts to coordinate prevention services and to promote the rights of education services. The CoC has also recognized through the relationships developed with SEA and LEA staff that collaborations with other school district staff, specifically guidance counselors, is key and will focus on developing relationships with counselors over the next 12 months.

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

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

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No

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

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

The CoC has taken actions to identify, assess, and refer Veterans experiencing homelessness, who are eligible for VA services, to appropriate resources by: collaborating with VA and VA-funded providers to improve identification of homeless veterans, supporting and collaborating with VA funded agencies within the Coordinated Entry system to develop a by-name list of homeless veterans and by supporting and encouraging direct connections between VA, VA-funded agencies and mainstream housing providers to create accurate and rapid referrals to VA resources. The CoC collaborates with the VA and VA-funded providers to ensure both sheltered and unsheltered veterans are identified. CoC funded agencies, VA-funded agencies and the VA Medical Center outreach teams have collaborated to engage veterans by street canvassing, referral from current clients, and direct referral from drop-in centers and ESG/faith-based emergency shelters. Non-VA funded agencies now inquire about military service, not just veteran status upon intake and refer all clients who meet the veteran criteria to Soldier On. Additionally, Soldier On is an active participant in the CoC’s Coordinated Entry system and work with mainstream homeless service providers to create a by-name list of homeless veterans. Once referred, Health Care for Homeless Veterans staff assess the veteran for a continuum of services. The HCHV Program then collaborates with Soldier On to develop a coordinated care plan to ensure the Veteran is referred to all appropriate VA and community resources; including but not limited to GPD, SSVF and HUD-VASH.

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

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

homelessness?

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

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

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

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

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

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>

Other:	<input type="checkbox"/>
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4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

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

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

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

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

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

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

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	7
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	4
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	57%

4A-3. Street Outreach. Applicants must:

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

The CoC provides street outreach throughout 100% of the CoC geographic area but focuses within the populated areas. Street outreach is conducted in a manner that allows for quick identification and engagement of all populations of people experiencing unsheltered homelessness. The CoC utilizes the Department of Social Services which conduct outreach to unsheltered chronically homeless individuals. Outreach is conducted daily with fluctuating day/evening hours. Outreach staff identify and engage households, obtain emergency housing, and conduct CE assessments. Street outreach services are tailored using a client-centered, trauma informed approach. In addition to the above-mentioned street outreach teams the CoC also connects with local

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

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

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

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

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	2	0	-2

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

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

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/14/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/13/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
Submission Summary	No Input Required