Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- 2. Ensuring all questions are answered completely.
- Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
- 4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
- 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
- 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.
- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Services Inc.

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Corporation for AIDS Research, Education and

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1B. Continuum of Care (CoC) Engagement

Instructions:

FY2017 CoC Application

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members.

Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

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Legal Services Provider	Yes	Yes
Faith-Based Organization	Yes	Yes
Managed Health Care Provider	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC solicits/considers opinions from knowledgeable/interested stakeholders year round, including housing providers, behavioral health, homeless/formerly homeless individuals, businesses, and faith-based orgs. The CoC conducts outreach via the Systems Committee and web-based forums (website, surveys, postings) to gather opinions for consideration by the Board. The CoC recently broadened community engagement through strategic planning, reinvigorating partners such as affordable housing advocates, criminal justice, and local/state officials. The CoC directly uses feedback on governance, outreach, and program development to assist w/ developing/strengthening community collaboration toward the goal of preventing and ending homelessness. Soliciting and acting on gathered opinions has resulted in increased collaboration with the local PHA, increased interest and action taken developing Housing First projects and the creation of a Regional Youth PIT count conducted each fall.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The CoC's formal open invitation process for soliciting new members occurs annually and is tasked to the Governance Committee and overseen by the CoC Board. Membership apps are posted on the CoC website year-round; prior to the fall Annual Meeting, blast emails outlining the responsibilities and benefits of CoC membership, as well as the process for joining, are sent to the CoC and systems partners for distribution. The CA conducts outreach continuously at local workshops and system partner meetings to encourage new membership. Ongoing outreach throughout the year is led by the Governance and Systems Committees to ensure that homeless/formerly homeless persons are encouraged to participate in and/or join the CoC. Specifically, during the past year the CoC held multiple focus groups with program participants to ensure homeless/formerly homeless persons participated in development of the CoC's Strategic Plan. These focus groups included direct outreach to become members of the CoC.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

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include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)

The CoC actively encourages proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects. The CoC publicly announced the availability of funds including reallocation on 5/30/17 by releasing an RFP and publicly posting it to the CoC's website. The CoC ensured the opportunity was announced at community meetings and was distributed via email to community members. Additionally, the CoC and Collaborative Applicant scheduled an open workshop on 7/28/17 for agencies to learn about the CoC and the application process for a new project (see attached agenda). The CoC considers the following factors when determining whether to include a new project on the CoC Project Priority Listing: the ability of the project to aid in meeting a stated CoC goal and that the project is being proposed by an eligible entity that has demonstrated both program and fiscal capacity.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.

Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

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
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The CoC actively consults and coordinates with two ESG recipients (City of Albany and NYS OTDA) in the planning and allocation of ESG funds. The CoC consults w/the City of Albany by providing recommendations for funding

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Applicant: Albany City & County CoC **Project:** NY-503 CoC Registration and Application FY2017

percentages per eligible activity based on current gaps in services & assists in drafting the annual ESG RFP. The CoC provides comments (either verbally or in writing) to NYS OTDA on the planning & allocation of ESG funds. The CoC provides CAPER, HIC/PIT, System Performance & Annual Youth Count data to all 3 Con Plan jurisdiction recipients (City of Albany, Town of Colonie & NYS OTDA). In addition, the Collaborative Applicant (CA) on behalf of the CoC reviews, gathers CoC member comments, & edits portions of the Con Plans/Plan updates. The CoC, in coordination w/the CA and Systems Committee, works w/each jurisdiction via in-person meetings, emails & conference calls to ensure the shared information is appropriately and accurately addressed in the Con Plans/updates.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

The CoC provides households fleeing DV access to housing/services that prioritize safety & accommodate unique circumstances by ensuring collaboration between DV and mainstream housing providers through the CE process to provide survivors with options. Equinox, a CoC/ESG/DOJ agency, plays an integral role within the implementation of the CE system, which offers survivors housing options that are low-barrier & that prioritize safety. CE is based on Housing First & removes barriers to housing including: limited/no access to money, physical/mental health, & barriers due to childcare. Additionally, the CoC adopted victim-centered practices; specifically, providing TA on the Increasing Mobility Options for Homeless Ind. & Fam w/ TBRA Rule, which exempts CoC recipients from complying w/all non-statutory regulations when a participant moves to flee DV. Educating providers/incorporating this Rule into the CE process maximizes client choice for housing/services & ensures safety/confidentiality.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

Quarterly training is provided on best practices in serving survivors of DV to CoC providers & CE operators. Topics include application of the Mobility Rule & safety planning. To assess the scope of need w/in the CoC, basic demographic info is collected annually from regional DV providers. Data is compiled parallel to HMIS data & is presented in a regional State of Homelessness Report, used for local/state funding advocacy; & to inform Strategic Planning initiatives & the Rank & Review process. Safety planning protocols are incorporated into the CE process & ensure survivors of DV are confidentially assessed while maximizing client choice & safety. For example, during the intake process clients are

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Applicant: Albany City & County CoC **Project:** NY-503 CoC Registration and Application FY2017

offered privacy to complete assessment, couples are assessed separately & assessments are completed w/staff trained by DV agencies on trauma informed care. Households are given options including VAWA/ESG/CoC services, which prioritizes client choice in housing/services while ensuring safety.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Albany Housing authority	43.00%	Yes-Both
Cohoes Housing Authority	0.00%	No
Watervliet Housing Authority	0.00%	No
Town of Colonie	0.00%	Yes-HCV
Town of Guilderland	0.00%	No

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

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The CoC has worked w/the five largest PHAs within the CoC to advocate for the adoption of homeless admissions preferences. Two of the five PHAs have incorporated a limited and/or general homeless preference in their written policies (Albany Housing Authority and the Town of Colonie). Steps taken w/all PHAs to adopt/strengthen a homeless admissions preference focused on engaging w/PHAs to identify various ways PHAs can meaningfully participate. Specifically, the CoC facilitated a regional community discussion fostering partnership between the CoC and PHAs. This facilitated a community dialogue about the benefits & barriers in establishing a homeless preference at PHAs, & how to overcome those barriers. In addition, outreach was conducted by the Governance Committee to ensure membership participation; further conversation w/PHAs about establishing mutually beneficial homeless preference policies will continue quarterly.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of

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Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

The CoC addresses the needs of LGBT individuals and their families experiencing homelessness by ensuring all agencies comply with the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Rule. The Operations Committee incorporated the new regulation into the CoC monitoring process and ensures each funded agency has a program policy addressing equal access to housing and gender identity that meets the Final Rule. The CoC conducts semi-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 with the next 2 trainings scheduled for March and Sept 2018. 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.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	Х
Engaged/educated law enforcement:	Х
Engaged/educated local business leaders	Х
Implemented communitywide plans:	Х
No strategies have been implemented	
Other:(limit 50 characters)	

When "No Strategies have been implemented" is selected no other checkbox may be selected.

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1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

N/A

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:		X
Health Care:		Х
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Mental Health Care:	Х
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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

CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.) (limit 1000 characters)

The CoC considers the severity of needs/vulnerabilities experienced by program participants in project ranking and selection process. Specifically, the FY17 ranking tool considered the following vulnerabilities: chronic homelessness, youth, DV (victimization/history of victimization), low/no income, current/past substance abuse and criminal histories. The CoC takes the noted needs/vulnerabilities into account during the ranking and selection process by awarding points to programs that serve a vulnerable priority population, including chronic homeless, youth and DV. These populations have been identified as experiencing multiple vulnerabilities. In addition, Section D of the tool affords projects the opportunity to document unique client needs/vulnerabilities and how the vulnerabilities affect project performance. For example, programs serving the most vulnerable populations can contextualize low income growth to receive points.

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1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking 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. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

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No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project 08/16/2017 application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing. 09/15/2017

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. 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. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.

Pages 2-4 CoC-HMIS MOU

- 2A-2. Does the CoC have a HMIS Policies and Yes Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.
- **2A-3. What is the name of the HMIS software** Foothold Technology **vendor?**
- **2A-4. Using the drop-down boxes, select the** Regional (multiple CoC) **HMIS implementation Coverage area.**

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

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in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	317	30	166	57.84%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	161	0	108	67.08%
Rapid Re-Housing (RRH) beds	115	53	26	41.94%
Permanent Supportive Housing (PSH) beds	847	0	710	83.83%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months. (limit 1000 characters)

The CoC will take clear steps to increase the bed coverage over the next 12 months for ES, TH, RRH and PSH beds. The CoC's Systems Committee will meet quarterly with the faith-based org that represents the gap in coverage for both ES/TH to discuss an inclusive data partnership. To increase bed coverage for RRH and PSH, the CoC and HMIS Lead will work with Soldier On (SO) and St. Catherine's Center for Children (SCCC), and the VA. These orgs are involved in the CoC, with committee and Board involvement and are committed to ensuring community-wide data is available for planning. SO and the HMIS Lead are drafting an MOU to ensure HMIS participation to be enacted by 1/1/18. The HMIS Lead will support SCCC in addressing a technical error; PSH data will begin uploading as of 10/01/17. The VA and the HMIS Lead are collaborating to implement a process that includes staff training, consistent data input and discharges, with HMIS Lead check-ins. This procedure will be fully enacted by 10/01/17.

2A-6. Annual Housing Assessment Report 10 (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?

2A-7. Enter the date the CoC submitted the 04/28/2017 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT 01/26/2017 count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.

2B-2. Enter the date the CoC submitted the 04/28/2017 PIT count data in HDX. (mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

From 2016 to 2017 the CoC executed actions to improve the implementation of the sheltered PIT count. Actions focused on data quality improvements and included: increasing the percent of data derived from HMIS (from 25 to 75 percent); enhanced one-on-one TA with agencies to confirm HMIS data, the facilitation of PIT planning meetings focused on engaging CoC member agencies who do not participate in the HMIS, and enhanced community training focused on identifying homeless youth and veterans. All of these changes impacted the CoC's sheltered PIT count results by leading to a more accurate and complete count. Comparison of HMIS documented PII allowed for strict deduplication and more effectively captured subpopulations (i.e. CH, MH, SA). These data quality changes improved the validity of the count and played a role in identifying 55 additional persons.

2C-2. Did your CoC change its provider Yes coverage in the 2017 sheltered count?

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	79
Beds Removed:	0
Total:	79

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?

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2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

From 2016 to 2017 the CoC executed actions to improve the implementation of the unsheltered PIT count. Actions focused on data quality improvements and included: enhanced coordination with RHY-funded agencies and the Collaborative Applicant (CA) to review and revise the unsheltered PIT process. New engagement techniques were implemented, including offering incentives to youth participating in the survey and enhancing training provided to volunteers to encourage increased interviewing. In addition, the CA enhanced training, facilitating regional unsheltered PIT Lead Agency meetings to ensure the lead agency, HAC, was prepared to train volunteers. These data quality changes led to a more accurate and complete count by better identifying unsheltered youth and chronically homeless households

2C-5. Did the CoC implement specific Yes measures to identify youth in their PIT count?

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The CoC implemented specific measures to identify homeless youth in the PIT including: engaging RHY-funded/youth focused agencies w/in the planning process, engaging homeless/formerly homeless youth during the planning process to identify known locations & incentivizing homeless youth to participate

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in the count. The Capital Regional Youth Advisory Board, a group of key youth providers, was consulted during the PIT planning process & provided guidance on the tool, training activities & known locations. To ensure locations known to homeless youth were part of the count, youth stakeholders conducted two focus groups w/ youth at drop-in centers to select locations for the count. St. Anne Institute's RHY-funded street outreach team led a team of volunteers to count homeless youth in areas identified by the youth stakeholders & the Advisory Board. In order to count youth experiencing homelessness, five-dollar gift cards were provided to youth surveyed as an incentive during the count.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The CoC implemented several actions to improve its 2017 PIT count to better count persons experiencing CH, families w/children, and homeless Veterans including: engaging agencies that specifically serve the CH (HAC), families w/children (St. Catherine's) and Veterans (Albany Housing Coalition and Soldier On) within the planning process; publicly posting the PIT plan for comment; and ensuring agency staff from orgs that serve each subpop participated as volunteers. In addition, agencies that focused on each of the subpops implemented actions to improve the count. The unsheltered PIT count lead, HAC, collaborated with SAMHSA-funded street outreach workers to identify known locations for the CH. The CA conducted outreach to the Dept. of Social Services to provide training to ensure homeless families w/children were properly identified. To better count Veterans, AHC, Soldier On, and the VA coordinated with the CoC to schedule a Veteran's by-name registry week during the PIT

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

(limit 1000 characters)

According to the SysPM in HDX there was an increase of 303 persons experiencing first time homelessness between FY15 & FY16. The CoC developed a process to identify contributing risk factors and is implementing strategies to screen/serve households who exhibit these factors. The process the CoC uses to identify local risk factors include client & system level outreach, including client focus groups, discussions w/ key stakeholders (ex: DSS, County Mental Health, jails, schools) and prevention/housing provider surveys. Implemented strategies include: engaging w/ key stakeholders (ex: care management professionals) to educate system partners on risk factors; promote/support prevention services via data collection and local/state advocacy; strengthening relationships w/ institutions that provide discharge planning (ex: reentry, health/behavioral health, foster care). The positions in charge of overseeing these strategies are the Systems & Operations Committees who report to the CoC Board.

3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless. (limit 1000 characters)

According to the SysPM in HDX the average length of time (LOT) households remained homeless increased by 10 days between FY15 & FY16. To reduce the LOT homeless the CoC has: focused resources to increase RRH units, prioritized projects that increase dedicated CH beds, encouraged Housing First

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policies to reduce barriers to housing & supported the development of the CE System via reallocation. Specific accomplishments from these actions include: an increase in RRH units (+47) and CH dedicated PSH beds (+45), and the approval of a CE Policy & Procedure Manual. The CoC identifies/houses those with the longest LOT by including ESG/non-ESG Street Outreach and ES providers in the CE process. These partners collaborate with PH providers to identify long term stayers and CH households. In addition, the CoC continues to refine the CE processes to streamline admissions. The positions in charge of overseeing these strategies are the CE Lead and Systems Committee who report to the CoC Board.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

According to the SysPM in HDX the rate of successful PSH placements/retention increased 4% (91% to 95%) between FY15-FY16. In the past 12 months the CoC has worked in coordination with system partners to develop and implement strategies to increase this rate, including: coordinating w/key stakeholders (ex: DSS, care coordinators, faith-based orgs) to connect clients to benefits, employment/education & support services; prioritizing the Housing First approach via policy changes & outreach (ex: trainings); leveraging the CE process to ensure housing success. The CoC will continue to implement these strategies by continuing to: use system level coordination; support & encourage the Housing First approach in policies/outreach; refine the CE process to ensure appropriate placements; leverage HMIS & CE data to aid in the identification of best practices/gaps. The position in charge of overseeing these strategies are the Systems Committee & CE Lead who report to the CoC Board.

3A-4. Performance Measure: Returns to Homelessness. Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position

additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.

(limit 1000 characters)

The percentage of clients who returned to homelessness increased 1% between FY15 (16%) and FY16 (17%). The CoC has implemented & is continuing to develop strategies to identify households who return to homelessness. The strategies already implemented include HMIS & CE data analysis. Specifically, the CoC engaged a local university and developed a community-based research partnership to identify cohorts vulnerable to recidivism using HMIS data, while the CE System is used to identify specific households if they return. Over the next year, the CoC will conduct trainings

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based on data collected/research to educate providers on risk factors based on research findings. Simultaneously, the CoC will conduct system level outreach to leverage and further develop a network of supports (ex: prevention, employment/education, benefits, other support services) to provide resources for those in program and at exit. The position in charge of overseeing these strategies is the CoC Board.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

The strategies that the CoC has implemented to increase access to employment & mainstream as reported in HDX include systems level engagement & collaboration w/ key mainstream benefit & employment organizations, as well as collaboration w/ the Empire State Poverty Reduction Initiative which is focused on workforce development. To assist CoC funded programs meet the goal of increasing employment & income for participants experiencing homelessness the CoC has facilitated networking opportunities including trainings & workshops focused on job readiness & SOAR leadership/application. The CoC collaborates w/ employment organizations such as Albany Community Action Program to help households increase their cash income. ACAP provides free training & has developed relationships w/ major area employers (ex: local hospitals) for graduates of their programs to receive hiring preference. The position in charge of overseeing these strategies is the Systems Committee who reports to the CoC Board

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

The CoC did not exclude any specific geographic areas from the CoC's PIT count.

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3A-7. Enter the date the CoC submitted the 06/02/2017 System Performance Measures data in HDX, which included the data quality section for FY 2016. (mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoCprogram funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	106	151	45

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	231
Total number of beds dedicated to individuals and families experiencing chronic homelessness	181
Total	412

3B-1.2. Did the CoC adopt the Orders of Priority into their 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.

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

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Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

To rapidly rehouse families w/children w/in 30 days of becoming homeless the CoC has incorporated the following strategies into the CoC's Strategic Plan and CE process: advocating/supporting an increase in funding for RRH programs for families w/children, focusing outreach to engage hardest to serve families, ensuring RRH services have a direct connection to PSH/ affordable housing programs, and encouraging the Housing First approach w/in all RRH programs to fully utilize funds to serve families regardless of composition or barriers. It is the CoC's goal to rapidly rehouse every household of families w/children w/in 30 days by end of 2018. These strategies have been effective as outreach to hardest to serve families has increased, RRH services have increased contact w/PSH/affordable housing programs via CE, and the number of RRH beds for families w/children has increased w/in the year. The position responsible for overseeing the strategies is the Systems/CE Committees and the Board

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	3	21	18

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination 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.

(limit 1000 characters)

The CoC ensures that ES, TH and PH providers within the CoC adhere to antidiscrimination policies and do not deny admission or separate family members/care givers based on age, sex, gender, LGBT status, marital status or disability. Steps taken to ensure adherence include: adding specific antidiscrimination language to the Written Standards, implementing quarterly

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trainings which focus on educating providers on anti-discrimination policies, and conducting annual CoC/ESG program monitoring which focus on provider enforcement of anti-discrimination within CoC and agency internal policies

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	
Bad Credit or Rental History	

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

To increase the availability of housing/services for youth experiencing homelessness, especially unsheltered youth, the Regional Homeless Youth Advisory Board was developed to collaborate w/non-traditional regional community partners to identify the full scope of needs for youth. The implementation of the 15-person multi-CoC Board has been effective by leading to increased data collection/analysis (annual youth PIT count/enhanced HMIS reporting on multi-CoC mobility) and applications for additional funding (HUD Youth Demo Grant). To measure the effectiveness of regional coordination the CoC documented increased participation within the Board and the amount of funding applied for dedicated to youth (100 percent of the CoC bonus is dedicated to youth). The CoC is at the first stages of using HMIS and PIT data

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to measure changes in the number of youth, their outcomes (ex: housing stability), household composition and the number of times they return to homelessness. The CoC believes increasing Board capacity, tracking the amount of funding and instituting a data collection method (the PIT) and increasing data analysis are the most appropriate method for determining the effectiveness of the current strategies as these measures provide information to identify unmet needs and service gaps.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The CoC collaborates with youth education providers (McKinney-Vento LEA & school districts) by conducting an annual review of the access, assessment & referral process for families at risk. The City of Albany liaison & other family/unaccompanied youth service providers, participate in monthly LEA meetings to coordinate parallel services. The CoC has formal partnerships w/ Head Start/BOCES to coordinate prevention services & to promote the rights of education services. Adopted procedures to inform households of eligibility for ed. services include: consistent promotion of rights to services and outreach to educate families and youth on education services for those with special needs. CoC policy requires providers to inform participants of ed. services by providing the NYS TEACHES pamphlet on ed. service rights for students in temporary housing. To ensure children are enrolled in early childhood programs, CoC policy requires providers to collaborate w/ school liaisons.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

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

3B-3.1. Provide the actions the CoC has taken to identify, assess, and

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refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).

(limit 1000 characters)

The CoC collaborates with the VA and VA-funded providers to ensure veterans are identified, assessed and appropriately referred to resources. CoC funded agencies, VA-funded agencies and the VA Medical Center outreach teams 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 inquire about veteran status upon intake and refer all identified veterans to Albany Housing Coalition or Soldier On, both VA-funded agencies. AHC/SO work with veterans and make direct referrals to the VA Healthcare for Homeless Veterans (HCHV) Program. Once referred, HCHV staff assess the veteran for a continuum of services. The HCHV Program then collaborates with the AHC/SO to develop a coordinated care plan to ensure the Veteran is offered referral 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 Yes name list to identify all Veterans experiencing homelessness in the CoC?

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

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

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

The CoC works with funded projects to ensure programs supplement CoC funds w/dollars from other public/private resources. Specific actions the CoC has taken to supplement project funds w/other resources to increase program participant's applying for mainstream benefits include: system level outreach to the Dept. of Social Service; coordination w/ SAMHSA/SOAR trained CMs to assist w/SOAR applications; and CoC level participation in the City of Albany Poverty Reduction Initiative. To systematically keep staff up-to-date regarding mainstream benefits/resources to assist program participants increase income, the CoC facilitates bi-monthly discussion/training through program spotlights at community meetings, as well as regional workshops. The CoC has been successful at increasing mainstream benefits. The SysPM reports a 6% increase in total income among stayers between FY15 and FY16. The position

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in charge of overseeing this strategy is the Operations Committee who reports to the CoC Board.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	35.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	33.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	94.29%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	35.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	33.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	94.29%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The CoC has two active Street Outreach teams. The Homeless Action Committee and St Catherine's Center, both of which conduct outreach to unsheltered chronically homeless individuals. Outreach teams cover 100% of the CoC geographic area but focus mainly within the populated City of Albany city limits. Outreach is conducted daily with fluctuating day/evening hours. Outreach staff identify and engage households, obtain emergency housing, and conduct CE assessments. The CoC tailors outreach activities to those that are least likely to request assistance by: hiring staff with lived experience to conduct outreach; physically going to known locations and building trust over time through consistent engagement with the same staff member; providing translation services via staff or a translation line to address barriers related to communication.

4A-5. Affirmative Outreach

Specific strategies the CoC has 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,

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religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Strategies the CoC implemented to meet the criteria outlined in 24 CFR 578.93(c) for fair housing include: the addition of fair housing/anti-discrimination language to the Written Standards; implementing quarterly trainings focused on fair housing and conducting annual CoC/ESG program monitoring focused on housing admission policies. The CoC's efforts to provide effective communications for persons with disabilities focuses on marketing housing and support services to eligible persons who are least likely to apply in the absence of special outreach. The CoC's CE model is low-barrier and No Wrong Door; allowing services to be offered to those with multiple barriers including language and transportation. The CoC provides effective communications for persons with disabilities as well as persons with limited English proficiency by utilizing a language translation service and services through Northeast Association for the Blind (which include larger print and braille translation services).

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	53	115	62

4A-7. Are new proposed project applications No requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Albany CoC: Commu	09/07/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	ACCH Public Posti	09/22/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re	09/21/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re	09/21/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R	09/21/2017
06. CoC's Governance Charter	Yes	CoC Governance Ch	08/08/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P	08/11/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio	09/21/2017
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	ACCH CoC HMIS MOU	09/20/2017
11. CoC Written Standards for Order of Priority	No	ACCH CoC Written	09/15/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	FY 2017 CoC Compe	08/08/2017
14. Other	No	ACCH Supporting D	09/21/2017
15. Other	No		

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Attachment Details

Document Description: Albany CoC: Communication to Rejected

Participants

Attachment Details

Document Description: ACCH Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure NY 503

Attachment Details

Document Description: CoC Rating and Review Procedure NY 503

Attachment Details

Document Description: CoC Process for Reallocating ACCH

Attachment Details

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Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan Albany City and County

Attachment Details

Document Description: ACCH CoC HMIS MOU

Attachment Details

Document Description: ACCH CoC Written Standards

Attachment Details

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Document Description:

Attachment Details

Document Description: FY 2017 CoC Competition Report (HDX Report)

Attachment Details

Document Description: ACCH Supporting Documents

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/22/2017
1B. Engagement	09/22/2017
1C. Coordination	09/22/2017
1D. Discharge Planning	08/22/2017
1E. Project Review	09/22/2017
2A. HMIS Implementation	09/22/2017
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2C. Sheltered Data - Methods	09/22/2017
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4A. Mainstream Benefits and Additional Policies	09/22/2017
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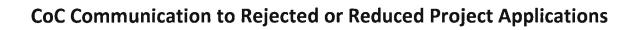
09/22/2017

FY2017 CoC Application

Applicant: Albany City & County CoCNY-503Project: NY-503 CoC Registration and Application FY2017COC_REG_2017_149304

Submission Summary

No Input Required



Albany County Coalition on Homelessness

NOFA Committee

August 16, 2017

Frank Pindiak

St. Catherine's Center for Children

Re: St. Catherine's Center for Children – Individual Supportive Housing – FY17 New Project Application

Dear Mr. Pindiak,

On behalf of the Albany County Coalition on Homelessness NOFA Committee, we would like to thank you for your application for Individual Supportive Housing bonus funding though the FY17 Continuum of Care Competition. Unfortunately, through the rank and review process for new projects, your application was not chosen to apply. Although the project was eligible, your project was ranked outside of the eligible funding amount after the combined total of accepted application. Specific feedback of the review included:

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

Thank you,

Albany County Coalition on Homelessness NOFA Committee

Albany County Coalition on Homelessness

NOFA Committee

August 16, 2017

Steven Longo Albany Housing Authority

Re: AHA - Shelter Plus Care Grant for Homeless Chronic Veterans

Dear Mr. Longo,

On behalf of the ACCH NOFA Committee, we would like to thank you for your review of the Shelter Plus Care Grant for Homeless Chronic Veterans. Through your review of this project, using results of the monitoring process implemented by the ACCH Operations Committee and system performance measure data to cross compare program outcomes, the Albany Housing Authority has decided to reallocate this project's funds to projects that better fill a community gap, while ensuring that all the participants of this project remain housed and supported. The ACCH NOFA Committee accepts these reallocated funds and thanks you for your commitment and flexibility to the community's goal to address and end homelessness.

Thank you,

Albany County Coalition on Homelessness NOFA Committee

Attachment 2: CoC Consolidated Application: Public Posting Evidence

- 1. Communications to the CoC Regarding FY17 Ranking and Selection Process
- 2. Communications to the CoC Regarding the completed FY17 CoC Application and FY17 Priority Listing

- 1. Communications to the CoC Regarding FY17 Ranking and Selection Process
 - a. Email to Membership regarding the Proposed Ranking and Selection process for public comment
 - b. Email to Membership with the Final Ranking and Selection Process
 - c. Screenshot of all posted Ranking and Selection Process
 Documents

From: Jennifer Tabankin

To: Alexandra St.Martin; Allyson Tallman; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder;

Amy Toller; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Chris Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Connie Adsitt; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini; Don Smith; Donna DeMaria; "Donna Maylath "; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine Lombardo; James Ader; Janine Robitaille; Jeanette Hemingway; Jerald Johnson; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel

Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts

(Robin.Roberts@albanycountyny.gov); Rocky Ferraro; "Sabrina Brewington "; Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates;

Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy Wahlberg; Willie Leak

Cc: Samantha Winzenried; Michelle Sandoz-Dennis; Ryan Spinner

Subject: ACCH 2017 Proposed Rank and Review Documents

Date: Friday, May 12, 2017 8:59:00 AM

Attachments: ACCH-NOFA-Committee-2017- DRAFT Albany-Rank-and-Review-Application.docx

ACCH NOFA Committee - Rank and Review 2017 Rubrics and Scoring.docx

image001.png

ACCH 2017 NEW PROJECT RFP.docx

Good Morning, Albany County Coalition on Homelessness,

On behalf of the ACCH NOFA Committee, attached please find the proposed 2017 Albany Rank & Review Tool with the 2017 Scoring and Rubrics, as well as the proposed 2017 New Project RFP. Membership will have two (2) weeks to review these Rank and Review documents. Please review and share any feedback, suggestions or concerns regarding any of these documents on or before 3pm on May 26, 2017. These documents are also posted on the CARES website (under Membership Information) for your review as well.

The ACCH NOFA Committee will review and address all comments after May 26, 2017.

Respectfully,



Jennifer Tabankin
Continuum of Care Unit, Compliance Specialist
CARES, Inc.
200 Henry Johnson Blvd.
Albany NY 12210
(518) 489-4130 x116
jtabankin@caresny.org

From: Jennifer Tabankin

To: Alexandra St.Martin; Allyson Tallman; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder;

Amy Toller; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Christina Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Connie Adsitt; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; <u>Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini; Don</u> Smith; Donna DeMaria; "Donna Maylath"; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); James Ader; Janine Robitaille ; Jeanette Hemingway; Jerald Johnson ; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts (Robin.Roberts@albanycountyny.gov); Rocky Ferraro; "Sabrina Brewington "; Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates; Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy

Wahlberg; Willie Leak

Cc: Ryan Spinner; Michelle Sandoz-Dennis; Samantha Winzenried

Subject: ACCH New Project RFP

Date: Tuesday, May 30, 2017 3:42:00 PM
Attachments: ACCH 2017 NEW PROJECT RFP.docx

image001.png

Importance: High

Dear Albany County Coalition on Homelessness Member,

On behalf of the ACCH NOFA Committee, attached is the 2017 New Project RFP. All community agencies are encouraged to identify existing needs and gaps in homeless housing services and apply for funding to develop or enhance homeless housing services that will meet the need. Applications will be accepted on a rolling basis until the 2017 Continuum of Care NOFA is released. At this time, we predict the NOFA to be released <u>tentatively</u> in June. With the release of the NOFA, a final deadline for applications will be shared with membership and posted on CARES website (<u>www.caresny.org</u>). All applications should be sent to Jenn Tabankin at <u>JTabankin@caresny.org</u>.

Additionally, CARES will schedule an informational session open to all agencies that wish to apply for a new project. This informational session is tentatively scheduled for the week of July 24th. More information will be forthcoming.

Please feel free to forward to other Community Partners! If there are any questions, please contact me and I will be happy to answer any concerns.

Jenn



Jennifer Tabankin Continuum of Care Unit, Compliance Specialist CARES, Inc. From: Jennifer Tabankin

To: Christine Rodriguez; Dan Reilly; Donna DeMaria; Frank Pindiak; Jacqualine C. Lombardo - Support Ministries,

Inc. (jlombardo@smicr.org); Janine Robitaille; Joe Sluszka; Kevin Connally; Leslie Siegard; Lillian Moy; Lisa Ostiguy (lostiguy@albanyhousing.org); Liz Hitt; Lyn Mack; Mary Oill; Nancy Chiarella; Patty Stempsey; Perry

Junjulas; Steve Lape; Steve Longo; Wendy Wahlberg

Cc: Kristen Giroux; Rachel Alexander; Michelle Sandoz-Dennis; Samantha Winzenried; Maureen Burns; Ryan Spinner

Subject: ACCH 2017 Rank and Review Application

Date: Friday, June 2, 2017 8:59:00 AM

Attachments: image001.png

ACCH-NOFA-Committee-2017- Albany-Rank-and-Review-Application.docx

ACCH - 2017-Rank-and-Review-Checklist.docx

FY17 Attachment 1-5.pdf

ACCH NOFA Committee - Rank and Review 2017 Rubrics and Scoring.docx

ACCH 2017 Rank and Review section summary.docx

Importance: High

Dear ACCH CoC Funded Agencies,

On behalf of the NOFA Committee, please find attached the following documents:

- 1. 2017 Rank and Review cover letter
- 2. 2017 Project Rank and Review Application to be completed for each CoC funded project.
- 3. 2017 Rank and Review Attachments Checklist, which is required in order for the Rank and Review Application to be considered complete.
- 4. A PDF of HMIS Attachments:
 - a. Attachment 1: Albany Dedicated CH beds
 - b. Attachment 2: Albany CH Served Individuals
 - c. Attachment 3: Positive Outcomes for PH and TH projects
 - d. Attachment 4: Returns to Homelessness
 - e. Attachment 5: Albany Total Income Growth

HMIS Attachments 1-5 are necessary in order to complete certain Rank and Review application questions, which specifically refer to them. The Rank and Review Application is to be completed using Calendar Year 2016 (CY16) APR (new format).

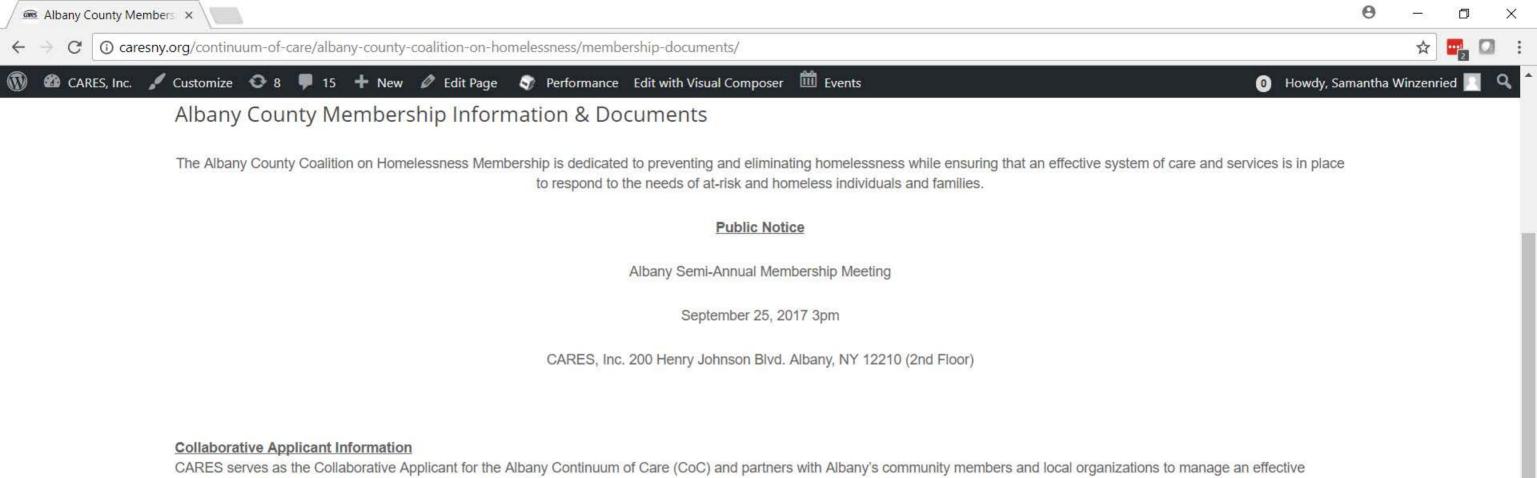
Completed applications are due to CARES by **3pm on Friday, June 30, 2017**. Please email all information to <u>JTabankin@caresny.org</u>. Projects will have an interview with the Review Team to discuss completed Rank and Review Applications at a date and time TBD. We welcome back the following individuals as the Review Team: Joseph Gallagher from Mohawk Opportunities in Schenectady, Daquetta Jones from the YWCA in Rensselaer and Jackie Mahoney from The Community Foundation in Albany.

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

Thank you,



Jennifer Tabankin



Continuum. ACCH Collaborative Applicant Memo 5.18.15



















Letters of Support Information































- 2. Communications to the CoC Regarding the completed FY17 CoC Application and FY17 Priority Listing
 - Email dated August 18, 2017 to Membership of draft posting of draft Consolidated Application, Application Attachments and FY17 Priority Listing
 - Screenshot documenting draft posting of FY17 CoC Application,
 Application Attachments, and FY17 Priority Listing
 - c. Communication to agencies via email dated September 15, 2017 that project applicants were accepted and ranked (Priority Listing); that the final (for comment) CoC Application, Application Attachments, and FY17 Priority Listing are posted
 - d. Screenshot documenting final posting (for comment) of FY17 CoC Application, Application Attachments, and FY17 Priority Listing
 - e. Communication to agencies via email dated September 22, 2017 that project applicants were accepted and ranked (Priority Listing); that the final CoC Application, Application Attachments, and FY17 Priority Listing are posted
 - f. Screenshot documenting final posting of FY17 CoC Application, Application Attachments, and FY17 Priority Listing

From: <u>Michelle Sandoz-Dennis</u>

To: Alexandra St.Martin ; Allyson Thiessen; Amanda Aykanian ; Amy Lacey ; Amy Leisenfelder ; Anne Liske - Albany

<u>Damien Center (aliske@albanydamiencenter.org)</u>; <u>Anne Murphy</u>; <u>"Argenis Rodriguez</u>

(arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Chris Walsh.; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Digna Betancourt Swingle; Dominick Sondrini; Don Smith; Donna DeMaria; "Donna Maylath."; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raitt; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); James Ader; Janine Robitaille; Jeanette Hemingway; Jerald Johnson; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave;

Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb;

Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts (Robin Roberts@albanycountyny.gov); Rocky Ferraro; Rushka Tcholakova (Rushka@unitedwaygcr.org); Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates; Tom McPheeters; Valerie Sacks;

Vernon Victorson; Wendy Wahlberg; Willie Leak

Cc: Samantha Barnaby; Samantha Winzenried; Kelsey Addy; Jennifer Tabankin; Maureen Burns; Denise Doin

Subject: Albany Public Posting of FY17 Priority Listing and Consolidated Application

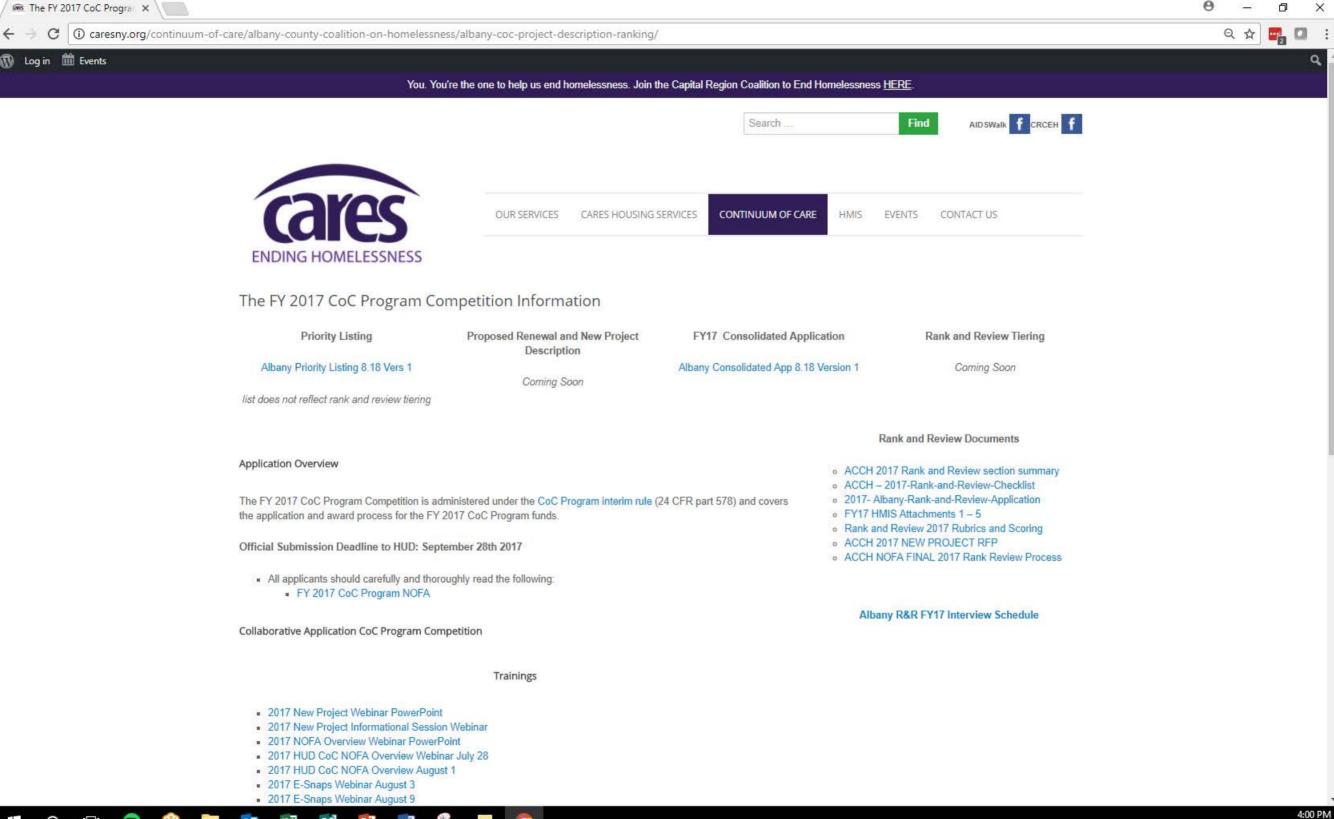
Date: Friday, August 18, 2017 3:56:00 PM

Good Afternoon ACCH Members,

We have posted *draft versions* of the 2017 Priority Listings and 2017 Consolidated Application on the <u>CARES website</u> under the FY 2017 CoC Program Competition Information. They are available for public comment. We will be updating the application every Friday until submission with our progress. We will also be updating the final Priority Listing by next Friday. If you have any comments or questions, feel free to reach out.

Michelle Sandoz-Dennis Continuum of Care Unit, Director CARES, Inc. 200 Henry Johnson Blvd, Suite 4, Albany, NY 12210 (P): (518) 489-4130 ext 102

(F): (518) 489-2237 <u>www.caresny.org</u>

























From: <u>Michelle Sandoz-Dennis</u>

To: Alexandra St.Martin ; Allyson Thiessen; Amanda Aykanian ; Amy Lacey ; Amy Leisenfelder ; Anne Liske - Albany

<u>Damien Center (aliske@albanydamiencenter.org)</u>; <u>Anne Murphy</u>; <u>"Argenis Rodriguez</u>

(arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Celyon Moore (CelyonM@AlbanyDamienCenter.org); Chiquita D"Arbeau; Chris Walsh.; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Digna Betancourt Swingle; Dominick Sondrini; Don Smith.; Donna DeMaria; "Donna Maylath."; Donna Vaughn.; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); James Ader; Janine Robitaille; Jeanette Hemingway; Jerald Johnson; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy

; <u>Liz Hitt; Lois Wilson; Lora Yanulavich</u> ; <u>Louisa Marra</u> ; <u>Lyn Mack</u> ; <u>Lynda Tymeson</u> ; <u>Marcus May</u>

(mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek.; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred

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(NatarshaH@AlbanyDamienCenter.org); Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas.; Rachel Alexander; Robert Burke; Robert Cherry.; Robert Romaker; Robin Roberts (Robin.Roberts@albanycountyny.gov); Rocky Ferraro; Rushka Tcholakova (Rushka@unitedwaygcr.org); Sandy LeVan.; Sarah Latzko.; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape.; Steve Longo.; Susan Daley.; Thomas Coates; Tom McPheeters.; Valerie Sacks; Vernon Victorson; Wendy Wahlberg.; Willie Leak Samantha Winzenried; Jennifer Tabankin; Maureen Burns; Kelsey Addy; Denise Doin; Samantha Barnaby

Subject: Final Draft Posting of Consolidated Application

Date: Friday, September 15, 2017 3:55:00 PM

Good Afternoon Albany CoC Members,

Cc:

As we are approaching the end of competition season we have some final announcements.

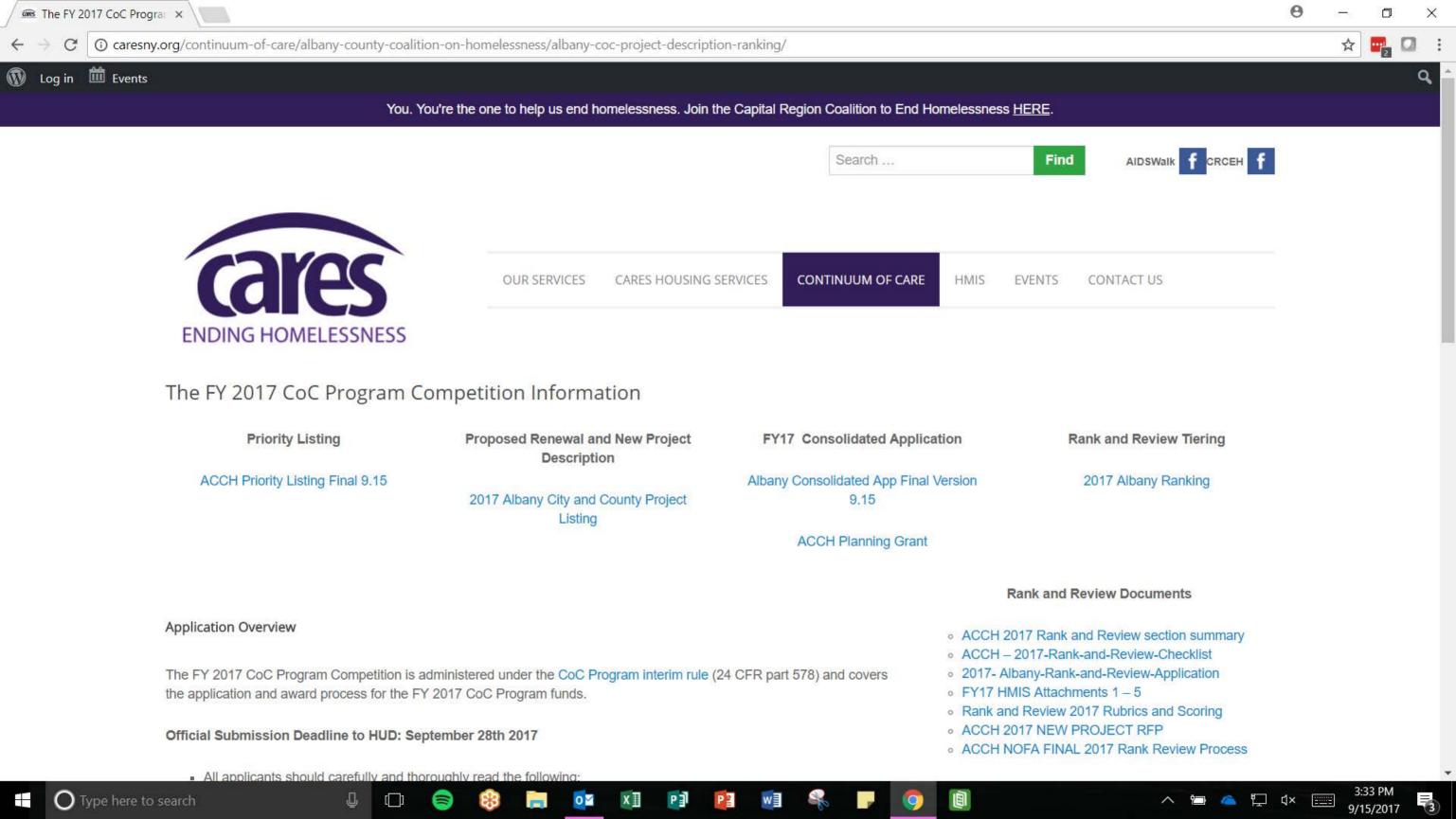
- o We are posting our final version of the Consolidated Application with Attachments. (https://caresny.org/continuum-of-care/albany-county-coalition-on-homelessness/albany-coc-project-description-ranking/)
- o Please have any last comments in by noon Thursday 9/22/2017. Please submit comments on the application to Samantha Winzenried (swinzenried@caresny.org).
- o We have also posted the final version of the Priority Listing.
- o Our submission goal is Monday 9/25/2017.

I want to thank all of the funded agencies and systems partners who worked collaboratively with CARES staff to complete the application! We look forward to continued partnership and coordination.

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

Michelle Sandoz-Dennis Continuum of Care Unit, Director CARES, Inc. 200 Henry Johnson Blvd, Suite 4, Albany, NY 12210 (P): (518) 489-4130 ext 102 (F): (518) 489-2237

www.caresny.org



From: <u>Michelle Sandoz-Dennis</u>

To: Alexandra St.Martin; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder; Anne Liske - Albany

<u>Damien Center (aliske@albanydamiencenter.org)</u>; <u>Anne Murphy</u>; <u>Argenis Rodriguez (arodriguez027@gmail.com)</u>; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Celyon Moore (CelyonM@AlbanyDamienCenter.org); Chiquita D"Arbeau; Chris Walsh.; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; Dennis Mosley (dmosley@nycap.rr.com); Digna Betancourt Swingle; Dominick Sondrini; Don Smith; Donna DeMaria; Donna Maylath; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); James Ader; Janine Robitaille; Jeanette Hemingway; Jerald Johnson; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred Figueroa; Nadine Fornum; Nancy Adriano; Nancy Chiarella; Natasha Horton (NatarshaH@AlbanyDamienCenter.org); Nathaniel Webb; Neenah Bland; Nicole Ward;

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Wendy Wahlberg; Willie Leak

Cc: Denise Doin; Jennifer Tabankin; Kelsey Addy; Maureen Burns; Samantha Winzenried; Samantha Barnaby

Subject: Final Posting of FY17 Application, Attachments and Priority Listing

Date: Friday, September 22, 2017 8:59:45 AM

Good Afternoon ACCH CoC Members,

The comment period for the 2017 CoC Application is now closed. **The final version of the 2017 Continuum of Care Consolidated Application, Attachments and Priority Listing for the Albany CoC is now posted on the CARES website.**

(http://caresny.org/continuum-of-care/albany-county-coalition-on-homelessness/albany-coc-project-description-ranking/).

A big thank you to all funded agencies for the time and dedication that was given in order to complete the application!

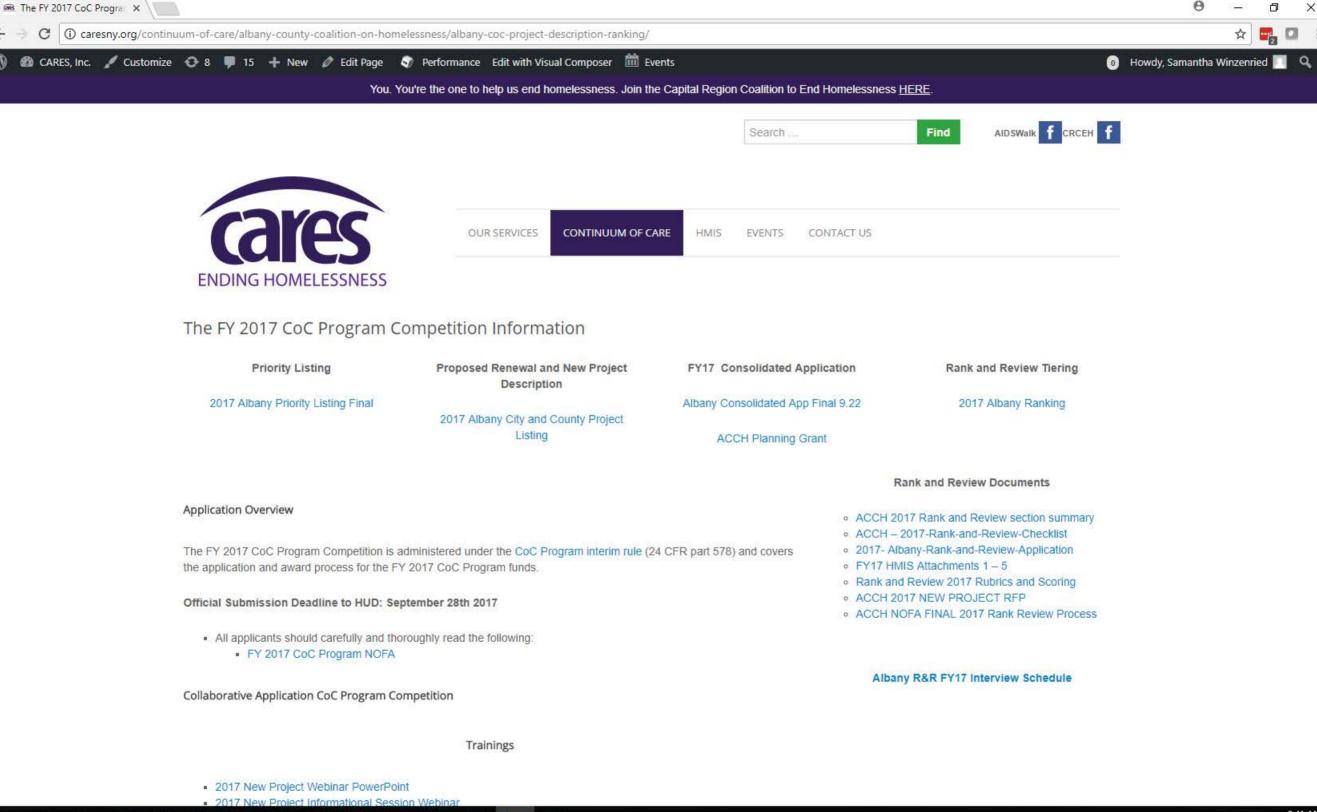
As a final reminder, I encourage all agencies applying for funds to complete a last and final review of the Priority Listing to ensure that all project information (specifically ranking and budget information) is accurate. The application will be submitted to HUD on Monday, September 25, 2017.

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

Michelle Sandoz-Dennis Continuum of Care Unit, Director CARES, Inc. 200 Henry Johnson Blvd, Suite 4, Albany, NY 12210

(P): (518) 489-4130 ext 102

(F): (518) 489-2237







































Attachment 3: CoC Rating and Review Procedure

- 1. Specific Criteria
- 2. Rank and Review Tool
- 3. Communications to the CoC regarding the Rank and Review process, selection and criteria

- 1. Specific Criteria
 - a. Specific Implemented in Albany County and City for FY17 Rank, Rating and Review
 - b. Rank and Review Tool

Albany City and County CoC - NY-503

Selection Criteria for the Review, Rating and Ranking of CoC Projects

Objective Criteria for Review, Rating, Ranking and Selection			
Specific Criteria	Question Addressing Criteria		
Cost effectiveness	A7, D8, D13		
Utilization Rate	B1, B1.B, D8		
Performance Data	B1, B1B, B5, C1, C2, D8, D10		
Housing Type	A4		
Data Quality	B2A, B2B, B2C, B2D		
Housing First Approach	D6		
Financial Drawdown Rates	B13.B		
Type of Population Served	A7, B3, B4, D5, D5.B		

Objective Criteria Related to Achieving Positive Outcomes			
Specific Criteria	Question Addressing Criteria		
Positive Housing Outcomes for PSH/RRH	B5, HMIS Attachment 3		
Positive Housing Outcomes for TH	B5, HMIS Attachment 3		
Exits to Homelessness	C1, HMIS Attachment 4		

Specific Criteria for Evaluating Victim Service Providers			
Specific Criteria	Question Addressing Criteria		
Populations Served	A7		
Data Quality	B2 (DV self reports)		
Priority Populations	D5, D5.B – priority points for serving DV subpopulation		
HMIS Attachments 1 - 5	The Continuum allows DV to self-report their data since		
	they are not in HMIS		

Please generate a **CoC CALENDAR YEAR 2016 (CY16: 1/1/16 - 12/31/16) APR** from Foothold or comparable HMIS to complete Part I of this application.

PART 1

*New projects will be weighted during the scoring.

A. PROJECT INFORMATION

Informational Only					
A1. Organization Name:					
A2. Project Name:					
A3. Application Contact Pers	son:				
A4. Project Type:	PSH	RRH	TH	SSO (regular)	
A5. FY17 Funding Request: \$	S				
	Leasing		\$		
	Rental A	Assistance	\$		
	Suppor	tive Services	\$		
	Operati	ons	\$		
	Admin		\$		

A6. Is this project voluntarily reallocating funds to the CoC? □ Yes □ No **A7.**PROJECT DESCRIPTION

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

B. CONTINUUM PRIORITIES AND SYSTEM PERFORMANCE (TOTAL 64 POINTS)

B1. Utilization Rate. Using the project's most recent Project Application and CY16 APR, complete the following chart to calculate the project's utilization rate.

	Projected persons served during an average PIT (Question 5 in Project		r served during s 7 & 8 in APR)	
	Application)	Persons	Households	
January				
April	Persons			
July	Households			
October	1.0036110103			
		Average:		
Persons: Average Actual / Projected = Utilization				
Household	Households: Average Actual/ Projected		Itilization	

B1.B. -The Continuum prioritizes projects th	nat best utilize resourc	es. Did your project
have a utilization rate of more than 100%?	□ Yes	□ No
If the answer to B1.B is No, please ensure a	n answer is provided ir	section D8.

B2. Data Quality. On your CY16 APR Q6:

- **B2.A.** Is there an error rate of 5% or more of your PII data?
- **B2.B.** Is there an error rate of 5% or more of your universal data elements?
- **B2.C.** Is there an error rate of 5% or more of your Income and Housing data?
- **B2.D.** Is there an error rate of 5% or more of your Chronic Homelessness data?

B3. Dedicated Chronic Homeless:

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

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

B3.B. To show the impact of your project on ending chronic homelessness (CH) in the CoC, <u>refer to Attachment 1</u> and note below the percentage of CH beds it contributes to the CoC.

B4. Effect on Chronic Homeless:

	<u>Permane</u>	ent Housing Programs: During CY16, the CoC PH (PSH/RRH) projects served a
	total of 7	'3 chronically homeless individuals. To show impact of this project on ending
	chronic h	nomelessness, <u>refer to Attachment 2</u> to note the following:
	B4.A	The total number of chronically homeless persons this project served in CY16:
	B4.B	The percentage of the CoC total served by this project:
	<u>Transitio</u>	onal Housing Programs: During CY16, the CoC TH projects served a total of 9
	chronica	lly homeless individuals. To show impact of this project on ending chronic
	homeles	sness, <u>refer to Attachment 2</u> to note the following:
	B4.C	The total number of chronically homeless persons this project served in CY16:
	B4.D	The percentage of the CoC total served by this project:
B5.	Positive O	utcomes
	Permanen	t Housing projects: During CY16, there were 582 persons with positive
		omes noted across all CoC PH (PSH/RRH) programs. (An exit is positive for PH if
		idual is a stayer or exited to a PH destination.) To show the effect of this
		ect on housing stability, refer to Attachment 3 and note the percentage this
		ect had on the system:%
	pi oje	
	Trans	sitional Housing Projects: During CY16, there were 73 persons with positive
	outco	omes noted across all CoC TH programs. An exit is positive if the exits are to
	Perm	anent destinations. To show the effect that this project has on reducing the
	numl	per of homeless individuals, <u>please look at Attachment 3</u> and note the percentage
	that	this project had on the system.
B6.	Coordinated	l Entry
	Does your	project participate in the Coordinated Entry process by the following activities?
	This will be	e verified by the CE Coordinator.
	□ Making a	and/or receiving referrals
	□ Attending	g meetings
	□ Providing	g reports

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

C1. Exits to Homelessness:

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

C2. Effect on Income Growth:

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

Organization Name:		
Project Name:		
Application Contact Person:		
PART 2: LOCAL CONTINUUM PRIORITIES (TOTAL 96 POINTS)		
D1 . Cultural Barriers . Please describe your agency's bi-lingual capacity and resources in needs of clients facing language barriers <u>in 250 words or less</u> .	ı meetir	ng the
D2. Leveraging and Coordination of Services. Please describe how your project coordination of the funded and non-funded providers in order to leverage services in no more to		
D3. "Opening Doors". Please explain how the project works to meet the goals stated in "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" (250 words)		SICH's
D4. Local Strategic Plan. Please note how the project is meeting a noted gap in services or previous; including housing) as noted in the Albany County CoC's Strategic Plan, which the federal plan, "Opening Doors". Response must be 250 words or less.		
D5. Priority Populations. Is the project dedicated to one of the following priority popul Chronically homeless, youth, victims of domestic violence or veterans?	ations:	
D5.B If the project is not dedicated, what percentage of beds are dedicated to a population? <i>Please attach Project Application Q4B. and/or 5B.</i>	ı priorit	У
D6 . Housing First . Housing First is a recovery-oriented approach to ending homelessner for rapidly housing individuals without screening out or terminating based on any of the Does the project screen out or terminate based on any the following?		
	Yes	No
Having too little or no income		
Active or history of substance abuse		
Criminal record with exceptions for state-mandated restrictions		
History of domestic violence		
Failure to participate in supportive services		
Failure to make progress on a service plan		
Loss of income or failure to improve income		
Reing a victim of domestic violence		

Any other activity not covered in a lease agreement typically

found in the project's geographic area.

D7.A. Does the project or agency staff regularly participate in any of the following CoC standing

D7. Continuum Participation.

	or ad hoc committees of ACCH? This will be verified via attendance sheets maintained by				
	CARES, Inc. and will reflect the ACCI	H Membership	Attendance Policy.		
	Board Meetings		NOFA		
	System Collaboration		HMIS Advisory Committee		
	Governance		Operations		
	Strategic Planning Committee		Membership		
	D7.B . Did the project participate in Plan? If so, please attach the Data N		•	s Data Quality	
D8. Utiless.	ilization Rate. Please explain why yo	ur project had	a utilization rate under 1009	% in 250 words or	
D9. Ho stabilit	using Stability. How has increased c y?	ollaboration ar	nong providers affected the	project's housing	
	ncome. How has increased collaborated collaborated in the collabor	• .	•	•	
	elf Sufficiency: Include information a m will help households work toward		•		
	Point in Time Count: Was your proje This will be verified by the Collabora			017 Point in	
D13. T	otal Funds Awarded. What was the too completed contract?	-	e of funds spent on the mos	st recently	
	D13.B. Does the project drawdow attach the last 3 draw		•	arterly? Please	

2. FY17 Rank, Rating and Review

- a. Process
- b. Checklist
- c. Tool
- d. HMIS Attachments
- e. Scoring and Rubrics
- f. Project Application Rank and Review Interview Schedule
- g. New Project (Bonus and Reallocation) RFP

ALBANY COUNTY COALITION ON HOMELESSNESS: 2017 RANK AND REVIEW PROCESS

Rationale

HUD's Continuum of Care (CoC) homeless assistance programs serve as a source of funding for homeless services in the County of Albany, which together form the Albany County Coalition on Homelessness (ACCH). In the 2016 NOFA, the Albany CoC (ACCH) received \$5,154,071.00 from HUD to support 38 projects for homeless individuals and families. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition in response to the Notice of Funding Availability (NOFA).

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

On behalf of the Albany County Coalition on Homelessness (ACCH), the NOFA Committee is charged with overseeing the Rank and Review process. As stated in the ACCH bylaws, the NOFA Committee is responsible for "the design, operation, and following of a collaborative process for the development of funding applications, including funding priorities and the number and type of applications". Each year the NOFA Committee reviews the Rank and Review Process and Application and makes revisions to reflect changing priorities. The NOFA Committee is also responsible for establishing a Review Team. The written Process, the Application and the Review Committee are submitted annually during the first quarter of the calendar year for approval by the Board. The Board shall review the Process and the Tool no later than the March Board meeting. Once Board approved, the Written Process and Application are posted for review and comment by full Membership.

Review and Approval of the Rank & Review Application

Once the CoC Application has been submitted by the Collaborative Applicant, the NOFA Committee begins discussion of the previous year's Rank & Review application, process, and feedback from reviewers and full membership. With this feedback, the Committee proposes revisions to the Rank and Review Application and Process. In addition, the committee develops a list of Review Team members, considering the previous reviewers and potential new members. The revised draft of the application, process and the potential Review Team are presented to the ACCH Board, and subsequent edits may be made by the NOFA Committee. Once the NOFA committee has updated the Board, the application and the process are presented to full Membership with a comment period of fourteen (14) days. Any comments received from Membership are then considered by the Committee for final decisions regarding further revisions. The Rank & Review Application, Process and Review Team are approved by the Board and shared with Membership.

Project Participation

Each renewal project completes a Rank & Review Application per project. The 2017 Rank and Review Application process will take place in three (3) phases. The intention behind breaking down the Rank and Review process into 3 phases is to allow agencies adequate time to complete the full Rank and Review application at their convenience.

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

Reviewers

Reviewers must be individuals from the community (who are not members of the ACCH) or neighboring communities and must be knowledgeable about the CoC process, services and providers. Suggested Review Team members are approached by the Collaborative Applicant and asked to participate. Once reviewers have agreed to participate, one to two days are scheduled to conduct Rank & Review project interviews and for scoring to take place. Interviews will be scheduled for a date after the NOFA is released to allow for any HUD specific criteria to be incorporated into the interview process, as described above. Each reviewer is provided with a copy of each project's full application and score forms. Once the Review Team convenes and conducts interviews with each project, the Review Team scores each application. These scores result in the project ranking. The Review Team provides any final comments to be shared with projects or the NOFA committee.

Project Ranking

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

outlined below). Following any debriefings and appeals, the project ranking is then shared with the NOFA committee. The committee reviews the process and all project scores. The ranking is then presented to the Board for review. The ranking is then shared with Membership.

Appeal Process

1. Who May Appeal?

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

2. What May Be Appealed?

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

3. Timing of an Appeal

Formal appeals can only be submitted by a project <u>3 business days</u> after a debriefing has been completed. Appeals must be submitted in writing to the Collaborative Applicant who will forward them on to the Review Team. The written appeal must consist of a short statement, no longer than 1 page, of the agency's appeal. The written appeal can be in the form of a letter, memo or email. Any appeal via email must be sent to <u>JTabankin@caresny.org</u> and cc the ACCH NOFA Committee chair.

4. Appeals Decisions

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

Project Tiering

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

New Projects

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

Bonus Projects

Each year, HUD may offer bonus funding, and guidance is provided within the NOFA as to how the funds must be spent. Bonus projects compete nationally against other bonus projects.

A separate application is required for bonus project proposals, and the proposals must fill an unmet need, as noted within the Strategic Plan. Applications for bonus projects are accepted at the same time that renewal applications are submitted for rank and review. Agencies interested in applying for bonus funding will be given the opportunity to present their proposals to the CoC membership as well as meet with the Review Team for an interview. Bonus applications will be ranked, and the final ranking will be presented, within the full ranking, to CoC membership for approval. When the NOFA is released, the Review Team will decide which, if any, proposals fit the criteria outlined within, and agencies will have the opportunity to resubmit their proposals to meet HUD's criteria for bonus funding. The community's goal is to apply for the maximum amount of available funds. The same appeals process that applies to renewal applications also applies to bonus project applications.

Reallocation

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

Projects that can be flagged for reallocation consideration include those who have displayed inadequate financial management, a history of expending funds on ineligible activities, a lack of full expenditure of funds, and those which have consistently scored low during the Rank and Review process. Additionally, funds from any project not participating in Coordinated Entry, not participating in the Point-In-Time, not participating in HMIS, or operated by an agency that is not a member in good standing of the ACCH may be considered for reallocation. Further, agencies may voluntarily choose to reallocate funds from their projects. New projects developed by agencies through the reallocation of their own funds will be prioritized during the ranking process. This prioritization allows that agency to apply for a new project with those reallocated funds. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

A separate application is required for projects being developed with reallocated funds, and the proposed projects must fill an unmet need, as noted above. Applications for these projects are accepted at the same time that renewal applications are submitted for rank and review. Agencies interested in applying for reallocated funds will be given the opportunity to present their proposals to the CoC membership as well as meet with the Review Team for an interview. Applications for new projects will be ranked, separate from renewal projects, and the final ranking will be presented to CoC membership for approval. Projects being created from reallocated funds are ranked independent of bonus projects since they are funding funding sources.

CoC Transparency

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

FY2017 Rank and Review Application

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

2017 Albany Rank and Review Attachments Checklist

Agency:			
Project:			
Attachments n	nust be i	ncluded with the sul	bmission of the Rank and Review Application for it to be
considered cor	mplete.		
		Q5 Project Applica	tion
		Q7 APR	
		Q8 APR	
		Q6 APR	
		Q4B Project Applic	ation
		Copy of Data Mem	o from Operations Committee
		Copies of last three	e (3) Loccs drawdowns
Received:	at	: am/pm	Interview Time:

2017 ACCH Rank and Review Application

Enclosed you will find the 2017 Rank and Review Application. The application is updated annually by the ACCH NOFA Committee, using membership feedback, to better align with and reflect the priorities within the Continuum. The 2017 application, using a 185 point scale, is divided in four (4) sections (A-D):

Section A: Project Information: This section is intended to serve as a face sheet to give the reviewer background information on the project. <u>This section is not a scored section</u>.

Section B: Continuum Priorities and System Impact: This section demonstrates how the project is working within the system to serve the community's needs and the impact the project has on the system. HUD is looking at system performance and, as such, the Rank and Review tool should reflect this trend. This section will be scored on a scale of 64 points.

Section C: Project Performance Outcomes and System Impact: Systems Performance Measures will be critical in the measuring a community's success in serving the homeless. HUD has developed system performance measures to assess the overall impact of a CoC's homeless assistance efforts. The NOFA specifically states that CoC's should be using these measures and analyzing how they can improve their system to achieve better performance. This section reflects the move away from "project only" performance to determine how the project is performing as part of a larger system. This section will be scored on a scale of 25 points.

Section D: Local Continuum Priorities: This section is comprised of a series of narratives that allow the project to demonstrate how they are serving local Continuum priorities. This section will be scored on a scale of 96 points.

The ACCH NOFA Committee is releasing this Rank and Review Application prior to the release of the NOFA to allow agencies more time to complete the application. Therefore, specific criteria noted within the NOFA that is required in the Rank and Review Process will be incorporated in the Rank and Review interviews.

Please direct any questions you might have regarding the application process to CARES at JTabankin@caresny.org.

Please generate a **CoC CALENDAR YEAR 2016 (CY16: 1/1/16 - 12/31/16) APR** from Foothold or comparable HMIS to complete Part I of this application.

PART 1

*New projects will be weighted during the scoring.

A. PROJECT INFORMATION

Informational Only					
A1. Organization Name:					
A2. Project Name:					
A3. Application Contact Pers	son:				
A4. Project Type:	PSH	RRH	TH	SSO (regular)	
A5. FY17 Funding Request: \$	S				
	Leasing		\$		
	Rental A	Assistance	\$		
	Suppor	tive Services	\$		
	Operati	ons	\$		
	Admin		\$		

A6. Is this project voluntarily reallocating funds to the CoC? □ Yes □ No **A7.**PROJECT DESCRIPTION

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

B. CONTINUUM PRIORITIES AND SYSTEM PERFORMANCE (TOTAL 64 POINTS)

B1. Utilization Rate. Using the project's most recent Project Application and CY16 APR, complete the following chart to calculate the project's utilization rate.

	Projected persons served during an average PIT (Question 5 in Project	Actual number PIT (Questions	served during 5 7 & 8 in APR)		
	Application)	Persons	Households		
January					
April	Persons				
July	Households				
October					
		Average:			
Persons: A	Persons: Average Actual / Projected = Utilization				

Households: Average Actual	/ Projected	= Utilization	

B1.B. -The Continuum prioritizes projects that best utilize resources. Did your project have a utilization rate of more than 100%? ☐ **Yes** ☐ **No** If the answer to B1.B is No, please ensure an answer is provided in section D8.

B2. Data Quality. On your CY16 APR Q6:

- **B2.A.** Is there an error rate of 5% or more of your PII data?
- **B2.B.** Is there an error rate of 5% or more of your universal data elements?
- **B2.C.** Is there an error rate of 5% or more of your Income and Housing data?
- B2.D. Is there an error rate of 5% or more of your Chronic Homelessness data?

B3. Dedicated Chronic Homeless:

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

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

B3.B. To show the impact of your project on ending chronic homelessness (CH) in the CoC, <u>refer to Attachment 1</u> and note below the percentage of CH beds it contributes to the CoC.

B4. Effect on Chronic Homeless:

	<u>Permane</u>	ent Housing Programs: During CY16, the CoC PH (PSH/RRH) projects served a
	total of 7	'3 chronically homeless individuals. To show impact of this project on ending
	chronic h	nomelessness, <u>refer to Attachment 2</u> to note the following:
	B4.A	The total number of chronically homeless persons this project served in CY16:
	B4.B	The percentage of the CoC total served by this project:
	<u>Transitio</u>	onal Housing Programs: During CY16, the CoC TH projects served a total of 9
	chronica	lly homeless individuals. To show impact of this project on ending chronic
	homeles	sness, <u>refer to Attachment 2</u> to note the following:
	B4.C	The total number of chronically homeless persons this project served in CY16:
	B4.D	The percentage of the CoC total served by this project:
B5.	Positive O	utcomes
	Permanen	t Housing projects: During CY16, there were 582 persons with positive
		omes noted across all CoC PH (PSH/RRH) programs. (An exit is positive for PH if
		idual is a stayer or exited to a PH destination.) To show the effect of this
		ect on housing stability, refer to Attachment 3 and note the percentage this
		ect had on the system:%
	pi oje	
	Trans	sitional Housing Projects: During CY16, there were 73 persons with positive
	outco	omes noted across all CoC TH programs. An exit is positive if the exits are to
	Perm	anent destinations. To show the effect that this project has on reducing the
	numl	per of homeless individuals, <u>please look at Attachment 3</u> and note the percentage
	that	this project had on the system.
B6.	Coordinated	l Entry
	Does your	project participate in the Coordinated Entry process by the following activities?
	This will be	e verified by the CE Coordinator.
	□ Making a	and/or receiving referrals
	□ Attending	g meetings
	□ Providin	g reports

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

C1. Exits to Homelessness:

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

C2. Effect on Income Growth:

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

Organization Name:		
Project Name:		
Application Contact Person:		
PART 2: LOCAL CONTINUUM PRIORITIES (TOTAL 96 POINTS)		
D1 . Cultural Barriers . Please describe your agency's bi-lingual capacity and resources in needs of clients facing language barriers <u>in 250 words or less</u> .	ı meetir	ng the
D2. Leveraging and Coordination of Services. Please describe how your project coordination of the funded and non-funded providers in order to leverage services in no more to		
D3. "Opening Doors". Please explain how the project works to meet the goals stated in "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" (250 words)		SICH's
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	Yes	No
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Active or history of substance abuse		
Criminal record with exceptions for state-mandated restrictions		
History of domestic violence		
Failure to participate in supportive services		
Failure to make progress on a service plan		
Loss of income or failure to improve income		
Reing a victim of domestic violence		

Any other activity not covered in a lease agreement typically

found in the project's geographic area.

D7.A. Does the project or agency staff regularly participate in any of the following CoC standing

D7. Continuum Participation.

	or ad hoc committees of ACCH? This will be verified via attendance sheets maintained by				
	CARES, Inc. and will reflect the ACCI	H Membership	Attendance Policy.		
	Board Meetings		NOFA		
	System Collaboration		HMIS Advisory Committee		
	Governance		Operations		
	Strategic Planning Committee		Membership		
	D7.B . Did the project participate in Plan? If so, please attach the Data N		•	s Data Quality	
D8. Utiless.	ilization Rate. Please explain why yo	ur project had	a utilization rate under 1009	% in 250 words or	
D9. Ho stabilit	using Stability. How has increased c y?	ollaboration ar	nong providers affected the	project's housing	
	ncome. How has increased collaborated collaborated in the collabor	• .	•	•	
	elf Sufficiency: Include information a m will help households work toward		•		
	Point in Time Count: Was your proje This will be verified by the Collabora			017 Point in	
D13. T	otal Funds Awarded. What was the too completed contract?	-	e of funds spent on the mos	st recently	
	D13.B. Does the project drawdow attach the last 3 draw		•	arterly? Please	

Attachment 1 - Dedicated CH Beds

Proj. Type	Organization Name	Project Name	Total CH Dedicated Beds	Percent of System Impact
PSH	Albany Damien Center	The Madison Apartments		
PSH	Albany Damien Center	Albany Damien Center PSH		
PSH	Albany Housing Authority	Albany County Department of Mental Health Tenant Based Rental Assistance	6	6%
PSH	Albany Housing Authority	Albany Damien Center	6	6%
PSH	Albany Housing Authority	HATAS Shelter Plus Care	0	0%
PSH	Albany Housing Authority	Project Based Rental Assistance for Homeless Persons Living With HIV/AIDS	0	0%
PSH	Albany Housing Authority	Shelter Plus Care for Persons with Disabilities - CARES	0	0%
PSH	Albany Housing Authority	Shelter Plus Care Program for Chronically Homeless Vets 2007	6	6%
PSH	Albany Housing Authority	Shelter Plus Care Program for Homeless Veterans with Disabilites	3	3%
PSH	Albany Housing Authority	Tenant Based Rental Assistance for Homeless Persons with Disabilities	0	0%
PSH	Albany Housing Coalition, Inc.	PSH for Vets	0	0%
PSH	Albany Housing Coalition, Inc.	WALTER STREET RESIDENCE	2	2%
PSH	Capital Area Peer Services	100 Clinton Avenue	0	0%
PSH	Catholic Charities	SHP North Main	1	1%
PSH	Homeless & Travelers Aid Society	Pathways Project	4	4%
PSH	Homeless & Travelers Aid Society	Pathways Project 2	6	6%
PSH	Homeless Action Committee	SRO	30	30%
PSH	Hope House inc.	Hope House Shelter Plus Care	1	1%
PSH	Interfaith Partnership for the Homeless	Hope Through Housing	0	0%
PSH	Interfaith Partnership for the Homeless	Sheridan Ave Housing Project II	0	0%
PSH	Interfaith Partnership for the Homeless	Sheridan Ave Housing Project - NEW	8	8%
PSH	Interfaith Partnership for the Homeless	Permermanent Housing Collaborative Program		
PSH	Rehabilitation Support Services	Coming of Age/SAIL	0	0%
PSH	St. Catherine's	St. Catherine's Housing for Individuals		
PSH	St. Catherine's Center for Children	Supportive Family Housing Program	25	25%
PSH	St. Peter's Addiction Recovery Center	St. Peter's Addiction Recovery Center S+C Program (22 Units)	3	3%
PSH	Support Ministries	Arvilla House	0	0%
PSH	Support Ministries	Project HELP	0	0%
RRH	Albany Housing Coalition	RRH for Homeless Veterans		
RRH	Equinox Inc.	Project Break Free	0	0%
RRH	Legal Aid Society of Northeastern NY	Legal Aid RRH for Families		
ТН	Albany Housing Coalition, Inc.	GPD - Veteran's House Addition	0	0%
TH	Albany Housing Coalition, Inc.	GPD - Veteran's House Main	0	0%
ТН	Albany Housing Coalition, Inc.	OPERATIONS AT 280 CLINTON AVENUE	0	0%
TH	Equinox inc.	Project Independence	0	0%
TH	Equinox Inc.	Transitional Living Program	0	0%
TH	Support Ministries	Perry House	0	0%
Total			101	

Attachment 2 - CH Served

		Chronic	Рe	rcent of
Project Type	Program	Homeless	•	stem
		Served		pact
PSH	AHC - Permanent Supported Housing		1	1%
PSH	AHC - S plus C for Chronically Homeless Vets 2007		8	10%
PSH	AHC - S plus C for Homeless Vets with Disabilities		0	0%
PSH	AHC - WALTER STREET RESIDENCE		1	1%
PSH	Albany Housing Authority- Albany County Department of Mental Health Tenant Based Rental Assistance		0	0%
PSH	Albany SAIL		1	1%
PSH	Cares- Project Based Rental Assistance for Homeless Persons Living With HIV/AIDS		0	0%
PSH	Cares- Shelter Plus Care Program for Persons with Disabilities		5	6%
PSH	Cares- Tenant Based Rental Assistance for Homeless Persons with Disabilities		3	4%
PSH	Community Living Associates- 100 Clinton Avenue		1	1%
PSH	Damien Center of Albany Shelter Plus Care		0	0%
PSH	DePaul II SHP		0	0%
PSH	HAC - SRO	3	2	39%
PSH	HATAS - Pathways Project		2	2%
PSH	HATAS - Pathways Project 2		1	1%
PSH	HATAS - S Plus C Program		4	5%
PSH	Hope House Shelter Plus Care		3	4%
PSH	IPH - Hope Through Housing		0	0%
PSH	IPH - Sheridan Ave Housing Project - NEW		5	6%
PSH	IPH- Sheridan Ave Housing Project II		0	0%
PSH	SPARC Shelter Plus Care		0	0%
PSH	Support Ministries - Arvilla House		0	0%
PSH	Support Ministries - Project HELP		0	0%
PSH	Supported Housing Plus		7	8%
TH	AHC - OPERATIONS AT 280 CLINTON AVENUE		2	2%
TH	AHC - VETERANS HOUSE-ADDITION		2	2%
TH	AHC - VETERANS HOUSE-MAIN		4	5%
TH	Equinox - Transitional Living		1	1%
TH	Equinox- Project Independence		0	0%
	Total	8	3	100%

Attachment 3 - Positive Outcomes = PSH programs

Program	Positive Outcomes	Percen Impact	nt System t
AHC - Permanent Supported Housing		8	1%
AHC - S plus C for Chronically Homeless Vets 2007		7	1%
AHC - S plus C for Homeless Vets with Disabilities	34	1	6%
AHC - WALTER STREET RESIDENCE	13	3	2%
Albany Housing Authority- Albany County Department of Mental Health Tenant Based Rental Assistance		3	1%
Albany SAIL	9	9	2%
Cares- Project Based Rental Assistance for Homeless Persons Living With HIV/AIDS	(5	1%
Cares- Shelter Plus Care Program for Persons with Disabilities	79	€	13%
Cares- Tenant Based Rental Assistance for Homeless Persons with Disabilities	47	7	8%
Community Living Associates- 100 Clinton Avenue	9	9	2%
Damien Center of Albany Shelter Plus Care		5	1%
HAC - SRO	30	כ	5%
HATAS - Pathways Project	53	3	9%
HATAS - Pathways Project 2	98	3	16%
HATAS - S Plus C Program	39)	7%
Hope House Shelter Plus Care	39	}	7%
IPH - Hope Through Housing		5	1%
IPH - Sheridan Ave Housing Project - NEW	9	Ð	2%
IPH- Sheridan Ave Housing Project II	10)	2%
SPARC Shelter Plus Care	50)	8%
Support Ministries - Arvilla House	5	5	1%
Support Ministries - Project HELP	10)	2%
Supported Housing Plus	26	5	4%
Total	595	5	99%

Positive Outcomes - TH programs

	Percent	Percent System	
Program	Positive Outcomes Impact		
AHC - OPERATIONS AT 280 CLINTON AVENUE	14	19%	
AHC - VETERANS HOUSE-ADDITION	12	16%	
AHC - VETERANS HOUSE-MAIN	27	37%	
Equinox - Transitional Living	19	26%	
Equinox- Project Independence		1%	
Total	73	100%	

Attachment 4 - Returns to Homelessness

Project Type	Drogram	teturns to domelessness	Percent System Impact	
PSH	AHC - Permanent Supported Housing)	0%
PSH	AHC - S plus C for Chronically Homeless Vets 2007	()	0%
PSH	AHC - S plus C for Homeless Vets with Disabilities	C)	0%
PSH	AHC - WALTER STREET RESIDENCE	C)	0%
PSH	Albany Housing Authority- Albany County Department of Mental Health Tenant Based Rental Assistance)	0%
PSH	Albany SAIL	C)	0%
PSH	Cares- Project Based Rental Assistance for Homeless Persons Living With HIV/AIDS)	0%
PSH	Cares- Shelter Plus Care Program for Persons with Disabilities)	0%
PSH	Cares- Tenant Based Rental Assistance for Homeless Persons with Disabilities)	0%
PSH	Community Living Associates- 100 Clinton Avenue	2	2	33%
PSH	Damien Center of Albany Shelter Plus Care)	0%
PSH	HAC - SRO	C)	0%
PSH	HATAS - Pathways Project)	0%
PSH	HATAS - Pathways Project 2	C)	0%
PSH	HATAS - S Plus C Program)	0%
PSH	Hope House Shelter Plus Care	C)	0%
PSH	IPH - Hope Through Housing)	0%
PSH	IPH - Sherldan Ave Housing Project - NEW)	0%
PSH	IPH- Sheridan Ave Housing Project II)	0%
PSH	SPARC Shelter Plus Care	C)	0%
PSH	Support Ministries - Arvilla House)	0%
PSH	Support Ministries - Project HELP	C)	0%
PSH	Supported Housing Plus)	0%
TH	AHC - OPERATIONS AT 280 CLINTON AVENUE	C)	0%
TH	AHC - VETERANS HOUSE-ADDITION	1		17%
TH	AHC - VETERANS HOUSE-MAIN	1		17%
TH	Equinox - Transitional Living	2	Ž.	33%
тн	Equinox- Project Independence	C)	0%
Total		6		100%

Attachment 5 - Total Income Growth

		Number o	f
Project Type	Program	Adults with Income Growth	Percent System Impact
PSH	AHC - Permanent Supported Housing		L 1%
PSH	AHC - S plus C for Chronically Homeless Vets 2007	3	3 2%
PSH	AHC - S plus C for Homeless Vets with Disabilities	12	2 6%
PSH	AHC - WALTER STREET RESIDENCE	6	3%
PSH	Albany Housing Authority- Albany County Department of Mental Health Tenant Based Rental Assistance	F 11.50	l 1%
PSH	Albany SAIL	6	3%
PSH	Cares- Project Based Rental Assistance for Homeless Persons Living With HIV/AIDS		1%
PSH	Cares- Shelter Plus Care Program for Persons with Disabilities	19	10%
PSH	Cares- Tenant Based Rental Assistance for Homeless Persons with Disabilities	21	11%
PSH	Community Living Associates- 100 Clinton Avenue	1	L 1%
PSH	Damien Center of Albany Shelter Plus Care		0%
PSH	HAC - SRO	3	3 2%
PSH	HATAS - Pathways Project	16	8%
PSH	HATAS - Pathways Project 2	19	10%
PSH	HATAS - 5 Plus C Program	8	3 4%
PSH	Hope House Shelter Plus Care	9	5%
PSH	IPH - Hope Through Housing	3	3 2%
PSH	IPH - Sheridan Ave Housing Project - NEW	5	3%
PSH	IPH- Sheridan Ave Housing Project II	1	1%
PSH	SPARC Shelter Plus Care	13	7%
PSH	Support Ministries - Arvilla House		0%
PSH	Support Ministries - Project HELP	C	0%
PSH	Supported Housing Plus		3%
TH	AHC - OPERATIONS AT 280 CLINTON AVENUE	5	3%
TH	AHC - VETERANS HOUSE-ADDITION	11	. 6%
TH	AHC - VETERANS HOUSE-MAIN	14	7%
TH	Equinox - Transitional Living	12	6%
ТН	Equinox- Project Independence	2	1%
	Total	197	100%

Points Scale: The <u>2017 Albany CoC Project Rank and Review Application</u> is scored on a <u>185 point scale</u> with the following breakdown:

PART 1

- A. PROJECT INFORMATION: No points
- B. CONTINUUM PRIORITIES AND SYSTEM IMPACT: Maximum 64 Points
- **B1**. Utilization Rate: 0-15 Points Maximum (including B1.B)

B1. Utilization Rate	Points
100%	10
99-90%	8
89-86%	6
85-80%	4
77-75%	2
Under 75%	0

B1.B – 5 points

B2. Data Quality: 0 -4 Points

B3. Dedicated Chronic Homeless: 0- 10 points

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

B3.B

B3.B. Chronic	Points
Homelessness – see	
Attachment 1	
40-100%	5
20-39%	4
6-19%	3
0-5%	0

B4. Effect on Chronic Homeless 0 – 10 points

B4. Chronic Homelessness	Points
- see Attachment 2	
40-100%	10
20-39%	8
6-19%	4
0-5%	0

B5. <u>Positive Outcomes –</u> 20 Points Maximum

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

B5. Positive Outcomes: TH	Points
More than 25%	20
20-25%	15
15-19%	10
10-14%	5
Under 10%	0

B6. Coordinated Entry: 0-5 points

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

C1. Exits to Homelessness: 0- 15 Points Maximum

C2: Exits to Homelessness	Points
0%	15
1-5%	10
6-10%	5
Over 10%	0

C2. Effect on Income Growth 0- 10 points

C2: Effect on Total Income Growth	Points
0%	0
1-9%	5
10 - 100%	10

PART 2

D. LOCAL CONTINUUM PRIORITIES- TOTAL 96 POINTS

D1. Cultural Barriers -0 – 5 points

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

D2. Leveraging and Coordination of Services 0-10 points

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

D3. Opening Doors 0-5 points

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

D4. Local Strategic Plan 0 – 10 points

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

D5. Priority Populations 0 – 10 points

D5. Population	Points
Dedicated Chronic	10

50% or more Chronic	5
Dedicated Youth	10
Dedicated Veteran	10
No Priority Population	0

D6. Housing First. 0 or 5 points (Must have all criteria checked to get full 5 points)

D7. Continuum Participation 0 – 10 points (for D7.A and B)

D7.A – 0-5 points

D7.B - 0 or 5 points

D8.Utilization Rate 0-1 point

D9. Housing Stability 0 – 5 points

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

D10. Income 0 – 5 points

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

D11. Self-Sufficiency 0- 5 points

- 1		
	Fully explains the primary question	4-5 Points
	i uny explains the primary question	4-3 Fullis

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

D12. Point in Time Count 0 or 5 points

D13. Total Funds Awarded: 0-20 points Maximum, including D13.B

D13. Funds Spent	Points
100%	15
99-90%	13
89-86%	11
85-80%	9
77-75%	7
Under 75%	0

D13.B. Financial Drawdowns 0-5 points

ACCH R&R Applicant Interviews: 7-13-17

DAY	START TIME	END TIME
THURSDAY	9:40:00 AM	9:55:00 AM
THURSDAY	10:00:00 AM	10:15:00AM
THURSDAY	10:20:00 AM	10:35:00 AM
THURSDAY	10:40:00 AM	10:55:00 AM
THURSDAY	11:00:00 AM	11:15:00 AM
THURSDAY	11:20:00 AM	11:35:00 AM
THURSDAY	11:40:00 AM	11::55 PM
THURSDAY	12:00:00 PM	1:00:00 PM
THURSDAY	1:10:00 PM	1:25:00 PM
THURSDAY	1:30:00 PM	1:45:00 PM
THURSDAY	1:50:00 PM	2:05:00 PM
THURSDAY	2:10:00 PM	2:25:00 PM
THURSDAY	2:30:00 PM	2:45:00 PM
WEDNESDAY	2:50:00 PM	3:05:00 PM
WEDNESDAY	3:10:00 PM	3:25:00 PM
WEDNESDAY	3:30:00 PM	3:45:00 PM
WEDNESDAY	3:45:00 PM	4:00:00 PM
	THURSDAY WEDNESDAY WEDNESDAY	THURSDAY 9:40:00 AM THURSDAY 10:00:00 AM THURSDAY 10:20:00 AM THURSDAY 10:40:00 AM THURSDAY 11:00:00 AM THURSDAY 11:20:00 AM THURSDAY 11:40:00 AM THURSDAY 12:00:00 PM THURSDAY 1:30:00 PM THURSDAY 1:50:00 PM THURSDAY 2:10:00 PM THURSDAY 2:30:00 PM WEDNESDAY 2:50:00 PM WEDNESDAY 3:10:00 PM WEDNESDAY 3:30:00 PM

Albany County Coalition on Homelessness:

New Project RFP 2017 (Reallocation and/or Bonus Projects)

Application must not be longer than three (3) pages

1.	Applicant/Agency Name:
2.	Agency Point of Contact:
3.	Proposed Project Name:
4.	Is the applicant a current member in good standing of the Albany County Coalition on Homelessness (ACCH) Continuum of Care (CoC)? \Box Yes $-$ 10 points \Box No $-$ 0 points
	a. If no, what is the agency's current involvement with the ACCH Continuum of Care?
5.	Is the agency applying a current CoC funded grantee? $\ \square$ Yes $-$ 5 points $\ \square$ No $-$ 10 points
	 b. If yes, are there any unresolved monitoring or audit findings from HUD or the CoC? □ Yes − 0 points □ No − 3 points
6.	Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population. Please specify the name of current or past programs and note the funding sources. (10 points)
7.	Please provide a project description AND budget that addresses the entire scope your project. Please include the target population that will be served and the outreach plan. If the proposed project follows a Housing First model, please specifically detail Housing First aspects. (0 – 20 points) 2 points if a specific priority population mentioned in the Albany County Strategic Plan is noted 1 points if the project clearly states the number of units/beds requested 2 points if an outreach plan is noted 10 points if the budget notes at least 80 percent of the requested funds are dedicated to housing 5 points if the narrative details how the project will implement the housing first model
8.	Will the project be able to begin within 12 months? ☐ Yes- 5 points ☐ No – 0 points

Albany County Coalition on Homelessness:

New Project RFP 2017 (Reallocation and/or Bonus Projects)

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

- 3. Communication to the CoC regarding the FY17 Rank, Rating and Review Process and Criteria
 - a. Email to Membership with Proposed FY17 Rank, Rating and Selection documents
 - b. Email to Membership with Final FY17 Rank, Rating and Selection documents
 - c. Screen shot of final FY17 Rank and Review documents posted to CARES site

To: Alexandra St.Martin; Allyson Tallman; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder;

Amy Toller; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Chris Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Connie Adsitt; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini; Don Smith; Donna DeMaria; "Donna Maylath "; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine Lombardo; James Ader; Janine Robitaille; Jeanette Hemingway; Jerald Johnson; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel

Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts

(Robin.Roberts@albanycountyny.gov); Rocky Ferraro; "Sabrina Brewington "; Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates;

Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy Wahlberg; Willie Leak

Cc: Samantha Winzenried; Michelle Sandoz-Dennis; Ryan Spinner

Subject: ACCH 2017 Proposed Rank and Review Documents

Date: Friday, May 12, 2017 8:59:00 AM

Attachments: ACCH-NOFA-Committee-2017- DRAFT Albany-Rank-and-Review-Application.docx

ACCH NOFA Committee - Rank and Review 2017 Rubrics and Scoring.docx

image001.png

ACCH 2017 NEW PROJECT RFP.docx

Good Morning, Albany County Coalition on Homelessness,

On behalf of the ACCH NOFA Committee, attached please find the proposed 2017 Albany Rank & Review Tool with the 2017 Scoring and Rubrics, as well as the proposed 2017 New Project RFP. Membership will have two (2) weeks to review these Rank and Review documents. Please review and share any feedback, suggestions or concerns regarding any of these documents on or before 3pm on May 26, 2017. These documents are also posted on the CARES website (under Membership Information) for your review as well.

The ACCH NOFA Committee will review and address all comments after May 26, 2017.

Respectfully,



Jennifer Tabankin
Continuum of Care Unit, Compliance Specialist
CARES, Inc.
200 Henry Johnson Blvd.
Albany NY 12210
(518) 489-4130 x116
jtabankin@caresny.org

To: Alexandra St.Martin; Allyson Tallman; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder;

Amy Toller; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Christina Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Connie Adsitt; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; <u>Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini; Don</u> Smith; Donna DeMaria; "Donna Maylath"; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); James Ader; Janine Robitaille ; Jeanette Hemingway; Jerald Johnson ; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts (Robin.Roberts@albanycountyny.gov); Rocky Ferraro; "Sabrina Brewington "; Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates; Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy

Wahlberg; Willie Leak

Cc: Ryan Spinner; Michelle Sandoz-Dennis; Samantha Winzenried

Subject: ACCH New Project RFP

Date: Tuesday, May 30, 2017 3:42:00 PM
Attachments: ACCH 2017 NEW PROJECT RFP.docx

image001.png

Importance: High

Dear Albany County Coalition on Homelessness Member,

On behalf of the ACCH NOFA Committee, attached is the 2017 New Project RFP. All community agencies are encouraged to identify existing needs and gaps in homeless housing services and apply for funding to develop or enhance homeless housing services that will meet the need. Applications will be accepted on a rolling basis until the 2017 Continuum of Care NOFA is released. At this time, we predict the NOFA to be released <u>tentatively</u> in June. With the release of the NOFA, a final deadline for applications will be shared with membership and posted on CARES website (<u>www.caresny.org</u>). All applications should be sent to Jenn Tabankin at <u>JTabankin@caresny.org</u>.

Additionally, CARES will schedule an informational session open to all agencies that wish to apply for a new project. This informational session is tentatively scheduled for the week of July 24th. More information will be forthcoming.

Please feel free to forward to other Community Partners! If there are any questions, please contact me and I will be happy to answer any concerns.

Jenn



Jennifer Tabankin Continuum of Care Unit, Compliance Specialist CARES, Inc.

To: Christine Rodriguez; Dan Reilly; Donna DeMaria; Frank Pindiak; Jacqualine C. Lombardo - Support Ministries,

Inc. (jlombardo@smicr.org); Janine Robitaille; Joe Sluszka; Kevin Connally; Leslie Siegard; Lillian Moy; Lisa Ostiguy (lostiguy@albanyhousing.org); Liz Hitt; Lyn Mack; Mary Oill; Nancy Chiarella; Patty Stempsey; Perry

Junjulas; Steve Lape; Steve Longo; Wendy Wahlberg

Cc: Kristen Giroux; Rachel Alexander; Michelle Sandoz-Dennis; Samantha Winzenried; Maureen Burns; Ryan Spinner

Subject: ACCH 2017 Rank and Review Application

Date: Friday, June 2, 2017 8:59:00 AM

Attachments: image001.png

ACCH-NOFA-Committee-2017- Albany-Rank-and-Review-Application.docx

ACCH - 2017-Rank-and-Review-Checklist.docx

FY17 Attachment 1-5.pdf

ACCH NOFA Committee - Rank and Review 2017 Rubrics and Scoring.docx

ACCH 2017 Rank and Review section summary.docx

Importance: High

Dear ACCH CoC Funded Agencies,

On behalf of the NOFA Committee, please find attached the following documents:

- 1. 2017 Rank and Review cover letter
- 2. 2017 Project Rank and Review Application to be completed for each CoC funded project.
- 3. 2017 Rank and Review Attachments Checklist, which is required in order for the Rank and Review Application to be considered complete.
- 4. A PDF of HMIS Attachments:
 - a. Attachment 1: Albany Dedicated CH beds
 - b. Attachment 2: Albany CH Served Individuals
 - c. Attachment 3: Positive Outcomes for PH and TH projects
 - d. Attachment 4: Returns to Homelessness
 - e. Attachment 5: Albany Total Income Growth

HMIS Attachments 1-5 are necessary in order to complete certain Rank and Review application questions, which specifically refer to them. The Rank and Review Application is to be completed using Calendar Year 2016 (CY16) APR (new format).

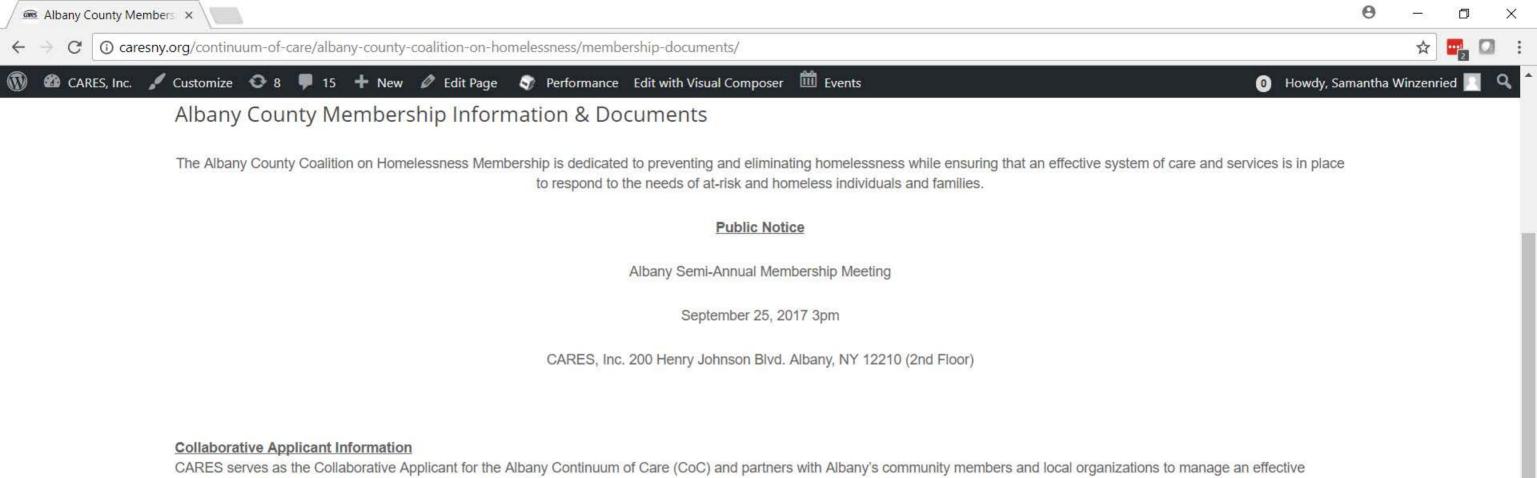
Completed applications are due to CARES by **3pm on Friday, June 30, 2017**. Please email all information to <u>JTabankin@caresny.org</u>. Projects will have an interview with the Review Team to discuss completed Rank and Review Applications at a date and time TBD. We welcome back the following individuals as the Review Team: Joseph Gallagher from Mohawk Opportunities in Schenectady, Daquetta Jones from the YWCA in Rensselaer and Jackie Mahoney from The Community Foundation in Albany.

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

Thank you,



Jennifer Tabankin



Continuum. ACCH Collaborative Applicant Memo 5.18.15



















Letters of Support Information































Attachment 4: CoC's Rating and Review Procedure: Public Posting Evidence

- a. Email to Membership regarding the Proposed Ranking and Selection process for public comment
- b. Email to Membership with the Final Ranking and Selection Process
- c. Screenshot of all posted Ranking and Selection Process Documents

To: Alexandra St.Martin; Allyson Tallman; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder;

Amy Toller; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Chris Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Connie Adsitt; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini; Don Smith; Donna DeMaria; "Donna Maylath "; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine Lombardo; James Ader; Janine Robitaille; Jeanette Hemingway; Jerald Johnson; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel

Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts

(Robin.Roberts@albanycountyny.gov); Rocky Ferraro; "Sabrina Brewington "; Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates;

Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy Wahlberg; Willie Leak

Cc: Samantha Winzenried; Michelle Sandoz-Dennis; Ryan Spinner

Subject: ACCH 2017 Proposed Rank and Review Documents

Date: Friday, May 12, 2017 8:59:00 AM

Attachments: ACCH-NOFA-Committee-2017- DRAFT Albany-Rank-and-Review-Application.docx

ACCH NOFA Committee - Rank and Review 2017 Rubrics and Scoring.docx

image001.png

ACCH 2017 NEW PROJECT RFP.docx

Good Morning, Albany County Coalition on Homelessness,

On behalf of the ACCH NOFA Committee, attached please find the proposed 2017 Albany Rank & Review Tool with the 2017 Scoring and Rubrics, as well as the proposed 2017 New Project RFP. Membership will have two (2) weeks to review these Rank and Review documents. Please review and share any feedback, suggestions or concerns regarding any of these documents on or before 3pm on May 26, 2017. These documents are also posted on the CARES website (under Membership Information) for your review as well.

The ACCH NOFA Committee will review and address all comments after May 26, 2017.

Respectfully,



Jennifer Tabankin
Continuum of Care Unit, Compliance Specialist
CARES, Inc.
200 Henry Johnson Blvd.
Albany NY 12210
(518) 489-4130 x116
jtabankin@caresny.org

To: Alexandra St.Martin; Allyson Tallman; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder;

Amy Toller; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Christina Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Connie Adsitt; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; <u>Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini; Don</u> Smith; Donna DeMaria; "Donna Maylath"; Donna Vaughn; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); James Ader; Janine Robitaille ; Jeanette Hemingway; Jerald Johnson ; Jessica DeJesus; Jessica Loomis; Jim Ketcham; Jim Matteo; Joe Sluszka; Judy Monson; Karen Karl; Kathleen Ide; Kathy Fletcher; Kathy Leyden; Kathy Magee; Katrina Middleton; Keith Brown; Keith Stack; Kelly Desposito; Kevin Connally; Kristen Giroux; Lauri Nakovics; Leslie Siegard; Lillian Moy; Liz Hitt; Lois Wilson; Lora Yanulavich; Louisa Marra; Lyn Mack; Lynda Tymeson; Marcus May (mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred Figueroa; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts (Robin.Roberts@albanycountyny.gov); Rocky Ferraro; "Sabrina Brewington "; Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates; Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy

Wahlberg; Willie Leak

Cc: Ryan Spinner; Michelle Sandoz-Dennis; Samantha Winzenried

Subject: ACCH New Project RFP

Date: Tuesday, May 30, 2017 3:42:00 PM
Attachments: ACCH 2017 NEW PROJECT RFP.docx

image001.png

Importance: High

Dear Albany County Coalition on Homelessness Member,

On behalf of the ACCH NOFA Committee, attached is the 2017 New Project RFP. All community agencies are encouraged to identify existing needs and gaps in homeless housing services and apply for funding to develop or enhance homeless housing services that will meet the need. Applications will be accepted on a rolling basis until the 2017 Continuum of Care NOFA is released. At this time, we predict the NOFA to be released <u>tentatively</u> in June. With the release of the NOFA, a final deadline for applications will be shared with membership and posted on CARES website (<u>www.caresny.org</u>). All applications should be sent to Jenn Tabankin at <u>JTabankin@caresny.org</u>.

Additionally, CARES will schedule an informational session open to all agencies that wish to apply for a new project. This informational session is tentatively scheduled for the week of July 24th. More information will be forthcoming.

Please feel free to forward to other Community Partners! If there are any questions, please contact me and I will be happy to answer any concerns.

Jenn



Jennifer Tabankin Continuum of Care Unit, Compliance Specialist CARES, Inc.

To: Christine Rodriguez; Dan Reilly; Donna DeMaria; Frank Pindiak; Jacqualine C. Lombardo - Support Ministries,

Inc. (jlombardo@smicr.org); Janine Robitaille; Joe Sluszka; Kevin Connally; Leslie Siegard; Lillian Moy; Lisa Ostiguy (lostiguy@albanyhousing.org); Liz Hitt; Lyn Mack; Mary Oill; Nancy Chiarella; Patty Stempsey; Perry

Junjulas; Steve Lape; Steve Longo; Wendy Wahlberg

Cc: Kristen Giroux; Rachel Alexander; Michelle Sandoz-Dennis; Samantha Winzenried; Maureen Burns; Ryan Spinner

Subject: ACCH 2017 Rank and Review Application

Date: Friday, June 2, 2017 8:59:00 AM

Attachments: image001.png

ACCH-NOFA-Committee-2017- Albany-Rank-and-Review-Application.docx

ACCH - 2017-Rank-and-Review-Checklist.docx

FY17 Attachment 1-5.pdf

ACCH NOFA Committee - Rank and Review 2017 Rubrics and Scoring.docx

ACCH 2017 Rank and Review section summary.docx

Importance: High

Dear ACCH CoC Funded Agencies,

On behalf of the NOFA Committee, please find attached the following documents:

- 1. 2017 Rank and Review cover letter
- 2. 2017 Project Rank and Review Application to be completed for each CoC funded project.
- 3. 2017 Rank and Review Attachments Checklist, which is required in order for the Rank and Review Application to be considered complete.
- 4. A PDF of HMIS Attachments:
 - a. Attachment 1: Albany Dedicated CH beds
 - b. Attachment 2: Albany CH Served Individuals
 - c. Attachment 3: Positive Outcomes for PH and TH projects
 - d. Attachment 4: Returns to Homelessness
 - e. Attachment 5: Albany Total Income Growth

HMIS Attachments 1-5 are necessary in order to complete certain Rank and Review application questions, which specifically refer to them. The Rank and Review Application is to be completed using Calendar Year 2016 (CY16) APR (new format).

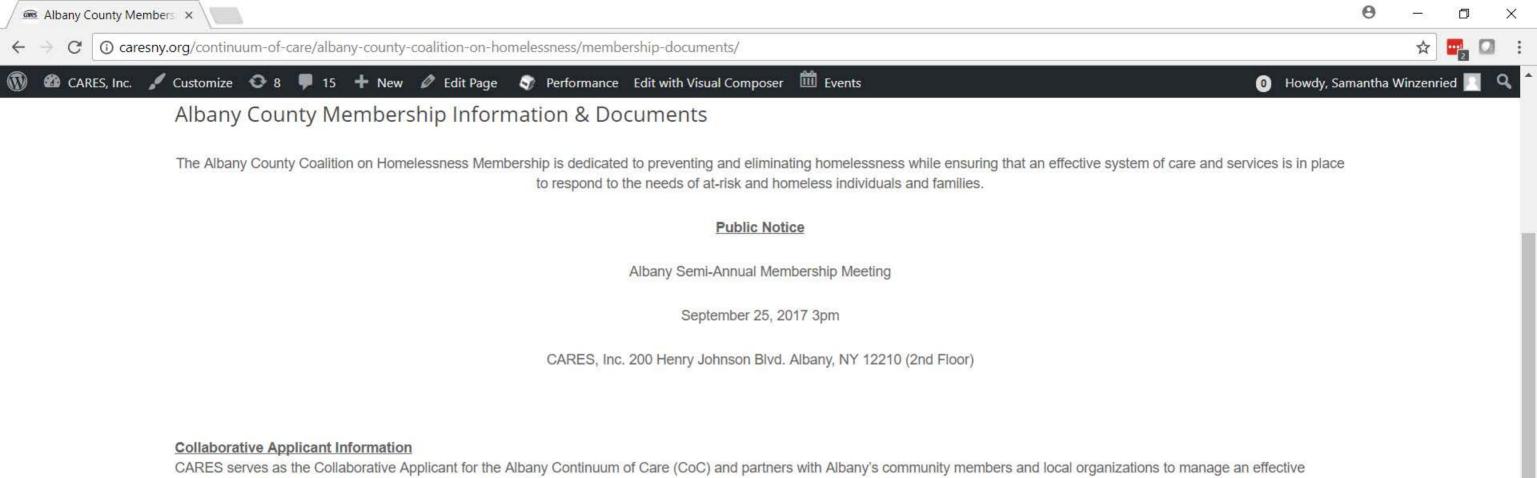
Completed applications are due to CARES by **3pm on Friday, June 30, 2017**. Please email all information to <u>JTabankin@caresny.org</u>. Projects will have an interview with the Review Team to discuss completed Rank and Review Applications at a date and time TBD. We welcome back the following individuals as the Review Team: Joseph Gallagher from Mohawk Opportunities in Schenectady, Daquetta Jones from the YWCA in Rensselaer and Jackie Mahoney from The Community Foundation in Albany.

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

Thank you,



Jennifer Tabankin



Continuum. ACCH Collaborative Applicant Memo 5.18.15



















Letters of Support Information































Attachment 5: CoC's Process for Reallocating

- 1. CoC Process for Reallocating
- 2. Invitation to New Project Webinar
- 3. New Project Webinar

FY17 Reallocation Process

The CoC realizes that reallocation is a necessary part of ensuring that a homeless assistance system meets the needs of people experience homelessness. During the FY17 competition, via the Rank and Review Process, as well as using System Performance Measures to allow a cross program comparison of outcomes, the community decided to reallocate a project. With these reallocated funds, the community did submit a new project application this year for a Coordinated Entry Expansion project as well as a Re-entry project to better fill needs in the community. The CoC always provides follow up to all programs being reduced or eliminated through reallocation to ensure that no clients will go unsupported.

The ACCH Reallocation Process was made public to the Community. It was emailed to membership as well as posted to the Collaborative Applicant's website. Each year, the ACCH NOFA Committee reviews the annual of Notice of Funding Availability in order to reassess the process. The Reallocation Process, which is within the CoC's Rank and Review Process, currently lays out the following:

"Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community, as noted within the Albany Strategic Plan and the HMIS Quarterly Report.

Reallocation is one of the most important tools by which communities can make strategic improvements to their homeless services system.

Projects that can be flagged for reallocation consideration include those who have displayed inadequate financial management, a history of expending funds on ineligible activities, a lack of full expenditure of funds, and those which have consistently scored low during the Rank and Review process. Additionally, funds from any project not participating in Coordinated Entry, not participating in the Point-In-Time, not participating in HMIS, or operated by an agency that is not a member in good standing of the ACCH may be considered for reallocation. Further, agencies may voluntarily choose to reallocate funds from their projects. New projects developed by agencies through the reallocation of their own funds will be prioritized during the ranking process. This prioritization allows that agency to apply for a new project with those reallocated funds. All other proposed projects using reallocated funds will be ranked according to general ranking procedures.

A separate application is required for projects being developed with reallocated funds, and the proposed projects must fill an unmet need, as noted above. Applications for these projects are accepted at the same time that renewal applications are submitted for rank and review. Agencies interested in applying for reallocated funds will be given the

opportunity to present their proposals to the CoC membership as well as meet with the Review Team for an interview. Applications for new projects will be ranked, separate from renewal projects, and the final ranking will be presented to CoC membership for approval. Projects being created from reallocated funds are ranked independent of bonus projects since they are funding funding sources." (Excerpt from FY17 Rank and Review Process)

Additionally, the Continuum encourages new applicant to apply for the bonus and reallocated projects via the New Project RFP.

From: Samantha Winzenried

Cc: Jennifer Tabankin; Michelle Sandoz-Dennis; Kelsey Addy; Maureen Burns; Denise Doin

Bcc:

Angelicia Morris; Beverly Burnett; Beverly Burnett (info@cltofschdy.org); Brian Adams; Cassie McCracken; Christopher Silipigno: Debra Schimpf; Debra Sivack; Dominick Sondrini; Ed Kowalczyk; Jaclyn Mancini; James Peluso; Joe Gallagher (jgallagh@nycap.rr.com); JPetrik-Huff (JPetrik-Huff@TCBINC.ORG); Kerry O"Connor; Kim Siciliano; Kimarie Sheppard: Leila Constable; Melanie Puorto Conte; Michelle Sandoz-Dennis; Nancy Chiarella; Naomi Wood; Phil Grigsby; Richard Homenick; Robert Romaker; Shannon Keon (safeinc@nycap.rr.com); Stacy Padua (PaduaS@Schenectady.k12.ny.us); Stuart Rosenblatt; Sue McCann; Thomas McCrossan; Tricia Le; Wendy Wahlberg; William Frank; Allyson Thiessen; "Amy LaFountain (alafountain@josephshousetroy.org)"; Analusette Shaello; "Andra Zubkovs (andraz@josephshousetroy.org)"; "Angela Balogun (abalogun@ceoempowers.org)"; Ariffa Bevin ; Bernice White - Community Builders (bernice.white@tcbinc.org); "Billy Carter (myselena2@yahoo.com)"; "Bonnie Benson (bonnieb@ywca-gcr.org)"; Brad Armstrong.; Carrie Blanchard; "Charles Doyle (charles.doyle@troyny.gov)"; "Chris V (chrisv@heroesathomerensco.com)"; "Christopher Burke (cburke@unityhouseny.org)"; "Colleen Pidgeon (colleenp@ccalbany.org)"; Craig Deraway: Dale Albertson; Danielle C: "Daquetta Jones (daquettaj@ywca-gcr.org)"; "Dave Warren (dwarren@unityhouseny.org)"; David Yake; "Dominick Sondrini (dsondrini@wesoldieron.org)"; Donna Vaughn; "Elaine Davies (edavies@unityhouseny.org)"; "Erin Bradley (ebradley@ceo-cap.org)"; Geoff Raiti; "Jacob Dale (jacob.t.dale@hud.gov)"; Janelle Shults; Jenet Marra (jenet.marra@dfa.state.ny.us); Jennifer LeMay; "Jenny Hixon (jhixon@unityhouseny.org)"; "Jim Crawford (jim.crawford@cchoalbany.org)"; "Joe Sluszka (jsluszka@ahcvets.org)"; "John Salka (john.salka@troyny.gov)"; JPetrik-Huff (JPetrik-Huff@TCBINC.ORG); Judith A. Smith; "Kathleen Ide (kathleen.ide@rcda.org)"; Katrina Middleton; "Kevin O"Connor (koconnor@josephshousetroy.org)"; "Kirstein DonVito (KDonVito@rensco.com)"; "Kirsten Danforth (kirsten.danforth@VA.gov)"; "Kyle Biel (kbiel@josephshousetroy.org)"; "Laura Amos (laura.amos@troyny.gov)"; laurie.mcbain (laurie.mcbain@sphp.com); Leslie Cheu (lcheu@tsbfoundation.org); Leta Luguri; Lillian Moy; "Linda Jones-Pettis (linda.jones-pettis@dfa.state.ny.us)"; Linda Lewis ; Lindsey Crusan; "Loni Warrington" (lwarrington@rensco.com)"; "Maggie Watson (mwatson@unityhouseny.org)"; Marjie Burgasser; Mary Ann Ogren (mogren@rensselaerhousing.org); "Matt Vertefeuille (mattv@josephshousetroy.org)"; "Mayor Patrick Madden (mayorsoffice@troyny.gov)"; Micaela Townsend (mtownsend@UnityHouseNY.org); Michael Hagmaier; "Michelle Abel (michellea@ccalbany.org)"; "Michelle Nadeau (mnadeau@unityhouseny.org)"; Nancy Chiarella; Nina Nichols; "Pam Booker (pbooker@ccalbany.org)"; "Pat Dinkelaker (pdinkelater@unityhouseny.org)"; Patrick Madden; "Peter Goebel (pgoebel@rensco.com)"; R Fagan; "Ray Reuter (raymhep@outlook.com)"; "Rev Donna Elia (delia@taum.org)"; Robert Romaker; Sara Hendry ; "Sarah Trombley (strombley@unityhouseny.org)"; "Shannon McLaughlin (shannon.mclaughlin@rcda.org)"; "Shara Bender (sharab@ywca-gcr.org)"; Stephen <u>Piasecki</u>; <u>"Susan Benjamin (susanbenjamin@hotmail.com)"</u>; <u>Susan Jones</u>; <u>"Talia Gamble</u> (gamblet@troy.k12.ny.us)"; Tammi.Williams (Tammi.Williams@sphp.com); "Terra Stone (tstone@rensco.com)"; Theresa Beaudoin; "Thomas Coates (thomas.coates@rcda.org)"; "Thomas Hulihan (hulihant@troyhousing.org)"; Tom B; "Tracy Pitcher (tpitcher@stpaulscenter.com)"; Tyrone Byrd (tbyrd@wesoldieron.org); Veronica Lestage; "Warren Youngblood (w.youngblood@ahcvets.org)"; "Wendy Wahlberg (wwahlberg@lasnny.org)"; "William" Brown (wbrown@wesoldieron.org)"; Alex Bursztein; Allyson Thiessen; Ana Duran; Andrew Kohlbrenner; Ann Denton Allen; Anthony Petriccione; Barbara Swift (oaswift@optimum.net); Betsy Rauschart; Cassandra Edwards ; D Valerius; David Jacobsen (djacobsen@bridgesrc.org); Deena Roedema; Derwin Manigault (derwin.manigault@samaritanvillage.org); Dilcia Suazo; Dio Dominguez; Donna Ehrenberg; Gerri Levy; Gregory Emili (grg250@cs.com); Holly Shiffman; Jerry Donnellan (donnellJ@co.rockland.ny.us); Jerry Marton (jerry.marton@rocklandguild.org); Joseph Juste; Judy Rosenthal; Karey Lynch (LynchK@co.rockland.ny.us); Kathy Lathrop; Kelly Kohlbrenner; KMB Gregg; Larry Grubler (Igrubler@tsiny.org); Lizzette Regina; Lu Ann Kelly; M Place; Marion Breland; Martha Robles; Maura Donoghu; Michael Leitzes; Myrnia Bass-Hargrove (bassm@co.rockland.ny.us); Nadie Travis; Nazanin Daee (ndaee@centersc.org); NBDSinc; Nicole Sirignano (nsirignano@bridgesrc.org); Raoul Cansino; Raymond Browne (rbrown@tsiny.org); Rena Robert; Robert Maher (rmaher@touch-ny.org); Sabrina Neptune; Susan Daycock (sdaycock@aol.com); Susan Sherwood (sherwood@co.rockland.ny.us); Tami Schonberg (schonbet@co.rockland.ny.us); Teresa Darden; Tom Zimmerman; Tony Earl Jr.; Venesia DeFrank; Ya"el Williams; Yasmin Carrillo; Amy Christensen (achristensen@lawny.org); Andrew Timm (atimm@co.livingston.ny.us); Belinda Knight (bknight@accord.orp.org); Charles Nocera - Catholic Charities of Chemung/Schuyler (chuck.nocera@dor.org); Debra MacDonald (dmacdonald@dor.org); Diane Deane (ddeane@co.livingston.ny.us); Donald Benelli; Heather Hargraves (hhargraves@arbordevelopment.org); Jeff Eaton (jeaton@arbordevelopment.org); Jeff Stager (jstager@accordcorp.org); Jennifer Miller (jennmiller@cityofelmira.net); Jennifer Stimson (jstimson@co.chemung.ny.us); Jim Cantrill (jcantrill@dor.org); JoAnn Fratarcangelo (JFratarcangelo@Co.Schuyler.ny.us); Karen Slusser (kslusser@chancesandchanges.org); Karen Tremer (ktremer@chancesandchanges.org); Kim Scutt (ScuttK@alleganyco.com); Lesley Christman (Ichristman@accordcorp.org); Linda Couchon (Lcouchon@dor.org); Lisa Baker (lisa.baker@co.steuben.ny.us); Lynn Langworthy (llangworthy@accordcorp.org); Michelle Sandoz-Dennis; Patrick Rogers (RogersP@ihsnet.org); Sharon Koch (skoch@co.livingston.ny.us); Suzanne Krull (suzannefkrull@gmail.com); William Brown; Alexandra St.Martin; Allyson Thiessen; Amanda Aykanian; Amy Lacey; Amy Leisenfelder; Anne Liske - Albany Damien Center (aliske@albanydamiencenter.org); Anne Murphy; "Argenis Rodriguez (arodriguez027@gmail.com)"; Bill Gettman; Brian Hawley; Carlotta Palmer; Carol Phillips; Chiquita D"Arbeau; Chris Walsh; Christina Mead; Christine Rodriguez; Christine Wasik; Cody Arana; Crystal Steele; Dan Reilly; Daniel Biette; Darcey Lewis; Dave Schachne; David Bradley; Dawn Pasquarell; Deborah Damm O"Brian; Dennis Mosley; "Dennis Mosley (dmosley@nycap.rr.com)"; Dominick Sondrini ; Don Smith ; Donna DeMaria ; "Donna Maylath "; Donna Vaughn ; Erin Reale; Faye Andrews; Frank Pindiak; Geoff Raiti; Harris Oberlander; Jackie Buff-Rogers; Jackie Mahoney; Jacqualine C. 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(mmay@albanydamiencenter.org); Maria Grillo; Maribel Jerominek; Marjie Burgasser; Mary Campagna; Mary Giordano; Mary Oill; Meg Smith; Michael Good; Michele McClave; Micky Jimenez - Support Ministries (mjimenez@promesa.org); Micky Jimenez - Support Ministries (mjimenez@smicr.org); Mike Asbury; Mildred Figueroa; Nadine Fornum; Nancy Adriano; Nancy Chiarella; Nathaniel Webb; Neenah Bland; Nicole Ward; Paul Tighe; Perry Jones; Perry Junjulas; Rachel Alexander; Robert Burke; Robert Cherry; Robert Romaker; Robin Roberts (Robin.Roberts@albanycountyny.gov); Rocky Ferraro; Rushka Tcholakova (Rushka@unitedwaygcr.org); Sandy LeVan; Sarah Latzko; Sean Morris; Shannon McLaughlin; Stephen Piasecki; Steve Lape; Steve Longo; Susan Daley; Thomas Coates; Tom McPheeters; Valerie Sacks; Vernon Victorson; Wendy Wahlberg; Willie Leak; Alison Calhoun; Amanda Pierro; Anezka Sebek; Barbara Palmateer; Bill Gettman; Debra Armstrong; Dianne Lugo; Digna Betancourt Swingle; Dominick Sondrini; Ed Falterman; "Felicia Walters"; Florence Ohle; Frank Pindiak; Jeanette Hemingway; John Lyons; Judy Monson; Kai Hillman; Katherine Smith; Kathy Applegate ; Lauren Liberta; Lillian Moy; Lindsay Arp; Louisa Marra; Lynn Kutski; Maggie Graham; Margaret Kennedy; Marjie Burgasser; Mary Walker; Michael Brinck; Michael Cole; Nancy Chiarella; Pam Hoilund; Renee Pine; Robert Romaker; Stephen Piasecki; Sue Paolino; Susan Cody; Tammy Hall; Tara McSherry-Wolfe; Thomas Coates; Tina Sharpe; William Brown; "Andi Pratt (apratt@unitedwaygcr.org)"; "Andrea Deepe (andread@wwamh.org)"; "Andy Gilpin (andy@captaincares.org)"; "Angela Bronzene (abronzene@hotmail.com)"; "Angela Bronzene (abronzene@saratogacountyny.gov)"; "Anne Fuller (afuller@hycwaithouse.org)"; Ariffa Bevin; "Beatrice Madej (beatrice.madej@cdphp.com)"; "Bill Gettman (william.gettman@northernrivers.org)"; "Bob Landry (gfhalandry@hotmail.com)"; "Bonnie Nelson (bonnie@captaincares.org)"; "Brenna Sharp (bsharp@lasnny.org)"; "Carie Bires (carie.bires@gmail.com)"; "Carrie Wright"; "Cherie Kory (gfhacherie@hotmail.com)"; "Cheryl Hage-Perez (chp@saratogarpc.org)"; "Cindy Phillips (cindy.phillips@saratoga-springs.org)"; "Digna Betancourt Swingle (digna.swingle@use.salvationarmy.org)"; "Dominick Sondrini (dsondrini@wesoldieron.org)"; "Ed Falterman (falterman1@aol.com)"; "Elizabeth Ball (elizabeth.ball1@VA.gov)"; Heather Brownell; "Heather Brownell (Heather.Brownell@dfa.state.ny.us)"; "J Menzer (jmenzer@tsamail.org)"; Jacqualine C. Lombardo - Support Ministries, Inc. (jlombardo@smicr.org); "James Ader (james.ader@albanycounty.com)"; "Jeff Clark (executivedirector@glensfallshabitat.org)"; "Jeff Varmette (jvarmette@yahoo.com)"; "John Farrell (johnf@wwamh.org)"; "Judith Mckinnon (mckinnonjudith955@gmail.com)"; "Karen Follett (kfollett@vethome.org)"; "Katie Sicko (Ksicko@sspha.org)"; "Keegan Burke"; "Leigha Rosenberger (Irosenberger@vethome.org)"; "Lillian Moy (Imoy@lasnny.org)"; "Lori B (lorib@wwamh.org)"; "Maggie Fronk (executivedirector@wellspringcares.org)"; Marjie Burgasser; "Michael Lajeunesse (mlajeunesse79@yahoo.com)"; "Michelle Larkin (michelle@rtsaratoga.org)"; "Mike Finocchi (mfinocchi@sheltersofsaratoga.org)"; Nancy Chiarella; "Nicholas Hayes (hayesnicholas21@gmail.com)"; Pat Snell (psnell@wwamh.org); "Paul Feldman (pfeldman@sspha.org)"; "Renee Stephenson (rstephenson@aidscouncil.org)"; "Rich becker (rwbecker@albany.edu)"; "Shannon McLaughlin (shannon.mclaughlin@rcda.org)"; "Sheila Blais (sheilab@wwamh.org)"; "Shelbie Foran (sforan@lasnny.org)"; "Sherrie Catapano (Sherrie.catapano@cdphp.com)"; "Stuart Kaufman (skaufman@lasnny.org)"; "Sue McCann (sue.mccann@tcbinc.org)"; "Susan Dornan (dornans@warrencountyny.gov)"; "Sybil Newell (snewell@tsamail.org)"; "Tamara Rivera (tamararivera29@yahoo.com)"; "Theodore Tighe (ted.tighe@uvm.edu)"; "Thomas Coates (thomas.coates@rcda.org)"; "Whitney Jobmann (whitneyj@sailhelps.org)"; "William Brown (wbrown@wesoldieron.org)"; William Vilardo - Vermont Veterans Services (wvilardo@uvm.edu)

Subject: New Project Informational Webinar Date: Tuesday, July 25, 2017 2:31:00 PM

Good Afternoon Everyone,

Below is the webinar information for the New Project Informational Session. Feel free to forward this information to any other agencies who may be interested in applying in this year's competition. The new project RFP can be found on each individual CoC's FY 2017 CoC Program Competition Information page on the CARES website. If you have any additional questions feel free to contact me.

New Project Informational Session Jul 28, 2017 at 1:00 pm - 2:00 pm EDT

Please visit & join the meeting space from your computer, tablet, or smartphone. https://www.gotomeet.me/cocunit/new-project-informational-session

Use your microphone and speakers (VOIP) for audio. You'll sound best with a headset.

Join the conference call.

Conference Line Number: (641) 552-9212 Access Code: 560808#

Continuum of Care Unit Coordinator CARES, Inc. 200 Henry Johnson Blvd. Albany NY 12210

Ph: (518) 489-4130 x114 Fax: (518) 489-2237

swinzenried@caresny.org

2017 CONTINUUM OF CARE: NEW PROJECT INFORMATIONAL SESSION

PRESENTED BY - CARES, INC.

JULY 28, 2017



DISCUSSION GOAL

- To Provide Information for new CoC Project Applicants
- This webinar will:
 - Review Important NOFA Dates
 - Review Eligible Project Types
 - Discuss 2017 Policy Priorities
 - Detail available technical assistance
- This webinar will NOT:
 - Provide a detailed Continuum of Care Overview
 - Detail e-snaps technical submission directions
 - Provide project specific technical assistance or RFP review



IMPORTANT NOFA DATES

- The NOFA was released July 14th 2017
- The CoC and Project Applications were available in e-snaps on July 19th
- Detailed Instructions for the applications were made available on July 28, 2017
- All CoC Applications must be submitted by September 28th 8:00 pm



2017 POLICY PRIORITIES

- Ending homelessness for all persons
- Creating a systemic response to homelessness
- Strategically allocating and using resources.
- Use a Housing First approach



AVAILABLE FUNDING FOR NEW PROJECT

- HUD is offering a Permanent Housing Bonus
 - 6 percent of the current CoC award
- HUD is allowing new projects to be created through the Permanent Housing Bonus and Reallocation



2017 CONTINUUM FUNDING

NY- 501 - Elmira

ARD = \$1,482,865

Bonus = \$88,972

NY- 503 - Albany

ARD = \$5,006,829

Bonus = \$300,410

NY- 507 - Schenectady

ARD = \$3,862,164

Bonus = \$231,730

NY-512 -Rensselaer

ARD = \$3,198,646

Bonus = \$191,919

NY-606 – Rockland

ARD = \$686,899

Bonus = \$93,161

NY- 519 - Columbia/Greene

ARD = \$437,789

Bonus = \$26,267

NY-520 -Franklin/Essex

ARD = \$78,804

Bonus = \$20,940

NY-522 – Jefferson/Lewis/St. Lawrence

ARD = \$1,260,982

Bonus = \$75,659

ARD = \$1,534,955

North Country

NY- 523 – Saratoga

Bonus = \$92,097



ELIGIBLE PERMANENT HOUSING BONUS PROJECTS

- DedicatedPLUS (FY17 NOFA, page 18) where 100 percent of the beds are dedicated to chronically homeless individuals and families;
- Rapid Rehousing projects that will serve homeless individuals and families, including youth up to age 24, who meet the following criteria:
 - residing in a place not meant for human habitation/residing in an emergency shelter;
 - persons fleeing or attempting to flee domestic violence situations;
 - residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; or
 - residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or
 - receiving services through a VA-funded homeless assistance program and met one of the above criteria (Sections III.A.3.j.(3)(a), (b), (c), or (d) at initial intake to the VA's homeless assistance system
- Joint TH and PH-RRH component projects (FY17 NOFA, page 20)



ELIGIBLE REALLOCATION PROJECTS

- DedicatedPLUS (FY17 NOFA, page 18)
 - Rapid Rehousing projects that will serve homeless individuals and families, including youth up to age 24, who meet the following criteria:
 - residing in a place not meant for human habitation/residing in an emergency shelter;
 - persons fleeing or attempting to flee domestic violence situations;
 - residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; or
 - residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or
 - receiving services through a VA-funded homeless assistance program and met one of the above criteria (Sections III.A.3.j.(3)(a), (b), (c), or
 (d) at initial intake to the VA's homeless assistance system
- Joint TH and PH-RRH component projects (FY17 NOFA, page 20)
- Dedicated HMIS projects
- SSO projects for Coordinated Entry/Assessment



WHAT IS A DEDICATED PLUS PROJECT?

- A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are:
 - experiencing chronic homelessness as defined in 24 CFR 578.3;
 - residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project
 - residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions;



WHAT IS JOINT THAND PH-RRH?

- This project type is intended to provide a new way to meet some of the pressing challenges that communities are facing. They provide a safe place for people to stay crisis housing with financial assistance AND wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible.
- This project type will include TH and PH-RRH in a <u>single project</u> to serve individuals and families experiencing homelessness, including victims of DV.
- Joint component projects should be Housing First, have low barriers, connect participants to resources, prioritize those with the highest needs.
- A program participant may choose to receive ONLYTH OR the RRH component, but the recipient must make both available.



AVAILABLE TECHNICAL ASSISTANCE

CARES staff is available to:

- Answer any regulation questions
- Answer any project specific questions include:
 - Subpopulation information
 - Budget Questions
- Provide hands on e-snaps technical assistance



LINK(S) TO IMPORTANT HUD DOCUMENTS

FY17 NOTICE OF FUNDING AVAILABILITY (NOFA):

https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf

JOINT TH AND RRH COMPONENT:

http://bit.ly/2uFdrMx

DEDICATED PLUS PROJECTS

https://www.hudexchange.info/faqs/3249/if-my-project-chooses-to-become-dedicatedplus-what-documentation-will-hud/



Bylaws of the Albany County Coalition on Homelessness

Updated and Approved March 2017

ARTICLE I

Name

The name of this organization shall be the Albany County Coalition on Homelessness.

ARTICLE II

Mission and Purpose

Section 1. Mission

The Albany County Coalition on Homelessness is dedicated to preventing, reducing and combatting homelessness by ensuring that an effective system of care and services is in place.

Section 2. Purpose

The purpose of the Albany County Coalition on Homelessness is to:

- Serve as the Continuum of Care as described in the Homeless Emergency Assistance and Rapid
 Transition to Housing Act and implementing regulations.
- Operate the Continuum of Care in compliance with HUD regulations noted in 24 CFR Subpart B
 578.7 in such a manner as to promote inter-agency coordination and collaboration.
- 3) Facilitate dialogue and strategic action among public, private and non- profit sectors to prevent and end homelessness and promote affordable housing.
- 4) Consult and coordinate with the State of New York, the County and City of Albany and other municipalities in developing, updating and implementing their plans and programs to reduce and end homelessness and to provide an effective system of care and services responsive to the needs of at risk and homeless individuals and families.
- 5) Consult and coordinate with governmental entities in developing, updating and implementing their



Consolidated Plans, including the establishment of goals, objectives and action steps for reducing and ending homelessness, the allocation of Emergency Solutions Grant program funds, the development of performance standards, outcomes and evaluations of projects and activities assisted by Emergency Solutions Grant program and the development of funding, policies and procedures for the operation and administration of HMIS.

6) Conduct all business necessary to implement the mission and purposes of the ACCH, including conducting an annual review of these bylaws.

Section 3. Written Standards & Policies and Procedures

The ACCH will annually review the *Written Standards* for funded programs in compliance with HUD regulations. The ACCH Board will be responsible for ensuring the annual review of the ACCH *Written Standards* include the following:

- a) Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families
 will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families
 will receive rapid rehousing assistance;
- d) Policies and procedures for determining and prioritizing which eligible individuals and families
 will receive permanent supportive housing assistance; and
- e) There will be an annual review of policies and procedures to guide the operation of the coordinated entry system to comply with any requirements established by HUD by Notice.
- f) Standards that determine what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
- g) Standards will be reviewed in consultation with Emergency Solutions Grants program funds within the geographic area.



h) If the ACCH is designated a high-performing community, written standards as well as policies and procedures will be developed in accordance with HUD regulations.

Section 4. Coordinated Entry System

The ACCH will operate a coordinated entry system that will provide a comprehensive assessment of the needs of individuals and families for housing and services. It is designed to be easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. The system is designed to coordinate program participation intake, assessment, and provision of referrals. The ACCH Board will oversee the implementation of the coordinated entry system.

Article III MEMBERS

Section 1. Membership

Membership in the ACCH is open to individuals and representatives of relevant public and private organizations committed to the mission and purpose of the ACCH. Relevant individuals and public and private organizations shall include nonprofit at risk and homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, legal services providers, mental health agencies, hospitals, other health care providers and related entities, universities, nonprofit affordable housing developers, law enforcement, veteran service organizations, Department of Social Services, Emergency Solutions Grant program providers, and homeless and formerly homeless individuals.

Section 2. Public Invitation

At least annually, the ACCH will issue a public invitation for new members.

Section 3. Application/Renewal Process

Members will apply for or renew their membership annually by submitting an application to the



Governance Committee.

All applications/renewals of membership will be reviewed and approved by the Governance Committee.

Section 4. Dues and Fees

Annual dues and other fees may be established by the Board of Directors. The Treasurer, in writing, shall notify any member two months in arrears that failure to pay arrears within one month of the date of notification will result in removal from membership. Removal or resignation shall not relieve a member from liability for dues and fees incurred prior to resignation or removal. Payment of outstanding dues and fees shall be required for reinstatement to membership.

Section 5. Removal of Members

Members shall be removed for failure to pay dues and fees after notification by the Treasurer as required in Section 4. The Recording Secretary shall notify members in writing of their removal.

Section 6. Voting

Membership includes the entitlement to vote for the Board of Directors as well as on amendments to these bylaws and the annual application for Continuum of Care funds.

Each individual member shall have one vote.

Representatives of organizations shall have one vote to be cast by the person or the alternate designated in the organization's application, unless the organization has been determined by the Governance Committee to be part of the same organization as another voting member.

Members who are in arrears in dues and fees or who have missed 3 out of any 4 consecutive membership meetings shall not be permitted to vote.

Section 7. Resignation

Resignations shall be submitted in writing to the Governance Committee.

ARTICLE IV MEMBERSHIP MEETINGS

Section 1. Regular Meetings



Regular meetings of the ACCH will be held at a minimum four times per year, unless otherwise established by the Board of Directors.

Section 2. Annual Meeting

The Annual meeting of the ACCH shall be held once per year and shall be for the purpose of electing the Board of Directors, receiving reports from the Board of Directors, the Recording Secretary, the Treasurer and all committees, the annual review of ACCH bylaws and other policies and procedures as required by HUD and for any other business that may arise.

Section 3. Special Meetings

Special meetings may be called by the Co-Chairs of the Board of Directors, or a majority of the Board of Directors, or on written request by ten members of the ACCH. The purpose of the meeting shall be specified in the call for the meeting, which shall be sent to all members at least three days before the meeting. A quorum of the full membership required in order to take action on any item.

Section 4. Quorum

Ten members of the ACCH shall constitute a quorum.

Section 5. Agendas/Minutes

Agendas and prior meeting minutes shall be distributed electronically at least one week in advance.

Section 6. Attendance

In person attendance is strongly recommended. Members who have missed three out of any four consecutive membership meetings shall not be permitted to vote.

ARTICLE V

BOARD OF DIRECTORS

Section 1. Purpose and Powers of Board of Directors

The Board of Directors shall conduct any and all business necessary to the implementation of the ACCH mission and purpose, including setting objectives and plans for the achievement of the ACCH purpose and mission, implementing HUD Continuum of Care requirements, recommends the collaborative applicant or unified funding agency and HMIS lead, designing and implementing a collaborative process for the development, submission and approval of the annual application for HUD funding and ensuring that planning, systems development and implementation, and program performance reviews occur and are conducted in a collaborative and constructive manner.

The Board of Directors is primarily responsible for developing a plan for the coordinated implementation



of a housing and service system that meets the needs of homeless individuals and families.

The Board of Directors shall determine annual dues and fees as may be required to accomplish the mission and purpose of the ACCH.

The Board of Directors shall report to the membership at the membership meetings, and shall solicit input and advice from the membership on all matters affecting the membership.

The Board of Directors may appoint special, ad hoc committees composed of members and nonmembers of the ACCH.

The Board of Directors shall appoint its own members to participate in standing committees and determine and appoint an adequate number of committee members to the standing committees as set forth in Article VII. At least one committee chair per committee will be a current member of the board.

Section 2. Board of Directors Composition

The Board of Directors shall be composed of an odd number of members elected by a majority vote of the members at the Annual Meeting. The Board of Directors shall be composed of a majority of member representatives of organizations funded in any one of the last two years of Continuum of Care funding or of organizations whose mission, purpose and work are to provide housing and/or services to at risk or homeless households. The Board of Directors shall be representative of relevant organizations and of projects serving homeless subpopulations in Albany County.

The Board of Directors takes office at the close of each the Annual Meeting.

Section 3. Terms of Office

Members of the Board of Directors shall serve two year staggered terms of office with the exception of the first term following the adoption of these bylaws.

Section 4. Board of Director Meetings

Unless otherwise ordered by the Board, the Board shall meet and conduct the business of the ACCH at least eight times per year.

Section 5. Special Meetings of the Board of Directors

Special meetings of the Board of Directors may be called by any four members of the Board. The



purpose of the meeting shall be specified in the call for the meeting, which shall be sent to all Board members in writing at least three days before the meeting. A quorum of the BOD must be present in order to take action on any item

Section 6. Quorum

A majority of the Board of Director membership shall constitute a quorum.

Section 7. Attendance

Board members may attend Board of Directors meetings in person or telephonically.

Section 8. Vacancies and Removal

Any Board member who wishes to resign shall submit a resignation to the Governance Committee who shall present it to the Board.

A Board member may be removed for violating the *Code of Conduct* or the nondiscrimination policy, failing to disclose a conflict of interest and/or by a two thirds vote of the Board. The *Code of Conduct* is included in the Membership Application and completed annually by members. A *Conflict of Interest* is signed by Board members.

A Board Member may be removed for missing three consecutive meetings of the Board of Directors in any twelve month period.

At the meeting following a resignation or removal of a Board member, a majority of the Board shall appoint a member of the ACCH to complete the remainder of the Board member's term, following the requirements of Board of Director membership set forth in Section 2 of this Article, and Article III Section 3.

ARTICLE VI BOARD OF DIRECTORS OFFICERS

Section 1. Officers and Duties

The Officers of the Board of Directors of the ACCH shall be two Co-Chairpersons, a Recording Secretary and a Treasurer.

Section 2. Selection Process

At the Board of Directors meeting following the Annual Meeting, four members of the Board shall be selected by majority vote to serve as Co-chairpersons of the Board of Directors, the Recording Secretary and the Treasurer.

Section 3. Terms of Office



Officers shall serve two year terms. If an Officer resigns or is removed pursuant to Article V Section 8, the Board of Directors shall appoint a member of the Board to fill the unexpired term.

Section 4. Officer Responsibilities

The Co-Chairpersons shall set the agenda for and preside over membership and Board meetings and ensure that the Board and the standing and other committees are pursuing the mission and purpose of the ACCH.

The Treasurer shall collect dues and fees (if applicable) and shall act as a fiduciary with respect to such funds to be placed in a bank account opened by a willing member agency, requiring two signatures for disbursement of said funds, in amounts and for purposes to be established by the Board of Directors. The Treasurer shall make a full financial report to the membership at the Annual Meeting and quarterly to the Executive Board. The Treasurer shall also report immediately to the Board if a member is more than two months in arrears on any dues and fees.

The Recording Secretary or the designated representative shall serve as the custodian of the records of the ACCH, including all agendas, minutes, and reports of all committee and Board meetings and activities, keep the membership roll, take minutes of Board and membership meetings, keep records of committee and Board membership and activities, maintain mailing/contact lists and ensure timely and proper agenda distribution. The Recording Secretary shall also maintain up to date membership records available at all times to members. The Recording Secretary shall serve on the Governance Committee.

ARTICLE VII COMMITTEES

Section 1. Standing Committees

There shall be five Standing Committees as set forth in this Article and other special, ad hoc committees as may be established by the Board of Directors pursuant to Article V Section 1. All such Committees shall report regularly to the Board of Directors and at the Annual Meeting of the membership, unless directed to report otherwise by the Board of Directors.

Section 2. Governance Committee

A Governance Committee shall facilitate development and monitoring of policies and procedures and by-laws, processing of membership and Board of Director applications, facilitate elections, and encourage, leadership and membership development and diversity in all ACCH activities.



Section 3.

The following four Standing Committees shall be composed of an adequate number of committee members as determined and appointed by the Board of Directors. Persons or representatives of entities which are not members of the ACCH may be appointed to serve on these Committees. All such committees shall report regularly to the Board of Directors and at the Annual Meeting of the membership, unless directed to report otherwise by the Board of Directors

- 1) The Continuum of Care Operations Committee shall prepare plans and recommendations for review and approval by the Board of Directors and carry out action plans approved by the Board of Directors with respect to evaluation and monitoring of project and system level performance.
- 2) The System Collaboration Committee shall prepare plans and recommendations for review and approval by the Board of Directors and carry out action plans approved by the Board of Directors with respect to collaborative processes.
- 3) The NOFA Committee shall prepare plans and recommendations for review and approval by the Board of Directors and carry out action plans approved by the Board of Directors with respect to the design, operation and following a collaborative process for the development of funding applications, including funding priorities and the number and type of applicants.
 - 4) The Strategic Planning Committee shall prepare plans and recommendations for review and approval by the Board of Directors to carry out action plans approved by the Board of Directors with respect to the oversight of the Strategic Plan to Prevent, Reduce and Combat Homelessness in Albany County.

ARTICLE VIII PARLIMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the ACCH in all cases to which they are applicable and in which they are not inconsistent with these bylaws



and any special rules of order the ACCH may adopt.

ARTICLE IX

AMENDMENT OF BYLAWS

The Bylaws may be amended at any regular meeting of the membership of the ACCH by a two-thirds vote, provided that the amendment has been submitted in writing at the previous regular meeting.



CARES Regional Homeless Management Information System (CRHMIS)



Policies & Procedures Manual January 2017



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Introduction

Document Overview

In order to implement and maintain a region-wide Homeless Management Information System (HMIS), CARES, Inc. has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CARES Regional Homeless Management Information System (CRHMIS) program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for privacy, security, consumer disclosure, data quality and data ownership. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them. Additionally, all users are required to sign the User Agreement (also at the end of this document) indicating that they have reviewed and will abide by these policies and procedures as well.

History of the HMIS

In 2001, Congress directed HUD to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system used by multiple agencies to capture the number, characteristics and demographic information of persons utilizing these services. HUD did not create this database, nor was a specified vendor required. All communities are, instead, required to create their own compliant, relational database or contract individually with an outside software vendor. CARES, Inc., at the direction of, and in cooperation with, the CARES Regional HMIS Implementation Committee, chose the vendor Foothold Technology and the software Affordable Wider Area Regional Database System (AWARDS) for this purpose in 2004 and has maintained that relationship through the present day.

Configuration and Purpose of the CARES Regional HMIS (CRHMIS)

The CARES Regional HMIS has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends in the region, the CRHMIS program gives providers the ability to collect data using a universal language accepted by HUD and, increasingly, other State and Federal funders. Methods and procedures for recording use of service are standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of services. Perhaps most importantly, homeless service providers, at the community, State and Federal level are working together to track those activities and trends. This information is then used at each level for allocation of funding and for community planning.

Representing a large area of upstate and mid-western New York, the CARES Regional HMIS captures client-level information over time, allowing agencies and communities to assess the characteristics and service needs of individuals and families experiencing homelessness, and at risk of homelessness, within the participating counties.

Purpose of the CR-HMIS

- To meet HUD's requirement to produce an unduplicated count of homeless persons and households
- To understand the nature and scope of homelessness
- To develop, foster and maintain regional collaboration
- To facilitate continuity of care in homeless services
- To assist in the development of programs addressing the needs of homeless individuals and families through the collection and distribution of data.



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Goals

- *Unduplicated count*: The CRHMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in the region.
- Service tracking and trends: The CRHMIS will identify demographic and service utilization trends.
- *Enhanced service delivery*: Through tracking client service trends, the HMIS will identify service areas in need of enhancement and growth.
- *Information for policymaking*: Data will be shared, in accordance with our stated policies, with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

To Learn More about the CRHMIS

For general information about the CARES Regional HMIS or the policies and procedures contained in this document, please contact the Director of the HMIS Program and Services at hmis@caresny.org or by phone at (518) 489-4130. For information about becoming part of the CARES Regional HMIS, please contact the Executive Director, Nancy Chiarella, at nchiarella@caresny.org or by phone at (518) 489-4130 x105.

Administrative Structure:

There are three major components to the CARES Regional Homeless Management System's administrative structure: Lead Agency, Implementation Committee, and Advisory Committee. As new communities join the HMIS a local level implementation committee may be convened in order to facilitate a smooth transition, however the Regional Implementation Committee is currently inactive on and will remain so unless the need arises for the Advisory Committee to re-activate it (such as a change in software vendor).

Lead Agency

The lead agency for the CARES Regional HMIS is the Corporation for AIDS Research, Education and Services (CARES, Inc.). Of the participating CoCs, CARES, Inc is also the HMIS lead on the CoC Grant Application, the exception being Clinton County where the Evergreen Townhouse Community retains the HMIS Lead Agency position and CARES, Inc. is a sub-grantee.

CARES, Inc. is a not-for-profit agency whose mission is to assist local communities in expanding housing and other resources for homeless persons and/or persons with disabilities. In 2003, as the lead agency for coordinating the Continuum of Care groups in 6 Capital Region counties within four Continuums of Care, CARES was asked by providers to assume responsibility for the HMIS development and implementation for the Capital Region of New

York State, encompassing the original three counties that were in the (former) Capital Region HMIS of Albany, Rensselaer and Schenectady. Having led the initial implementation of the HMIS in those counties, CARES continues to act as the Director of the HMIS Program and Services for the HMIS by providing ongoing training, technical assistance, consulting, database management, reporting and help desk support to the Continuums of Care with the HMIS. Since the creation of the regional database in 2004, the number of counties served by the CARES HMIS has grown to include several counties well outside the Capital Region. As a result, and to reflect the scope and collaborative nature of the database, the name was changed in 2008 to the CARES Regional HMIS. In its role as Director of the HMIS Program and Services and Lead Agency, CARES also acts as an intermediary between the Software Solutions Provider (Foothold Technology) and participating agencies, handling the billing and payments for the software, keeping current with the HUD requirements and trends, attending regional and national conferences, participating in larger, regional collaborative HMIS administrator groups, keeping current with software updates, trainings, conferences and trends while also maintaining regular contact with HUD technical



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assistance providers and staff. In addition to being a member of the Mid-Atlantic HMIS Director of the HMIS Program and Services group (MARHMIS) CARES is also involved in the New York State Office of Temporary Disability Assistance (NYS OTDA) project of creating a state-wide HMIS Data Warehouse and the HUD AHAR Redesign Project. The Director of the HMIS Program and Services, participates in committee meetings and calls regarding these projects with regular updates to the CRHMIS Advisory Committee.

Implementation Committee

The role of the Implementation Committee is to establish community goals for the HMIS and support the lead agency with investigating, choosing and negotiating a contract with a software solutions provider. In addition, the Implementation Committee assists in coordinating the implementation of the HMIS community-wide, addressing issues and concerns along with the lead agency to help make using the HMIS both functional and efficient within the community. The original implementation team for CARES Regional HMIS has been disbanded as the implementation was completed in 2005 for the original three counties. As new communities join the CARES Regional HMIS, they may nominate a person or persons to work alongside the HMIS Director of the HMIS Program and Services to implement participation in the HMIS. While there is no longer an active implementation committee for the CARES Regional HMIS, smaller-scope implementation committees are often formed when bringing a new community into the CARES Regional HMIS in order to ensure a smooth and complete transition.

Advisory Committee

The role of the Advisory Committee is to facilitate a better-working HMIS and continue to ensure that it meets the needs of both the Continuums of Care as well as meeting the program requirements described in the latest HMIS regulations put out by HUD. The Advisory Committee is made up of representatives from each CoC and meets regularly via webinar. It is the role of this committee to bring forward issues of particular concern to their respective Continuum of Care coordinating bodies in order to find solutions to problems or issues that arise from use of the HMIS. The Advisory Committee will also advise on policies regarding such issues as: consumer privacy and confidentiality, reporting schedules, information sharing, software choices, and user/agencymonitoring and report directly back to their CoC as specified by each Continuum's policies.

The Advisory Committee meets the 4th Wednesday of each month. Committee representatives are nominated and approved by each CoC. All Advisory Committee members should be associated with HMIS Participating agencies and there is a limit of two representatives per CoC regardless of the CoC's geographic reach. Chairs/Co- chairs of the CoC are not eligible for membership on the Advisory Committee and there may only be one representative per participating agency, regardless of that agency's geographic scope. It is understood that in smaller, rural CoCs these restrictions may need to be reviewed or waved on a case by case basis. For more information on the committee or the process, or to get the log-on information for the next webinar, please contact the HMIS Director of the HMIS Program and Services at hmis@caresny.org.

A list of CRHMIS Advisory Committee members, along with their contact information, is posted on the CARES, Inc. website at http://www.caresny.org. Please contact your advisory committee representative with any HMIS programmatic concerns that you would like to have addressed during the next meeting.

Data Committee

The Data committees are organized and overseen by each local CoC. The Data Committee is made up of members of the CoC who are dedicated to reviewing and reporting on data to the CoC on a quarterly basis. Each Data Committee should have a chair or two co-chairs and at least 3 other committee members. The CoC HMIS and CoC Lead Administrative staff will work closely with the Data Committee chair/co-chairs, providing aggregate HMIS data on the demographics of consumers within the CoC and also assisting in identifying weaknesses and trends in the data by producing quarterly and annual reports. Please see addendums for details on each CoC's data committee role





and responsibilities.

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Communication Protocol

Helpdesk

All client-level communications are to go through the AWARDS system by filling out a helpdesk ticket. If that is impractical, or the question is from an administrative non-user, the request may be made via telephone. It is strictly prohibited to send client-level information (name, date of birth or social security number), even using client initials in place of names.

If a user does breach policy and send protected personal information (PPI) via e-mail or other unsecure means, the user license may be revoked until a phone meeting between the user, CARES staff and the program manager is held to discuss the breach in protocol and make sure that the user understands the protocol and is committed to following it.

The CRHMIS team works to address all helpdesk tickets within one business day; however that is not always possible. If there is an urgent helpdesk matter which needs more immediate attention, any user or administrator may send an e-mail or leave a voice mail with the Data Specialist, Customer Service Representative or Director of the HMIS Program and Services to alert the team to the more pressing issue so that it can be addressed more expediently.

System Administration

There are several ways to contact the Director of the HMIS Program and Services of the CARES Regional HMIS. E-mail: Please send all (non PPI) e-mail communications to the HMIS Director of the HMIS Program and Services at hmis@caresny.org. Often, due to the travel and meeting demands of the position, e- mail is the most expedient form of communication.

- Telephone: HMIS staff can be reached via phone at (518) 489-4130
- CoC Meetings: The Director of the HMIS Program and Services is available to attend meetings local to Albany,
 NY or to call in to rural CoC meetings upon request and with proper notice. Please contact the Director of the
 HMIS Program and Services at hmis@caresny.org or by phone at (518) 489-4130 to set up attendance in person
 or via phone.
- Webinar: Trainings, helpdesk, technical assistance and calls may be facilitated via a webinar format in order to better assist the user or to review reports, contracts and other deliverables.

Program Customization

There are many ways that CARES, Inc. can assist in program customization for the participating agencies, including building custom forms and reports, assisting programs in integrating HMIS into their daily intake and reporting needs and negotiating system changes with the software vendor, Foothold Technology. These services are usually not part of the agency or CoC contract with CARES, Inc. and may come with an additional cost. Please see attached fee schedule for more information.

CRHMIS List-serve:

In the past, the CRHMIS team has used various social media resources to reach out to users, but no one method reached all HMIS users and it began to get confusing. To solve this issue, the CRHMIS has built in a user-maintained subscription list on the CARES website. To subscribe, please go to the website at http://www.caresny.org and scroll to the bottom of the home page to register for any of the list-serves offered. All HMIS system level communications now go through the list-serve, so it is essential that all users enroll in this free service.

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Technical Assistance

Agencies having trouble integrating HMIS into their programs or getting needed reporting (both mandated and internal) from the database can set up an appointment with the HMIS staff to look for solutions and set up any further intervention that may be needed. Please contact the HMIS Director of the HMIS Program and Services, at (518) 489-4130 x103 or e-mail hmis@caresny.org for more information.

Grievances

Please see the detailed Grievance Policy in this policy and procedures manual for information on the formal grievance policy at the agency, user or consumer level.

Database Customizations

The AWARDS software can be modified to meet specific needs of an agency. Customizations that are above and beyond those created for the CARES Regional HMIS and HUD requirements will be completed at an additional expense to the agency. All private program-level customizations will be facilitated and contracted through CARES, Inc.

Modifications that could be completed at an additional charge may include, but are not limited to: additional number of users, supplementary training, software customization, increased security to allow transfer of data among specific agencies, increased data collection capabilities and other options that are outside those identified by the HMIS Implementation Team.

At all times, the Foothold Technology staff and CARES, Inc. will work to make sure that the database is compliant with HUD standards for data collection and reporting. CARES, Inc. will also work with other required programs under different funders to ensure relevant and accessible functionality.

Continuing Education

It is extremely important that users stay current with HMIS regulations and changes. CARES, Inc. offers ongoing trainings in many areas of the AWARDS database, both on-line and in person. In order to ensure that all users have proper information and access, periodic attendance to training is required. All users who have not attended at least one training per year will be required to fill out and return a quiz which will be provided to the user via AWARDS messaging within 30 days of their log-in anniversary date. Failure to complete this quiz within 30 days of distribution will result in the loss of HMIS user access until such a time as a training has been attended or the quiz has been submitted.

Data Quality

Data Entry Requirements

In order for data to be meaningful across program sites, data must be consistently added and updated in the AWARDS system. HUD has identified minimum data standards with which all participating agencies must comply. Information for these minimum data fields must be gathered at intake and regularly updated throughout the client's stay within, and at discharge from, the program. While agencies are not currently required to maintain real-time data records, it is important that all data be complete and up-to-date within two weeks of client activity. Backdating permissions for entry of intakes and discharges more than two weeks beyond the intake date must go through an identified program manager and be sent as a request via the helpdesk ticketing system. Progress note and contact log input date ranges will be established on an agency by agency basis and backdating requests must also go through the identified program manager.





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Entry of Universal and Program Level Data Elements

Universal and program specific level data elements have been established by HUD and must be collected by all agencies serving homeless persons, regardless of program type. These data elements make it possible to obtain unduplicated estimates of the number of homeless persons accessing services from homeless providers and also provide basic demographic characteristics of people who are homeless, and their patterns of services. Collection of the Universal Data Elements (UDEs) will also allow measurement of the number and percentage of chronically homeless people who use homeless services. The HMIS software has safeguards built into the intake and discharge so that an intake may not be completed without filling in these data elements. However, due to periodic changes in HUD requirements and upgrades to the software, it may be necessary for some agencies to correct historical data to remain compliant with the current HUD Data and Technical Standards (Data standards 2016 and Technical Standards 2004). Additionally, the Continuum of Care may request that specific, non-required fields be filled out for community planning purposes.

With the October 2014 Data Standards changes more Federal partners began to also use the HMIS for their programs to use as a reporting system in the hopes that duplicate data entry in multiple systems can be mitigated somewhat. The following programs now have HMIS programming capabilities:

Department of Housing and Urban Development (HUD)

- o Office of Special Needs Assistance Programs (SNAPS)
 - Continuum of Care (CoC) Program
 - Emergency Solutions Grants (ESG)Program
 - Housing Opportunities for Persons with AIDS program (HOPWA)**
 - HUD-Veterans Affairs Supportive Housing (HUD/VASH)**
 - Rural Housing Stability Assistance Program (RHSP)**

Department of Health and Human Services (HHS)

- o Administration for Children and Families (ACYF) Family and Youth Service Bureau (FYSB)
 - Runaway and Homeless Youth (RHY) **
 - Substance Abuse and Mental Health Services Administration (SAMHSA) **
 - Projects for Assistance in Transition from Homelessness (PATH) **

Department of Veteran Affairs (VA)

- o Supportive Services for Veteran Families Program (SSVF)
 - Community Contract Emergency Housing (HCHV/EH)*
 - Community Contract Residential Treatment Program (HCHV/RT)*
 - Domiciliary Care (HCHV/DOM)*
 - VA Community Contract Safe Haven Program (HCHV/SH)*
 - Grant and Per Diem Program (GPD)*
 - Compensated Work Therapy Transitional Residence (CWT/TR)*

^{*}Participation in HMIS is not required as part of a funding requirement except for SSVF. The federal partners recognize that communities record Project Descriptor Data Elements and Universal Data Elements in order to facilitate completion of the HIC and PIT.

^{**} Please refer to the soon to be published program guides for each specific program for HMIS participation requirements.



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Data Quality Expectations

As a HUD program, the CRHMIS must report annually on overall data quality in a variety of mediums, including but not limited to: the HMIS Dedicated Grantee Annual Performance Report (APR), the Annual Homeless Assessment Report (AHAR) and the CoC Grant Application (CoC wide data quality is reported in The Collaborative Application, formerly Exhibit 1). Additionally, each mandated agency must report program level data quality during the CoC APR report and CoC Grant Application (program level HMIS data quality is reported to HUD for each renewal) process.

Because of these reports and the constant use of HMIS data for agency level reporting, research and community planning, good data quality is paramount to the success of this program. To facilitate that, the following data quality expectations have been established:

- 1. Less than 5% missing or null data in any of the universal and program level data elements. This includes any responses of Refused, Unknown or Don't Know as well as incomplete (missing) data. Due to the nature of some programs (including but not limited to; outreach and drop in centers), that data quality measure will be reassessed on a program-by-program basis and data quality markers will be determined by the CoC Data Committee. Some program types may find, due to the difficult population served, that this is an unrealistic data quality expectation. Agencies with particularly difficult circumstances will be given individual waivers on data quality with separate data quality goals.
- 2. Data collection (intakes and discharges) will be current within 10 days
- 3. Updates to income, benefits, disability and housing status for consumers at least annually and at discharge
- 4. Problems with the database or errors in data will be reported, in writing, to the Director of the HMIS Program and Services immediately upon discovery
- 5. PDDE (Program Descriptor Data Elements known as HMIS Data in the Consumer Face Sheet) must be updated annually (within 30 days before or after the consumer's anniversary date) for programs which create an APR

To facilitate the best data practices possible, projects which are mandated to use the HMIS by their funders and have been found to be non-compliant with the above expectations will be reported to the funding entity (i.e. the CoC Collaborative Applicant, OTDA, Etc.) and may be required to have users and the program manager meet with a reprehensive of the CoC and/or the CRHMIS to create a comprehensive action plan to address the problem areas. If, upon completion of this action plan, there is not adequate improvement in the identified problem areas, the Director of the CRHMIS will require a meeting with the program manager and agency Executive Director to create a more extensive action plan with agency level follow-up. At any time in this process. CARES may disable user logins until such a time as the agency is capable of proper data cleanup and entry into the HMIS.

If a mandated program continues to be out of compliance, Technical Assistance may be sought from the funding entity (OTDA, the VA and/or HUD) to assist in the process. Suspended programs will be listed as 'Not Participating' on the CoC Housing Inventory Chart and in any renewal applications within the CoC Grant Application which could influence funding decisions by the CoC governing body.

Data Ownership

CARES, Inc. does not claim ownership of any client level data stored within the CRHMIS other than that which belongs to programs they administer. As such, the CRHMIS will not at any time change, distribute or delete data within programs without the direct instruction of the program in question.

If a community or agency withdraws from the CRHMIS, a request may be made to have their data transferred onto disk in CSV format and sent to them by post. This request, following the protocol at the end of this section, must be made within six months of discontinuing the relationship with the CRHMIS. After six months, the data will no longer be accessible to users or program managers and CARES, Inc. will discontinue the program within the database. If the agency wishes to have all data wiped from the CRHMIS, making it no longer available for historical



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comparison or data analysis, a written request from the Agency Director must be sent, by post, to CARES, Inc., care of Nancy Chiarella, Executive Director. That request will be followed up with by the Director of the HMIS Program and Services and confirmation of the data purge will be sent to the requesting Agency Director once the process has been completed.

Following the parameters, set out by Loshin (2002), there are several parties who can claim full or partial ownership of CRHMIS data:

- A. Creator: The party that creates or generates the data
- B. Consumer: The party that uses the data
- C. Funder: The party that commissions the data
- D. **Packager**: The party that collects information for a particular use and adds value through formatting the information for a particular market or set of consumers
- E. **Subject**: The subject of the data claims ownership of that data

In the case of the CRHMIS, there is a hierarchy of ownership of data. It begins with the Subject (5) who can, at any time, submit a written request to CARES, Inc. to have his or her personal information removed from the database. These requests for data removal from the CRHMIS will be honored by CARES, Inc. when done through the correct protocol (below).

Secondly, The Consumer (2), or the agency that enters data, has the ability to claim the data within the CRHMIS that they have input as an agency. In this way, they can modify, delete or ask for a full purge as they desire. These requests for data removal from the CRHMIS will also be honored by CARES, Inc. when done through the correct protocol (below).

Last, the Packager (4), CARES, Inc., has ownership of the data within the database for the purposes outlined within this manual, namely:

- 1. The aggregation of data for reporting at the community level
- Control of access to the data via usernames and log-ins
- 3. Data Quality Parameters to qualify data for admission into the CRHMIS
- 4. Helpdesk and reporting support requests

Data requests for PPI (client level data) must go through the contracted agency rather than the HMIS Director of the HMIS Program and Services. Upon written request by the Executive Director, CARES will grant access to client files as defined by the contractual agency. This access can range from read-only, aggregate data to client file level access. Similarly, though the data collected and packaged from the HMIS is often published and made available for use in grants, research and educational material, all such data aggregations and analysis belong to the packager, not the consumer who may be using that data for their own purposes.

Protocol for requesting data removal from the CRHMIS:

Client (Subject) Request for Data Removal Please send a written, signed request to

CARES, Inc.

C/O Director of the HMIS Program and Services 200 Henry Johnson Blvd, Suite 4 Albany NY 12210



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Make sure to include your full name and which agency/agencies you visited and wish your records removed from. If you would like to also include your contact information, the HMIS Director of the HMIS Program and Services will verify your data removal once complete.

Agency (Creator) Request for Data Removal

Please send a written, signed request on agency letterhead to

CARES, Inc.
C/O Director of the HMIS Program and Services
200 Henry Johnson Blvd, Suite 4
Albany NY 12210

Or fax to (518) 489-2237

Please specify if you would like to have a copy made of the data in CSV format, burned to CD. Make sure to include all programs you would like purged from the database, remembering that, once gone, there is no way to retrieve the information. The HMIS Director of the HMIS Program and Services will verify your data removal once complete.

Interagency Data Sharing for Coordinated Care

A change in the way data sharing works will go into effect on January 1st 2017; the AWARDS feature of Expanded Consent and Client View. Agencies may opt OUT of data sharing at the program level and all consumers have to consent to the data share for each intake they complete with any agency, ensuring control of their own information remains in the consumer's hands. Please see below for more information on the process.

- 1. There are 3 levels of consent for the consumer; the intake staff must become familiar with the form and guide the consumer to ensure that they are choosing the option that best reflects their preference
- 2. Consumer data sharing will be covered by the overall consent form being used by the CRHMIS, however, the form within the HMIS will serve to indicate the level of interagency data sharing that occurs.
- 3. Refusal to participate in data sharing in no way impacts the ability of the project to enter the consumer into HMIS or serve the consumer; it simply prohibits the sharing of data with other participating agencies.
- 4. HIV/AIDS, DV, Behavioral Health and notes/logs are NEVER shared via the HMIS. This is to protect the privacy of consumers.
- 5. Any consumer in a project who has NOT agreed to share data MUST leave the default setting for user agreements. We are unable to completely remove this option from those agencies, so this will be monitored for compliance.
- 6. Substance Abuse, Mental Health, Runaway Homeless Youth (RHY) and HIV specific projects are NOT allowed to participate in data sharing at this time. The data share page must be left on the default of no sharing.
- 7. The signed ROI must match the consumer preference as recorded in the HMIS and be kept in the consumer file (electronic or physical) for monitoring purposes.



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A PDF of the data sharing screen is available from your CARES, Inc. representative. Please contact them for additional information and training.

Disclosure of Inclusion in the CRHMIS

A change in the disclosure of inclusion in the CRHMIS goes into effect on January 1, 2017. Previously a posted sign was sufficient for consumer disclosure, however the CRHMIS Advisory Committee, in conjunction with the System Administrator, have made the move to a signed Release of Information and Informed Consent form. These may be found both on the CARES website and in the appendix of this manual. This ROI must match the consumer data sharing preferences as stated above and be kept in the consumer file (electronic or physical) for monitoring purposes.

As per HUD policy, no agency may decline to provide services to a client based on refusal to be included in the HMIS. While it is desirable to include as many clients as possible in the CRHMIS for both internal and external reporting as well as community planning, we operate on a client-first model and work within the comfort level of those we serve.

If you have clients who refuse all HMIS data entry make sure that you keep an intake record separately so that, for agency level reporting, you will be able to include those households in the report.

Distribution of HMIS Data

CARES Inc. will provide quarterly and yearly reports on the aggregate data collected within the HMIS to the corresponding CoCs as well as the Advisory Committee. CARES, Inc. will also make any AHAR data accepted by HUD available to the CoCs. This is public information and a copy of the latest and historical reports will be provided to anyone, upon written request. These reports are also published on the CARES, Inc. website after CoC approval.

Continuum-wide, aggregate data will be provided to HUD annually as required through the HMIS Annual Performance Report, Annual Homeless Assessment Report and CoC Grant Application.

In general practice, aggregate county-wide and individual agency-level data may be provided to users and administration of that agency upon request for data-quality reasons or to meet agency needs. Non-users within an agency requesting any aggregate or individual data must have the written consent of the agency Executive-Director.

Protected Personal Information (PPI), agency-level information, or any data that may potentially point out an individual or single agency will not be distributed in any community level or published reporting. Individuals, agencies or governing bodies who wish to obtain individual or agency-level data may request such data from the agency Director.

In limited circumstances, HMIS data, including PPI, may be used for the purposes of care coordination or research. In these cases, the minimum amount of information required to coordinate care shall be disclosed; it is up to the professional judgement of staff to determine what information will be shared. Because situations and circumstances differ, there is no set protocol for what information to disclose when—Codifying specific guidelines in this regard may in fact undermine the ability to coordinate services. Additionally, an MOU between the organization(s) and CARES, Inc. defining and limiting the scope of data use must be in place before any data may be distributed. Depending on the specific circumstances of the project, an MOU may also be put in place between CARES, Inc. and agency or agencies participating in the project. This MOU must clearly articulate the scope of work, how the data is accessed, which data elements are shared, the goals of the project and limitations of data usage. The CARES, Inc.



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Executive Director or Director of HMIS Programs and Services must approve and sign off on each MOU that includes the sharing of PPI.

A list of projects in which HMIS is participating and the level of data sharing occurring is listed on the website at caresny.org/privacy for consumers to review. This list must be kept up to date and agencies must be informed when additions are made via the AWARDS Messages module and/or the CRHMIS list serve.

Consumers may choose to have their data removed from the database at any time by contacting the HMIS System Administrator and submitting a written request. All agencies with data concerning that consumer will be informed of the purge beforehand so that consumer records may be printed and stored according to agency policy.

Reporting with the HMIS

The Director of the HMIS Program and Services regularly exports a system-wide aggregation of data. This data is analyzed to determine which agencies are compliant with the system and regulations. It is also used to identify areas of policy or data requirements that must be more thoroughly defined for individual agencies. Additional training or technical assistance is made available based on need.

Quarterly and annual reports are generated to share with the participants of the CARES Regional HMIS. These reports include a summary of the number and demographics of individuals and families participating in services in each program type for the given time period. Aggregate reports do not include names, social security numbers, or any other identifying characteristics of individual clients. Trends in the quarterly and annual reports are then examined and reported to the CoC governing body annually. Under no circumstances is client-level data distributed.

Grievance Policy

For Clients

All grievances regarding the handling of your personal information by an agency within the HMIS should be addressed to that agency. If you believe your grievance has not been sufficiently resolved by your agency, you may make a complaint to the HMIS Director of the HMIS Program and Services at:

CARES Inc

ATTN: HMIS Director of the HMIS Program and Services 200

Henry Johnson Blvd, Suite 4

Albany NY 12210

Phone: (518) 489-4013 fax (518) 489-2237

CARES will attempt a voluntary resolution of the complaint and by ensuring that the participating agency is acting with accordance to the HMIS agency agreement. Note that CARES does <u>not</u> provide legal services.

For Participating Agencies

Complaints regarding the administration of the HMIS may be made to either CARES Inc.'s HMIS Director of the HMIS Program and Services or Executive Director at:

CARES Inc

ATTN: HMIS Director of the HMIS Program and Services/Executive Director

200 Henry Johnson Blvd, Suite 4

Albany NY 12210

Phone: (518) 489-4013 fax (518) 489-2237



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Telephone complaints may be recorded for better customer care. CARES will follow up each complaint in writing and, as appropriate, bring the complaint to the CoC leads and/or the CARES Regional HMIS Advisory Committee.

HIPAA Compliance

Compliance with HIPAA regulations is only required for covered entities, such as community service providers that are also health care providers. For agencies that meet these criteria, participation in the HMIS requires compliance with HIPAA as defined and arranged within the agency. CARES, as the Director of the HMIS Program and Services, follows HIPPA precautions with ALL consumers in ALL agencies, runs background checks on all System level users and requires HIPAA and EHR training for all HMIS Administrative staff.

HIPPA Compliance within HOPWA Programs

On October 9th, 2014 the Office of HIV/AIDS Housing released an updated Confidentiality User Guide. These policies and procedures have been modified to be compliant with this version of the guide. The HMIS is inherently HIPAA (and HITECH) compliant, but the CRHMIS team is aware that additional precautions must be made as a support team with access to PPI. As required by HOPWA Regulation 24 CFR 574 and 27F, proper security is taken with all electronic and physical documentation of identifying consumer data, written procedures are in effect, HIPAA training is undertaken by all CRHMIS staff and the revised Agency Agreement found at the back of this document acts as an MOU between each participating agency and CARES, Inc. For copies of these policies or questions about physical or electronic security, please contact the CRHMIS System Administrator at (518) 489-4130 x103 or at hmis@caresny.org.

Monitoring of Participating Programs

In order to ensure compliance with this manual and HUD privacy and security requirements, CARES, Inc. will do periodic monitoring of all programs participating in the HMIS; both mandated and voluntary. This monitoring will review data quality, data completeness, and compliance with the electronic and physical privacy and security procedures outlined in this manual.

Programs found to be out of compliance with the above will be evaluated by the HMIS Director of the HMIS Program and Services and a Plan of Correction; including additional training, measurable goals, a realistic timeline for correction and further monitoring, will be put in place.

Frequency of monitoring visits within a community, agency or program will be at the discretion of the HMIS Director of the HMIS Program and Services. Monitoring Visit results will be shared with the Collaborative Applicant and/or CoC leads for the community and may be discussed with the HMIS Advisory Committee.

Participation

All recipients of HUD McKinney-Vento funds are required to participate in the HMIS. This includes recipients of Emergency Solutions Grants (ESG), Supportive Housing Program (SHP), Shelter Plus Care (S+C) and Section 8 Mod Rehab for SRO.

In addition to McKinney-Vento-funded recipients, other housing assistance programs may require participation as a condition of funding. Agencies who receive funding via the Housing Opportunities for Persons with AIDS (HOPWA) program and are dedicated to serving homeless persons must participate. Providers of Grant and Per Diem, Supportive Services for Veteran Families (SSVF) or Veteran Affairs Supportive Housing (VASH) voucher programs by



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the Department of Veterans Affairs (VA) are also subject to ongoing participation mandates, as are some NYS OTDA funded programs including the Solutions to End Homelessness Program (STEHP). CARES, Inc. works closely with HUD and NYS OTDA to ensure the program data collection and reporting requirements are consistently met by the database and administration of this program.

While not all service agencies are mandated to participate, both HUD and local Continuums of Care encourage participation by all agencies who serve the homeless population, including those funded by other federal programs or non-government sources. Participation by organizations that do not receive HUD Continuum of Care funding is voluntary (other than for the exceptions noted), but strongly encouraged in order to achieve an accurate picture of homeless services in the region. Because overall participation by all agencies that provide homeless housing services is rated by HUD annually through the CoC Grant Application process.

Benefits to Non-Mandated Programs

Voluntary participation by non-mandated programs and agencies helps the community meet the threshold for new funding and retain current funding for current homeless housing, create new homeless housing and assist with community planning and development. Through this collaborative effort, non-mandated agencies receive the benefit of a more sophisticated homeless services network in their community, better access to data for research, grant writing and program planning and representation for those they serve to HUD and other Federal partners through standard HMIS reports such as the HMIS Dedicated Grantee Annual Progress Report and the Annual Homeless Assessment Report. Additionally, and perhaps most importantly, access to more and better housing opportunities for persons and households experiencing homelessness is potentially created through renewals, new projects and bonus projects through the CoC Grant process, thus reducing the burden of local agencies, both not-for-profit and government, trying to assist and house homeless persons and families.

Benefits to Continuums of Care

In addition to fulfilling the HUD requirements, participation in the HMIS enables the participating counties to report accurate statistical data to funders and policy makers regarding topics such as financial resources, county of origin, housing utilization and more. It ensures that all local providers are using a common intake instrument, thereby providing the most effective and efficient service to clients while allowing cross-agency data analysis for the community. The reporting capabilities allow agencies to generate accurate and timely reports, reducing time spent away from client services for monitoring, reporting and case review. Electronic management of client records also allows for remote access, reduced use of office resources such as paper, printer ink and office supplies while providing consistent, neat, easily accessed files to present to reviewers, some of whom are allowing remote monitoring and auditing at this time.

<u>Privacy</u>

Baseline privacy standards are required of all programs and must balance the need to protect the confidentiality of client data with the practical realities of homeless service provision. Each agency is required to review and/or develop a privacy policy specific to the individual agency's needs which includes HMIS activities as it pertains to confidential client data in electronic and hard-copy formats. A copy of the above-referenced agency privacy policy must be provided to CARES, Inc., as the HMIS Director of the HMIS Program and Services and, if the agency has a website, must be published thereon in accordance with HUD's 2004 Privacy and Security standards.

CARES, Inc. applies strict privacy policies and procedures internally, compliant with all HIPAA, HOPWA and HITECH rules. For copies of these policies, please contact or questions about physical or electronic security, please contact the CARES, Inc. Security Officer, Tersha Choy, at tchoy@caresny.org or via phone at (518) 489-4130x101.



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Participation Fees

Fees for participating in the HMIS vary from community to community and project to project and may require a contract with CARES, Inc. for inclusion in the HMIS. Please contact the Director of the CARES HMIS Program and Services department for information regarding your specific project type and community at athlessen@caresny.org or (518) 489-4130.

Responsibilities

Participating agencies and users have specific responsibilities when using the HMIS to ensure proper functioning of the system, accurate data collection, as well as the privacy and security of all consumers. These responsibilities are outlined below.

Participating Agency Responsibilities

CARES will enter into a Business Associates Agreement with agencies that are eligible to participate in the HMIS. The Business Associates Agreement will outline the specific manner in which CARES will utilize the data submitted in the HMIS.

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

Each participating agency must:

- 1. Establish operating practices to ensure organizational adherence to the HMIS Policies and Procedures.
- 2. Establish a privacy policy to ensure the protection of confidential client data. A copy of this policy should be provided to the Director of the HMIS Program and Services and, if an agency website exists, be published thereon.
- Communicate operating practices, including privacy protection and user responsibilities, to all agency users. Agencies should document that each user understands and accepts the responsibilities associated with use.
- 4. Monitor user compliance and periodically review control decisions.
- 5. Edit and update agency information, including staff, location, and capacity, as needed.
- 6. Notify all users in their agency of interruptions in service.
- 7. Detect and respond to violations of the Policies and Procedures or agency procedures.
- 8. Maintain complete and accurate client records for participating programs within the HMIS.
- 9. Monitor that users respectfully collect data for all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, and as such are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

Agencies must follow all privacy and security requirements outlined in this manual in order to participate in the CARES Regional HMIS.

User Responsibilities

Each user within a participating agency is responsible for maintaining client privacy and protecting each client's protected personal information. A User ID and Password will be provided to each User within the agency by the



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Director of the HMIS Program and Services at the written request of the Agency Executive or Program Director once training has been completed.

All Users must understand and accept the following responsibilities for utilizing the HMIS:

- 1. The User ID and Password are to be used by the assigned user only and must not be shared with anyone. All Users will take all reasonable means to keep passwords physically secure.
- 2. All Users will log-off the system before leaving the work area.
- 3. Users must **not** decline services to a client or potential client if that person refuses to allow entry of information in the HMIS (except if that policy is over-ridden by agency policy or if the information is required to be collected as a condition of receiving services).
- 4. The user has primary responsibility for information entered by the user. Information entered by users is truthful, accurate and complete to the best of the user's knowledge.
- 5. Users will not solicit from or enter non-required information about clients into the HMIS unless the information is required for a legitimate program purpose such as to provide services to the client.
- 6. Any hard copies of personally identifiable (client-level) information printed from the HMIS must be kept in a secure file, and destroyed when no longer needed.
- 7. All Users must immediately notify the Agency Executive Director should a breach in security be recognized or suspected.
- 8. Users may only access the HMIS from a designated terminal, following agency guidelines for electronic access of records. Access to the HMIS from public or unsecured computers and networks is prohibited.
- 9. Users may not send identifying information on clients through standard e-mail but, instead, should utilize the secure messaging feature of the HMIS-AWARDS system for all client-based communications, preferably through a helpdesk ticket.
- 10. Users agree to respectfully collect all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, thus are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

Lead Agency (CARES, Inc.) Responsibilities

CARES, Inc., as the Lead agency for the CRHMIS, will monitor compliance with the established policies and procedures while providing the following services:

- 1. Internal compliance with all HUD, HIPAA and HITECH regulations
- 2. Monitoring of privacy and security compliance of all participating programs
- 3. Access for questions and concerns with the Software Solution Provider, Foothold Technology
- 4. Assistance with HUD mandated reporting on an agency/CoC level
- 5. AHAR and CoC Grant Application reporting
- 6. Annual and Quarterly CoC reports on basic, aggregate client demographics
- 7. Creation, deletion and monitoring of user log-ins and passwords
- 8. Daily helpdesk (work days) for standard helpdesk issues
- 9. Evaluations and strategies for better use of the HMIS in regards to HUD reporting and data quality
- 10. Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
- 11. Monthly New User Trainings (in a group setting)
- 12. Remote access to all in-house trainings upon request
- 13. Regular updates on HMIS policy, procedure and the database via a variety of mediums
- 14. Rapid turn-around for addressing all help desk tickets
- 15. Ongoing CoC level data quality checks and follow-up

Additional fees may be assessed for HMIS TA services that are not within the normal scope of CARES Inc.'s HMIS Director of the HMIS Program and Services duties; including, but not limited to, the following:



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- Agency/Program evaluation for use of the database beyond CoC requirements
- Agency specific report and form building
- Agency specific training on non-HUD mandated features of the database
- Customized internal or external reports not related to HUD
- Large helpdesk requests due to user error
- Program level data quality and clean-up assistance
- Training on basic computer skills which complement the use of the HMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

CoC Lead Responsibilities

The CoC leads in each community will be presented with a Memorandum of Understanding (MOU) which requires close involvement in the reporting and regulation of HMIS data. By signing this, the CoC leads, on behalf of their CoC, agree to the terms and conditions outlined therein.

Security

Certain electronic security precautions are required of each agency:

- Install and maintain a firewall on the user's computer or the agency network
- Password protected screensavers set at no more than 5 minute intervals
- Automatically updating antivirus software installed and maintained on every internet-accessible computer
- Keep the Operating System on each HMIS access computer terminal up to date with the latest security devices
- All users must attend a formal HMIS training prior to being assigned a username and password in the database. This will ensure that proper training on security, policy and procedure has been established for all users in the database. Sharing of usernames and log-ins is strictly prohibited for security reasons.

In the event a user no longer needs access to a program or leaves the employ of the agency, the program manager or Executive Director **MUST** contact the HMIS Director of the HMIS Program and Services within 24 hours of the end of employment so that the active user account can be disabled. This can be done in advance, so Directors and administrative staff are encouraged to alert the Director of the HMIS Program and Services as soon as it is known that a user account will no longer be needed.

In order to facilitate the privacy and security of HMIS consumers, any user account that is inactive for 30 days will be deactivated **until the HMIS Director of the HMIS Program and Services is contacted by a program manager or agency officer in writing** (an e-mail from the agency email address is adequate). If the user is inactive for more than 90 days, or if there has been a significant data elements or policy change during the time off the system, retraining may be required prior to regaining access to the HMIS.

It is recommended that a Written Information Security Policy (WISP), with an electronic information policy, be in place for all agencies using HMIS. For a copy of the CARES, Inc. WISP, please contact the HMIS Director at hmis@caresny.org or via phone at (518) 489-4139 x103.

User access to the HMIS

The AWARDS software is a web-based software system accessed via the Internet. Each agency user is assigned a unique log-in name and a password to access the system. Within the agency's set-up in the HMIS, each user is assigned specific permissions to view and work only with those programs and records to which he or she has been



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assigned. A user in one program within an agency is prohibited from viewing or modifying any records in another program area unless express permission has been given by a program supervisor or Executive Director. No user can access the files of any other agency. All users are reminded to never share their log-in names or passwords with anyone else, and not to keep reminder notes in obvious areas.

Access to the HMIS is granted by the Director of the HMIS Program and Services. When an agency needs to add or remove a user, there must be a written request (e-mail, FAX or AWARDS message) from the Program or Executive Director requesting the action. All new users must attend training prior to being assigned a username and password.

Software Security

Maintaining individual client privacy is among the highest priorities in managing the HMIS. The AWARDS software uses the highest encryption currently allowable by law along with the use of SSL (Secure Sockets Layer) technology. Foothold Technology uses several hardware and software firewalls and AWARDS keeps warm backups locally and sends daily backups to a separate data center. All data is stored in two data centers in two different states on 8 different electric grids. Warm copies are available in 2-hour intervals and daily copies are available in 24-hour intervals. Information sent from individual agency sites cannot be unscrambled. In addition, a highly sophisticated series of user names and passwords protect data from unauthorized viewing and manipulation within individual agencies, ensuring no one has access to information they should not see. Data security is also monitored by the Director of the HMIS Program and Services through regular reports and activities. For questions about physical or electronic security of the AWARDS software, please contact the CARES, Inc. Security Officer, Tersha Choy, at tchoy@caresny.org or via phone at (518) 489-4130 x101.

Software

As selected by the HMIS Implementation Committee, CARES, Inc. has contracted with Foothold Technology as the software vendor for the CARES Regional HMIS. Foothold's software, AWARDS, is a web-based system in which users access the system via the Internet and includes a comprehensive case management system that each agency can utilize for managing client records, case notes, and referral information if desired. For more information on how to fully utilize these components, please contact your customer service rep or the Director of the HMIS Program and Services at hmis@caresny.org or by phone at (518) 489-4130

Technical Assistance

All concerns with utilizing the HMIS system should be directed to the HMIS Director of the HMIS Program and Services at CARES, who can be reached by phone at (518) 489-4130 x103, by e-mail at hmis@caresny.org or through the HMIS (AWARDS) internal messaging and helpdesk modules for confidential e-mail capability. CARES offers assistance to agencies who would like to better integrate the use of the HMIS software into existing procedures though telephone and web conferences as well as occasional site visits. Assistance in gathering agency-wide or county-wide aggregate information for funding sources and grant writing is also available when a written request is made at least a week in advance.

CARES will provide, at no additional fees, the following TA services:

- Access for questions and concerns with the SSP, Foothold Technology
- AHAR and CoC Grant Application reporting
- Annual and Quarterly CoC reports on basic, aggregate client demographics
- Creation, deletion and monitoring of user log-ins and passwords
- Daily helpdesk (work days) for standard helpdesk issues
- Evaluations and strategies for better use of the HMIS in regards to HUD reporting



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- Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
- Monthly New User Trainings (in a group setting)
- Monthly user-groups on topics chosen with user-input
- Quarterly Advanced User Trainings (in a group setting)
- Remote access to all in-house trainings upon request
- Regular updates on HMIS policy, procedure and the database via a variety of mediums
- Rapid turn-around for addressing all help desk tickets (one business day)
- Ongoing CoC level data quality checks and follow-up
- Access to social networking for updates and networking among users and administrators

Additional fees may be assessed for HMIS TA services that are not within the normal scope of CARES Inc's HMIS

System Administer duties; including, but not limited to, the following:

- Agency/Program evaluation for use of the database beyond HUD requirements
- Agency specific report and form building
- Agency specific training on non-HUD mandated features of the database
- Customized internal or external reports not related to HUD
- Large helpdesk requests due to user error
- Program level data quality and clean-up assistance
- Training on basic computer skills which complement the use of the HMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

Training

CARES offers on-going user training for new and current users who need a refresher on the basics. Training sessions will be provided in 1-4 hour sessions for which attendees are required to sign up in advance. Users participating in each training session are expected to be computer-literate and to attend the full training session. No individual will be given access to the database until initial training has been completed. Access permission for each new user must be given to the Director of the HMIS Program and Services prior to new user set-up. The Executive Director or Program Manager may e-mail or fax permission information to CARES Inc. While users will be allowed to attend training prior to this verification, no active agency access will be given until the permission has been received and processed.

Additionally, Advanced User trainings, Program Director and Administrator trainings, recurring user-groups and periodic CoC updates will be held regularly to help agencies best use and monitor the HMIS system and accompanying software. A list of all available trainings and groups, along with registration information, is available and regularly updated on CARES' website (http://www.caresny.org) and all social networking mediums. All trainings and user-groups are available remotely via webinar to accommodate those who cannot attend in person. Remote access requires either a microphone and speaker system, or a regular telephone in conjunction with a computer.

User Access to the Database

Each program within an agency will be permitted 15 user accounts to access the HMIS. The HMIS Director of the HMIS Program and Services will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly software fee* plus a service fee for additional CARES' staff time to be determined after a scope of work has been completed.



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Addendum A: Costs of Additional Services

Pricing Structure

Agency and Community level projects:

Pricing for projects is variable and based on a rate of \$80 per hour. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information on individual projects including, but not limited to:

- Basic computer instruction
- Agency level training on non-CoC features of the HMIS
- Operational design and the HMIS
- Data quality issue resolutions
- Large help-desk ticket resolution
- Database customization via form and report building

Continuum of Care inclusion in the CARES Regional HMIS

There are standard contracts available for CoCs interested in joining with the CARES Regional HMIS. Please contact CARES, Inc. for more information. We are dedicated to working with the communities we serve in order to create a service and price base that meets the individual needs of those we serve. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information.

Non-Continuum of Care Agencies and Programs

As more and more program types which are not covered under the CoC umbrella are mandated to participate in the HMIS, CARES, Inc. has developed pricing strategies to address their specific needs and help their compliance via inclusion within the HMIS. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information.

Domestic Violence Dedicated Programs

DV programs are prohibited from participating in the HMIS by the Violence Against Women Act (VOWA). There are some funding types, however, which require a comparable database to the HMIS for these programs. While each agency is responsible for creating/contracting for this database, your HMIS Director of the HMIS Program and Services is responsible for ensuring that this database meets HMIS regulations. contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information on this topic and to help ensure the compliance of your database with the dynamic structure of the HMIS.

Additional Users

Each program within an agency will be permitted 15 user accounts to access the HMIS. The HMIS Director of the HMIS Program and Services will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly fee.

16-30 users total \$500 monthly

31-45 users total \$1000 monthly

46-60 users total \$1,500 monthly

61-75 users total \$2,000 monthly

76+ users must separately contract with the vendor, Foothold Technology, and upload to the HMIS

*These fees are based on set costs from the software vendor. There is no intermediate category for additional 10-15 users and CARES, Inc. does not receive any administrative income from additional user fees, however, administrative fees for staff time may be assessed depending on the scope of the project.



CARES Regional HMIS Consumer Information Consent Form

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.

The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.

This authorization will remain in effect for a minimum of 36 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.

The following personal information will not be shared with any HMIS partner agencies via this HMIS computer system.

- 1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
- 2. Domestic violence information, such as abuse history, abuser information, trauma information.
- 3. Behavioral health information, such as substance and alcohol abuse and mental illness.
- 4. Clients supportive services contacts, medication information and case notes.

If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.

If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

	I agree to share my name (first, middle, last), gender, program enro information via the HMIS system with other partner agencies.	llment, and exit dates
	d exit dates, demographic disbursements via the HMIS	
	I do not agree to share any of my information via the HMIS system vagencies via the HMIS computer system. Exception is cash disburser	and the second second free second
Signatu	re	Date:
Printed	Name:	
Agency	:Program:	





Expanded Consent and Client View Guide AWARDS QUICK REFERENCE GUIDE

The Expanded Consent and Client View feature allows users to view certain client details within Consumer Lookup for clients who have multiple program histories between agencies. These details include the last four digits of the client's SSN, and events recorded within the Client History Report. This guide will describe what details are visible under various circumstances.

To view client details, complete the following steps:

- From the AWARDS Opening Menu page, click Consumer Lookup. The Consumer Lookup page is displayed.
- For full access to client details, enter the client's full SSN in the SSN field, and in the First Name and Last Name fields, type the first two letters of the consumer's first and last names, respectively.
- Click the Limit Search Results to drop-down arrow and select the number of matches that should be displayed in the lookup results.
- 4. Click SEARCH. The Consumer Lookup Results page is displayed. For clients who have program histories in multiple agencies, the last four SSN digits and Client History Report icon may be available, depending on consent and search information used. Refer to the chart below.

Search Information Used:	Consent Given by Client within OTHER Agency	Appear in search results?	Last 4 SSN digits show?	Client History Report available?
First Name Last Name Full SSN	A	YES	YES	NO
First Name Last Name Full SSN	В	YES	YES	YES
First Name Last Name Full SSN	С	NO	n/a	n/a
First Name Last Name No SSN	A or B	YES	YES	NO
First Name Last Name No SSN	С	NO	n/a	n/a
Any	A, B or C – marked as EXPIRED	NO	n/a	n/a

5. If displayed, click the Client History Report icon to the left of the client and agency records to be viewed. This version of the report will include any program histories that contain an effective level B consent, and list events in chronological order without links to view details.

The process of viewing client details is now complete.



CRHMIS Client Informed Consent and Release of Information

Information System (CRHMIS). This means that we collesecure and private database that allows us to keep track. The CRHMIS is dedicated to the privacy and safeguardidatabase and does not publish identifying, client level database.	articipates in the CARES Regional Homeless Management ect information about your household and input it into a of that information to better assess and serve your needs. ng of the information collected and input into the HMIS ta. For more information, please see our complete policy ting out of the HMIS, data ownership and a list of research www.caresny.org/HMIS-policies.
information about you with other homeless services pro CRHMIS, you have the right to choose whether or not information and on what level. HIV/AIDS information, [vices, we are requesting your permission to share limited viders. As the owner of your own information within the other users of the system can see any of your personal Domestic Violence information, Behavioral health (mental ared through the HMIS. This consent will be in effect for a
Please check the (1) box below which indicates the leve the homeless services coordinators and providers in the	I at which you are willing to share your information with community;
homeless services agencies I agree to share my name, gender, program enrollme through the HMIS with other partner homeless services a	nrollment history through the HMIS with other provider ent history, demographic, income and contact information agencies. h the HMIS with other partner homeless services agencies.
By signing this form, I agree to share the above level of Computer System:	of information with other partner agencies via the HMIS
PRINTED name of Client	
Signature of Client, Guardian or Power of Attorney	Signature of Witness
 Date	 Date

Albany City and County Public Housing Authorities Administrative Plans: Albany Housing Authority and the Town of Colonie

Albany Housing Authority

The Albany Housing Authority has a <u>limited homeless preference</u>. AHA has 20 HCV units set aside on a priority basis, with a preference for homeless admissions. There are also project based vouchers that are set aside for homeless admissions. Attached is a copy of the AHA Administrative Plan which outlines the PHA Preferences.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

In the case of a Federally declared disaster, the PHA reserves the right for its Executive Director to suspend its preference system for whatever duration the Executive Director feels is appropriate and to admit victims of the disaster to the program instead of those who would be normally admitted.

Any other provisions of this policy can also be suspended during the emergency at the discretion of the Executive Director so long as the provision suspended does not violate a law. If regulatory waivers are necessary, they shall be promptly requested of the HUD Assistant Secretary for Public and Indian Housing.

Set asideo_

The PHA has a number of vouchers that are set-aside for special programs and preferences for those will be dictated by the program and addressed in the amendment to the policy for each program.

preferences

The PHA will select all other families based on the following preferences:

#1 A-F are equally weighted and will take preference over all other admissions. If funding is available, they will be considered special admissions and will be briefed and qualified for a voucher immediately.

(20 set-cisides)

#1A: Individuals and families referred by the New York State Solutions to End
Homelessness (STEHP) and the City of Albany Emergency Solutions Grant
(ESG) Programs. The PHA will accept a total of up to a combined 20 STEHP and
ESG participant applications for public housing or Section 8 assistance in a
calendar year (including both programs combined). Where all other
considerations are equal, residents of the City of Albany will be selected before
non-residents. These ESG applications may be accepted even when the waiting
list is closed.

#1B: Federal Safe Home Program Participants

The PHA participates in the Federal Safe Home Program which provides housing or housing assistance to persons in need of <u>transitional housing due to domestic</u> violence, crime prevention, or witness protection.

- #1C: Credit Ready Public Housing Homeownership Participants for Homeownership Voucher
 - These clients shall have priority over general applicants, and their applications for Section 8 homeownership vouchers shall be processed immediately provided that they are credit ready for a prevailing rate mortgage as determined by our HUD approved counseling partner.
- #1D: Credit Ready Shelter Plus Care Program Participants for Homeownership Voucher
 - These clients shall have priority over general applicants, and their applications for Section 8 homeownership vouchers shall be process immediately provided that they are credit ready for a prevailing rate mortgage as determined by our HUD approved counseling partner.
- #1E: Families referred by the local public child welfare agency for Family Unification Program (FUP) vouchers if available.
- #1F: Families involuntarily displaced for any reason by the Authority from any of its other housing programs,
- #1G: Families displaced by fire or other disaster residing in the City of Albany.
- #2A: Working families, or those unable to work due to age or disability who live or work in the City of Albany.
 - Working families will be defined as families where the head, spouse, co-head, or sole member is currently working and has been employed at least 20 hours per week for at least nine of the last twelve months AND how live or work in the City of Albany. As required by HUD, families where the head or sole member is a person age 62 or older, or is a person with disabilities, will be given the benefit of the working preference [24 CFR §960.206(b)(2)].
- #2B: Working families, or those unable to work due to age or disability who do not live or work in the City of Albany.
- #3: Educational or training program participants are graduates (those who live or work in the City of Albany will have a preference over those who do not). These families will be defined as families where the head, spouse, or co-head is a graduate or active participant in an educational or training program that is designed to prepare individuals for the job market. Verification will be required from the educational or training program. Income from stipends from educational or training programs shall be excluded from income in accordance with Section 9 of this policy, Determination of Annual Income.

Town of Colonie

The Town of Colonie Housing Authority has a <u>General Homeless</u>

<u>Preference.</u> Attached is the excerpt from their Section 8 HCV

Administrative Plan that cites their waiting list preferences, which includes homeless singles and families whose head or spouse is elderly or disabled.

If an applicant is claiming a preference because the applicant or another family member works or has been hired to work in the PHA's jurisdiction, proof of place of work is required. Lack of such proof does not render the preliminary application incomplete, but a preference for this reason will not be granted without such proof.

Completed preliminary applications submitted by persons interested in housing assistance are date stamped as received and processed in order of date received. Since the vast majority of the preliminary applications received by the PHA arrive by mail at the same time each day, no purpose would be served by also time stamping applications. Preliminary applications are ordered automatically as they are entered into the PHA waiting list software program.

Incomplete preliminary applications are returned to applicants with instructions for completing the preliminary application. The original date stamp will not be honored and will be re-stamped once the application is received by the PHA.

Persons claiming to be disabled that have submitted incomplete preliminary applications are contacted in person to determine if their disability caused the preliminary application to be incomplete and offered assistance if required.

If a preliminary application indicates that an applicant is not eligible for housing assistance, written notice is sent to the applicant explaining why they are not eligible for housing assistance and the applicant is offered an informal review of the PHA's decision.

Waiting List Preferences

Preference in assigning applicants to the waiting list, starting with those assigned a first preference as the highest category, will be in accordance with the following preference system:

First Preference

Applicants who live, work, or have been notified that they have been hired to work within the jurisdiction of the PHA, or applicants with family members who work, or have been notified that they have been hired to work within the jurisdiction of the PHA.

Second Preference

Applicants who do not live or work, or have not been notified that they have been hired to work within the jurisdiction of the PHA or do not have a family member that works or has been notified that they have been hired to work within the jurisdiction of the PHA.



Elderly Preference

Elderly, disabled, displaced, homeless, single persons and families of not more than two members whose head, co-head or spouse is elderly or disabled will be given preference over single persons who are not elderly, disabled, or displaced, irrespective of any other preference.

Targeted Preference

As needed, targeted preferences shall be given to applicants within established preferences that fall into special targeted areas as defined by HUD for any funded increment, such as Mainstream funding. Targeted preferences sort above the first preference.

Special Preference

Effective July 25, 2005, preference for admission to the Town of Coeymans Housing Choice Voucher Program shall be given to families where the head of household, co-head or spouse is either elderly or disabled. Preferences after this special preference shall follow the preference system outlined in this Administrative Plan.

If a preliminary application indicates that a family is potentially eligible, that family will be placed on the waiting list in the appropriate category, even if there are immediate vacancies available in the program. All applicants are placed on the waiting list because of the need to track assisting families according to PHA policies and HUD regulations.

Applicants placed on the waiting list are notified of such placement in writing. Due to income targeting requirements, applicants are not provided with an approximation of the length of time they will remain on the waiting list before being considered for occupancy.

Effective Date of Placement and Preference on Waiting List

Initial placement on the waiting list is always the date a completed preliminary application is received by the PHA. If a completed application is not received by the PHA, the family is not assigned an effective date of application.

Effective date of families placed on the waiting list that qualify for a residency preference never changes after that family qualifies for a residency preference, even if the family moves out of the PHA's jurisdiction.

When families that have been placed on the waiting list without a residency preference move into the PHA's jurisdiction or otherwise qualify for a residency preference, the effective date of the family's preliminary application will be changed to the date the family qualified for a residency preference.

When singles under the age of sixty-two have been placed on the waiting list and become sixty-two years of age, the application date will be changed to the date the single became sixty-two years of age. Should a single become disabled, the application date will be changed to the date the applicant notified the PHA.



Memorandum of Understanding

between

The Corporation for AIDS Research, Education and Services, Incorporated (CARES, Inc.)

and

NY-503 - ALBANY CITY & COUNTY COC

I. Purpose and Scope

NY-503 - ALBANY CITY & COUNTY COC has requested CARES, Inc. implement and maintain a Homeless Management Information System (HMIS) in compliance with HUD's requirements and standards.

CARES, Inc. agrees to abide by the below purpose of the HMIS:

- To meet HUD's requirement to produce an unduplicated count of homeless
- To develop new means of regional collaboration
- To facilitate continuity of care in homeless services
- To develop programs that are responsive to individuals' needs

In 2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system that will be used by multiple agencies to capture the number of persons utilizing services, their characteristics and demographic information.

The Capital Region HMIS (CARES Inc.) has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends, CARES HMIS will allow providers to collect data using a universal language. Methods and procedures for recording use of service will be standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of service. Perhaps most important, homeless service providers will be working together in a new manner to follow those activities and trends that transcend the individual agency



HMIS Goals

- Unduplicated count: The HMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in NY-503 - ALBANY CITY & COUNTY COC.
- Service tracking and trends: The HMIS will identify demographic and service utilization trends.
- Streamlined referral process: The HMIS will create a comprehensive data-base of homeless services throughout NY-503 - ALBANY CITY & COUNTY COC
- Enhanced service delivery: Reviewing client service trends, the HMIS will reveal service areas in need of enhancement and growth.
- Information for policymaking: Aggregate data will be shared with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

HMIS Participation

All recipients of HUD funds will be required to participate in the HMIS as will some Federal Partners. This includes recipients of Emergency Shelter Grant (ESG) funds, Supportive Housing Program (SHP), Shelter Plus Care (S+C), Section 8 Mod Rehab for SRO, Housing Opportunities for Persons with AIDS (HOPWA) and more recently, Homelessness Prevention and Rapid Re-housing Program (HPRP), Supportive Services for Veteran Families (SSVF) and Runaway Homeless Youth (RHY). In addition, HUD encourages participation of other federal programs that serve homeless persons. Participation of other organizations that do not receive HUD Continuum of Care funding is voluntary, but strongly encouraged in order to achieve an accurate picture of homeless services in the region.

Benefits to Lead Agency and the Continuum of Care

In addition to fulfilling the HUD requirements, participation in the HMIS will enable Lead Agency and NY-503 - ALBANY CITY & COUNTY COC (CoC) to report accurate statistical data to funders and policy makers including information on clients' financial resources, county of origin, and use of services. It will ensure that all local providers are using a common intake, thereby providing the most effective and efficient service to clients. In addition, individual agencies will benefit from the ability to electronically manage their client records and generate reports in a quick and easy manner.

CARES and the HMIS

CARES, Inc. is a not-for-profit agency whose mission is assisting local communities in expanding housing and other resources for homeless persons and/or persons with disabilities. CARES was selected to serve as the administrator of the Homeless Management Information System (HMIS) in the Capital Region because of its involvement and knowledge of the service provision in each of these communities. In addition, CARES serves as HMIS administrators for 24 counties within 13 Continuums of Care in NYS. As the HMIS administrators, CARES is responsible for promoting the use of a regional HMIS, implementing the HMIS, providing computer training to agency users, and providing on-going technical assistance to all service providers participating in the HMIS.

II. MOU Term

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The term is for the period of the HUD HMIS contract year and continues until terminated by one or both parties.



III. CARES, Inc. Responsibilities

CARES, Inc. shall undertake the following activities during the duration of the MOU term:

- Monitor adherence of all participating agencies in NY-503 ALBANY CITY & COUNTY COC to applicable federal and state laws and regulations and program guidelines and report findings to the HMIS Data Committee and HMIS Advisory Committee at least quarterly.
- Review and approve all documentation evidencing NY-503 ALBANY CITY & COUNTY COC
 performance of services as set forth in the Scope of Work and monitor NY-503 ALBANY CITY &
 COUNTY COC performance compliance with the MOU.

Additionally, as the HMIS System Administrator, CARES, Inc. shall undertake the following activities during the duration of the MOU term:

- Selection of a software vendor and maintaining the relationship with this software vender.
- Ensuring software securities are up-to-date and protecting all individual client data from unauthorized viewing.
- Training on privacy standards at each participating agency.
- Complying with HIPAA regulations as required by covered entities.
- Providing regular user training to ensure all users are knowledgeable on the software system
- Providing technical assistance for all system users
- Producing and distributing regular reports to NY-503 ALBANY CITY & COUNTY COC
- Producing additional reports as required by HUD and requested by member agencies.

IV. NY-503 - ALBANY CITY & COUNTY COC Responsibilities

NY-503 - ALBANY CITY & COUNTY COC shall undertake the following activities during the duration of the MOU term:

Responsibilities of NY-503 - ALBANY CITY & COUNTY COC

As the Continuum of Care coordinating body, Lead Agency is responsible for the following activities:

- Encourage the participation of all members in the HMIS
- Require all new users to attend training by CARES, Inc. prior to being assigned a user license
- Review CoC level reports and provide feedback on the data provided to both NY-503 ALBANY CITY & COUNTY COC and the HMIS System Administrator as needed.
- Support CARES, Inc.'s efforts to secure funds to maintain the HMIS.
- Ensure participating agencies maintain the rules and responsibilities outlined in the CARES Regional HMIS policy and procedure manual.
- Convene and maintain a Data Quality sub committee

Participating Agency Responsibilities

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

It is required that each participating agency:

- Review and sign in agreement with the CARES/Capital District HMIS Policy and Procedure Manual.
- Establish operating practices to ensure organizational adherence to the HMIS Policies and Procedures.
- Establish a privacy policy to ensure the protection the confidential client data and provide to CARES, Inc.



- Communicate operating practices including privacy protection and User responsibilities to agency users. Document that each User understands and accepts the User responsibilities.
- Monitor compliance and periodically review control decisions.
- Edit and update agency information, including staff, location, and capacity, as needed.
- Grant access to the software system for Users authorized by the agency's Executive Director by creating usernames and passwords
- Send staff to trainings on the uses of the Foothold software system including a review of the CARES/ Capital Region HMIS Policies and Procedures, and any agency operating practices and privacy notice.
- Notify all Users in their agency of interruptions in service.
- Detect and respond to violations of the Policies and Procedures or agency procedures.
- Maintain complete and accurate client records.

V. Funding

CARES, Inc. will work with NY-503 - ALBANY CITY & COUNTY COC to procure adequate funding for programs funded by the Continuum of Care grant to maintain access to the HMIS with all attending supports and services as outlined above, including, but not limited to, grant funding from the Continuum of Care Grant Award and community sourced cash matches.

To keep the CoC cost burden of the HMIS to a minimum, non Continuum of Care funded programs (such as SSVF, RHY, HOPWA, ESG, etc) required by any funding source to use the HMIS will be required to separately contract with CARES, Inc. for inclusion in the HMIS. CARES, Inc. will work with all such programs and agencies to secure appropriate funding. Programs falling under this category, even those within agencies already participating in the HMIS with CoC funded or voluntary programs, will not be set up or given user access until a signed contract has been delivered.

VII. Modification and Termination

- This agreement may be cancelled or terminated without cause by either party by giving (90) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.
- Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.
- It is mutually agreed that if the funding of the current year and/or any subsequent years covered
 under this Agreement does not appropriate sufficient funds for the program, this Agreement shall
 be of no further force and effect. In this event, NY-503 ALBANY CITY & COUNTY COC shall
 have no liability to pay any funds whatsoever to CARES, Inc. and CARES, Inc shall not be
 obligated to perform any provisions of this Agreement for which they are not reimbursed.



VIII. Effective Date and Signature

This MOU shall be effective upon the signature of CARES, Inc. and NY-503 - ALBANY CITY & COUNTY COC authorized officials. It shall be in force from 1/1/18-12/31/18. CARES, Inc. and NY-503 - ALBANY CITY & COUNTY COC indicate agreement with this MOU by their signatures.

Signatures and dates	
Authorized signature from CARES, Inc.	Authorized signature from NY-503 - ALBANY CITY & COUNTY COC
9/13/17	9/13/17
Date	Date

PIT Count Data for NY-503 - Albany City & County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	748	802
Emergency Shelter Total	594	644
Safe Haven Total	0	0
Transitional Housing Total	128	133
Total Sheltered Count	722	777
Total Unsheltered Count	26	25

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	83	82
Sheltered Count of Chronically Homeless Persons	63	63
Unsheltered Count of Chronically Homeless Persons	20	19

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	93	102
Sheltered Count of Homeless Households with Children	93	102
Unsheltered Count of Homeless Households with Children	0	0

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	80	71	86
Sheltered Count of Homeless Veterans	76	69	84
Unsheltered Count of Homeless Veterans	4	2	2

2017 HDX Competition Report HIC Data for NY-503 - Albany City & County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	317	30	166	57.84%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	161	0	108	67.08%
Rapid Re-Housing (RRH) Beds	115	53	26	41.94%
Permanent Supportive Housing (PSH) Beds	847	0	710	83.83%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	1,440	83	1010	74.43%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	106	151

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	3	21

2017 HDX Competition Report HIC Data for NY-503 - Albany City & County CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	53	115

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for NY-503 - Albany City & County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects. Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

FY2016 - Performance Measurement Module (Sys PM)

		Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)					
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	2074	2039	2455	49	44	57	13	27	27	31	4
1.2 Persons in ES, SH, and TH	2283	2250	2677	64	60	70	10	30	29	36	7

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)			Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY Current FY Difference F		Previous FY	Current FY	Difference		
1.1 Persons in ES and SH	-	2455	-	101		-	46		
1.2 Persons in ES, SH, and TH	-	2677	-	116		-	53		

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Exited to a Housing D	Persons who a Permanent Destination (2 s Prior)	Returns to	Homelessn han 6 Montl		Returns to Homelessness from 6 to 12 Months Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years				
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	36	10	1	0	0%	4	3	30%	3	2	20%	5	50%
Exit was from ES	799	669	45	30	4%	36	34	5%	63	68	10%	132	20%
Exit was from TH	85	115	1	2	2%	4	0	0%	2	6	5%	8	7%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	333	281	16	11	4%	18	10	4%	6	19	7%	40	14%
TOTAL Returns to Homelessness	1253	1075	63	43	4%	62	47	4%	74	95	9%	185	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	597	748	151
Emergency Shelter Total	450	594	144
Safe Haven Total	0	0	0
Transitional Housing Total	127	128	1
Total Sheltered Count	577	722	145
Unsheltered Count	20	26	6

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	2290	2266	2695	429
Emergency Shelter Total	2081	2054	2473	419
Safe Haven Total	0	0	0	0
Transitional Housing Total	234	236	251	15

FY2016 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	287	286	292	6
Number of adults with increased earned income	28	32	49	17
Percentage of adults who increased earned income	10%	11%	17%	6%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	287	286	292	6
Number of adults with increased non-employment cash income	56	77	86	9
Percentage of adults who increased non-employment cash income	20%	27%	29%	3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	287	286	292	6
Number of adults with increased total income	81	102	122	20
Percentage of adults who increased total income	28%	36%	42%	6%

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	192	193	193	0
Number of adults who exited with increased earned income	52	53	50	-3
Percentage of adults who increased earned income	27%	27%	26%	-2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	192	193	193	0
Number of adults who exited with increased non-employment cash income	40	40	42	2
Percentage of adults who increased non-employment cash income	21%	21%	22%	1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	192	193	193	0
Number of adults who exited with increased total income	87	88	86	-2
Percentage of adults who increased total income	45%	46%	45%	-1%

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	2083	2081	2414	333
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	401	409	485	76
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1682	1672	1929	257

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2240	2237	2673	436
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	435	444	577	133
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1805	1793	2096	303

FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	44	48	86	38
Of persons above, those who exited to temporary & some institutional destinations	1	1	3	2
Of the persons above, those who exited to permanent housing destinations	43	46	57	11
% Successful exits	100%	98%	70%	-28%

Metric 7b.1 – Change in exits to permanent housing destinations

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	2252	2307	2784	477
Of the persons above, those who exited to permanent housing destinations	1083	1133	1306	173
% Successful exits	48%	49%	47%	-2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	819	816	838	22
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	757	740	796	56
% Successful exits/retention	92%	91%	95%	4%

FY2016 - SysPM Data Quality

NY-503 - Albany City & County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

FY2016 - SysPM Data Quality

	All ES, SH				All ES, SH All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2012- 2013	2013- 2014	2014- 2015	2015- 2016	2012- 2013	2013- 2014	2014- 2015	2015- 2016
1. Number of non- DV Beds on HIC	281	288	284	277	153	144	139	151	799	829	936	852	117	115	21	42				
2. Number of HMIS Beds	161	168	164	162	94	95	118	108	693	732	765	695	117	115	18	19				
3. HMIS Participation Rate from HIC (%)	57.30	58.33	57.75	58.48	61.44	65.97	84.89	71.52	86.73	88.30	81.73	81.57	100.00	100.00	85.71	45.24				
4. Unduplicated Persons Served (HMIS)	2923	2183	2541	2997	216	224	248	262	848	851	855	862	294	252	192	321	2	4	87	312
5. Total Leavers (HMIS)	2646	2005	2190	2707	132	135	155	164	194	147	198	152	174	209	113	164	0	0	9	49
6. Destination of Don't Know, Refused, or Missing (HMIS)	428	228	422	341	2	0	4	4	5	5	9	5	0	0	6	4	0	0	0	25
7. Destination Error Rate (%)	16.18	11.37	19.27	12.60	1.52	0.00	2.58	2.44	2.58	3.40	4.55	3.29	0.00	0.00	5.31	2.44			0.00	51.02

2017 HDX Competition Report Submission and Count Dates for NY-503 - Albany City & County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/26/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/28/2017	Yes
2017 HIC Count Submittal Date	4/28/2017	Yes
2016 System PM Submittal Date	6/2/2017	Yes

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Attachment 14: Other

Table of Contents

- 1. Coordinated Entry Policies and Procedures Manual
 - Reference in Question 1C-3a
- 2. Coordinated Entry User Guide
- 3. Workshop Wednesday: Our Partners in Ending Homelessness: Public Housing Authorities
 - Reference in Question 1C-4a
- 4. New Project Webinar
 - Reference in Question 1B-3

Albany County Coordinated Entry Policies and Procedure Manual

Implementation, Governance and Evaluation of the Coordinated Entry System in the Albany County Continuum of Care (CoC)

Table of Contents

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Introduction

Document Overview

To implement and maintain a County-wide Coordinated Entry (CE) System, Homeless and Travelers Aid Society (HATAS), as the lead agency, along with the Collaborative Applicant, CARES, has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CE program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for program assessment, referral acceptance, client privacy, and consumer disclosure. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them.

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

The Coordinated Entry Policies and Procedure will:

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

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

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

Goals of Coordinated Entry

CE is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need

assistance the most can receive it in a timely manner. CE also provides information about service needs and gaps to help communities plan their assistance and identify needed resources. Primary goals for the coordinated entry processes are:

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

Purpose of Coordinated Entry

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

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

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

Roles and Responsibilities of Key Participants:

Responsibility of Lead agency: Homeless and Travelers Aid Society (HATAS) as the lead agency will be responsible for tracking client from initial application to housing, entering client data in excel spreadsheet/HMIS system, working with Collaborative Applicant to ensure program compliance, and conducting bi-weekly single point of access (SPOA) meetings.

Funded Agencies: Participation from all agencies funded through the Albany Continuum of Care (CoC) and agency recipients of the Emergency Solution Grant (ESG) is required. Funded agencies will be responsible for updating vacancies on the community vacancy report, making and accepting/denying referrals, serving as a "No Wrong Door" by collecting disability and homeless documentation on behalf of walk-in's seeking housing assistance, and attending bi-weekly SPOA meetings.

Non-Funded Agencies: Non-Funded Agencies are strongly encouraged to participate and submit Coordinated Entry applications to the lead CE Agency to effectively and efficiently refer all household to

services.

Training: Lead CE representatives from each CoC will meet quarterly with collaborative Applicant to discuss policies and procedures and prioritization process. Agency staff will be trained semiannually at SPOA meetings to ensure that all staff administering assessments have access to materials that clearly describe the methods by which assessments are conducted. A webinar training will be available for program staff that will provide step by step instructions on how to complete assessment tool, what documents must be submitted with tool and walk participants through referral process. A checklist noting the specific documents that must be submitted to verify disability and homeless status is attached to the User Guide. Training will also include a review of the policies and procedures and prioritization process for Coordinated Entry.

Operating procedures of the Albany County Coordinated Entry System

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

The Target Population for Coordinated Entry includes:

- Chronically Homeless
- Homeless
- Veterans
- Domestic Violence
- Substance Abuse
- Mental Illness
- Youth
- Physically Disabled
- Families
- HIV / AIDS
- Unstably housed

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

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

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

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

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

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

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

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

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

- Sleeping in place not meant for human habitation and emergency shelters including seasonal shelters and/or hotel/motels paid for by the county or charitable organizations.
- Domestic Violence
- Youth ages 18-24
- Elderly age 60+
- Pregnant
- Served one day of active duty in Military
- Household has no income or only receives DSS assistance
- Criminal history and/or current probation or parole status
- Residential limitations based on criminal history, domestic violence, or handicap disability
- History of utility shut-off, eviction, and/or CODE enforcement
- Has a disability
- Has two or more disabilities
- Involvement with CPS/APS, Juvenile Justice, Family Court, Foster Care
- Additional Points given to households with extenuating circumstances, based on written narrative submitted by Point of Entry (POE).

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

o The point of entry (POE) agency completes the (CE) intake/assessment with a signed consumer consent/release form. The POE is also responsible for gathering proof of homeless status and

documentation of a HUD-defined disabling condition. Items are scanned/emailed; and, driven by consumer consent, sent to as many CoC-funded agencies as the presenting household may be eligible for, based on disabling conditions. Every CE referral must be sent to the CE Coordinator to ensure that households are added to the CE waitlist.

o All (CE) Point of Entry (POE) locations offer the same assessment approach and referrals using uniform decision making processes. A person presenting at a coordinated entry location is not steered towards any program or provider simply because they presented at that location.

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

Coordinated Entry System Ensures:

• Low Barrier:

The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.

Person-Centered:

 The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.

Emergency services:

 The coordinated entry process does not delay access to emergency services such as shelter through Albany County Department of Social Services (ACDSS).

Inclusive:

o A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence.

Ongoing planning and stakeholder consultation

The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.

• Informing local planning:

o Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.

Safety planning:

This ensures that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). The CoC coordinates with victim/ non-victim providers to ensure DV survivors are provided housing services that uphold safety by prioritizing programs that collaborate to offer victims a wide range of options. Households presenting at non-victim providers are linked with DV services via a phone assessment. Households are given options including VAWA and CoC services to guard personally identifiable information. If a client is eligible and elects DV services the

will end intake, void electronic record and connect victim with DV service provider. If client elects for non DV services, the Client is referred to a nonvictim provider to fulfill CoC CE process. VAWA compliant informed consent is required to provide information to other providers.

Street Outreach:

o Programs that are staffed by outreach workers will address homeless individual and families housing by offering ongoing engagement with those not able or willing to access housing services on their own. Street outreach services will complete coordinated Entry application and provide follow up with the client while the client transitions to being housed. Unsheltered persons will be engaged to provide immediate support, intervention and connections with homeless assistance programs, social services and housing programs including permanent supportive housing and rapid rehousing programs. Street outreach efforts are linked to the coordinated entry process and participate in SPOA meetings. Through the street outreach efforts Albany County Coordinated Entry ensures that people on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entry process.

Using HMIS and other systems for Coordinated Entry process:

 Albany County will use HMIS to collect and manage data associated with assessments and referrals in addition to an excel workbook designed to track activity and produce reports for weekly communication.

Fair and Equal Access:

- The Coordinated Entry system in Albany will ensure fair and equal access so that all people can easily access the Coordinated Entry process and the process for accessing help is well known. Marketing strategies may include participating agencies utilizing their websites to advertise that they are a point of access and a brochure outlining the coordinated entry process as well as where individuals can go to apply for housing assistance through the CoC. This brochure will be available at community organizations such as health centers, churches and libraries.
- The Albany County Coordinated Entry system includes one or more physical point of entry locations that are accessible to persons with disabilities. The Albany Coordinated entry system is also able to serve people with language barriers by accessing a translation service.

Evaluation/Oversight:

Grievance/Appeal process:

- There will be formal grievance and appeals process overseen by the Advisory Committee. Consumer choice is central to coordinated entry and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions. It is Coordinated Entry policy to make every effort to settle difficulties and problems which may occur in the Coordinated Entry process.
- Every client who participates in the Coordinated Entry process is entitled to file a grievance if they have a complaint about the services they receive from any participating Coordinated Entry Agency. We would encourage every client to first attempt to resolve problems directly with the Agency that they are working with in the housing process. If, after addressing concerns with the Agency, the client

is not satisfied with the outcome, then the client should proceed with the grievance procedure.

- Albany County Coordinated Entry Grievance Form will be available at each participating CoC Agency.
- The Advisory Committee will engage in regular evaluations. The committee will recommend changes to the CE process after these evaluations. Changes will be recommended to and approved by the ACCH Board. The Advisory Committee will also be responsible for overseeing the grievance and appeals process within CE.
- Coordinated Entry formal meetings will occur biweekly. This meeting should serve as a space for agency representatives to discuss participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the coordinated entry system.
- Programs will be evaluated on their level of participation in coordinated entry including having coordinated entry staff, participating in the bi-weekly meetings, taking referrals from coordinated entry, and regular updates on vacancies and waiting list. Participation in coordinated entry will be tracked through HMIS for quality, and agencies will be given the opportunity to submit their feedback on the process.

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

Name of Participating Agency: _____ Name of Designated Agency Representative authorized to sign: Title: _____ Signature of Designated Agency Representative: _____ Date: _____

I have received the Policy and Procedures Manual for the Rockland County Coordinated Entry System and I understand that it is my responsibility to read and comply with the policies contained in this

Manual and any revisions made to it.

COORDINATED ENTRY USER GUIDE

A step by step guide to the Coordinated Entry Process in:

Albany County

The Purpose of this document is to explain the role and responsibility of each entity within the Albany Coordinated Entry System and guide service providers through the Coordinated Entry Process from when Client first presents as homeless to being stably housed.

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- 4. Determining Coordinated Entry Eligibility
- 5. Completing a Coordinated Entry Assessment Form
- 6. The Referral Process
- 7. The Waiting List Process
- 8. The Admission Process
- 9. Updating the Coordinated Entry System
- 10. Finalizing the Process

1. Introduction to Coordinated Entry

Coordinated Entry is a process that ensures all people experiencing homelessness have fair and equal access to housing, are quickly identified, assessed for, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present as homeless. Coordinated Entry uses a standardized assessment tool and incorporates a system-wide housing first approach, client choice, and prioritizes housing for those with the most severe service needs.

2. Overview of Coordinated Entry Process

There are three principle parts to the Coordinated Entry System within Albany that work to provide services to persons presenting as homeless. The Coordinated Entry Lead is responsible for overseeing the process from the beginning when the Client presents as homeless at the Point of Entry, to the end goal of being stably housed. The Point of Entry submits applications to Coordinated Entry on behalf of homeless consumers, guides the Client through the application process, and attends local CE meetings for updates on all applications. The Referral agency reviews the application to determine if Client qualifies for their specific program.

3. Coordinated Entry Agency and User Requirements

3a. Role of the Coordinated Entry Lead

The Coordinated Entry Lead will oversee the referral process and track all referrals. The CE Lead is responsible for monitoring and managing the waitlist and making annotations as necessary. The CE Lead will also communicate regularly with Point of Entry and Referring agencies to get updates and referrals. The CE lead monitors activity within the community Vacancy Report to ensure all projects are updating as required; every Monday. The CE Lead will distribute the client tracking list, facilitate CE bi-monthly Single Point of Access (SPOA) meetings, and is the point of contact for CoC CE questions.

3b Role of the Point of Entry (POE)

The Point of Entry (POE) is where the Client first presents as homeless. The Point of Entry is responsible for guiding the Client through the application process, with the goal of connecting the homeless household to stable housing in the community. If a Client presents as eligible for Coordinated Entry projects, the POE staff will complete a Coordinated Entry intake/assessment and assign vulnerability score based on intake outcomes. The POE staff will also collect the supporting documentation required for making a referral into Coordinated Entry. This includes proof of homelessness and documentation of a HUD-defined disabling condition. The POE will scan and email the CE application with necessary documentation on to the Coordinated Entry Lead, as well as to any CoC funded agencies for which the Client appears to be eligible for, based on documented disabling conditions.

3c. Role of the Recipient Agency

The Referral agency is defined as 501C3 nonprofit in receipt of HUD funding through the Albany County Continuum of Care (CoC) to operate and manage housing programs. The Referral Agency may operate

one or more of several varying types of CoC-funded housing, including types such as Permanent Supportive Housing (PSH) or Rapid Re-Housing (RRH). The Referral Agency will receive CE referrals from the Point of Entry (POE) and review them to determine programmatic eligibility for it housing programs. The Referral Agency has a maximum of five business days to review the application, make an eligibility determination, and then inform both the CE Lead and POE of its decision. The Recipient Agency will also review the CE referral to ensure all necessary documentation has been submitted, and if missing documents, the Recipient Agency will alert the POE that they are unable to determine eligibility due to an incomplete referral packet If the POE approves (green-lights) a CE referral, they will inform the POE and CE lead within five business days. The Recipient Agency is required to attend bi-monthly SPOA meetings and to provide programmatic eligibility determinations and prioritization decisions at these meetings

4. Determining CE Eligibility

Client will complete the Coordinated Entry assessment with POE staff. POE staff will utilize the vulnerability scoring on the last page of the assessment to determine which interventions are needed and most appropriate for the household.

5. Completing a CE Assessment Form

The Coordinated Entry assessment form is completed at Point of Entry. Form must be fully completed. Point of Entry ensures the Release of Information is signed by the Client. The Point of Entry places the vulnerability score on the Clients application. The Point of Entry selects appropriate housing options with the Client. All three options are noted on the application (Permanent Supportive housing options must meet Client's level of need). The POE is responsible for collecting additional required documentation, including proof of homelessness and documentation of a disability.

6. The Referral Process

The POE forwards application to the Coordinated Entry Lead and any CoC funded agencies the Client is eligible for, with client permission. The Coordinated Entry Lead ensures that the application and documentation for the most vulnerable Client has been forwarded to the most appropriate Permanent Supportive Housing Options. Most appropriate Permanent Supportive Housing Options review application, collects necessary documentation and determines if Client qualifies for their housing programs. This decision is made and Coordinated Entry Lead is notified within 5 business days. If the Coordinated Entry Lead is not notified within 5 business days, the Coordinated Entry Lead will contact Permanent Supportive Housing agencies.

7. The Wait List Process

The Client will be added to the waitlist by the CE Lead. Clients are coded on the waitlist as Red light (not eligible for program referred to), Yellow light (waiting for documentation to prove eligibility) or Green light (Client's application and documentation have been approved by PSH agency and is eligible for

program). The CE Lead will review waitlist as needed and track movement of Clients through the system. Waiting Lists will be discussed at bi-weekly Coordinated Entry meetings.

8. The Admission Process

Client is prioritized for most appropriate Permanent Supportive housing program. Prioritized Permanent Supportive Housing option interviews Client for vacancy. Permanent Supportive Housing option notifies Coordinated Entry Lead and Point of Entry that Client qualifies for vacancy, if there are no current openings Client will be added to the PSH waitlist. If Client does not qualify for vacancy Permanent Supportive Housing Option must have sufficient documentation supporting rejection of referral. Reason for denial must be noted on approved spreadsheet (waitlist); Client is then contacted by other Permanent Supportive Housing options and prioritized if opening is available. Clients that are on list will be discussed at bi-weekly CE meetings.

9. Updating the Coordinated Entry System

Coordinated Entry Lead updates waitlist to reflect Clients acceptance onto waitlist or vacancy. Coordinated Entry Lead notes reason for denial from any Referral agency.

10. Finalizing the Process

Admitting agency removes Client from waitlist and accepts them into their program.



WORKSHOP WEDNESDAY SERIES

Our Partners in Ending Homelessness: Public Housing Authorities

10th May 2017

9:00	Welcome and Introduction -	Michelle Sandoz-Dennis, CARES, Inc.
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9:05 **Presentation**

Public Housing Authorities: An Introduction- Ryan Spinner, CARES, Inc.

9:15 Panel Presentation

Moderator - Michelle Sandoz-Dennis, CARES, Inc.

Panelists

Paul Feldman - Executive Director, Saratoga Springs Housing Authority

Richard Homenick - Executive Director, Schenectady Municipal Housing Authority

Steve Longo - Executive Director, Glens Falls Housing Authority

Steve Longo - Executive Director, Albany Housing Authority

10:00 Ouestions from Audience

10:30 Closing Remarks - Michelle Sandoz-Dennis, CARES, Inc.

UPCOMING EVENTS

WORKSHOP WEDNESDAY SERIES

Homelessness: An Examination of the Moral Economy21st June 2017

2017 CONTINUUM OF CARE: NEW PROJECT INFORMATIONAL SESSION

PRESENTED BY - CARES, INC.

JULY 28, 2017



DISCUSSION GOAL

- To Provide Information for new CoC Project Applicants
- This webinar will:
 - Review Important NOFA Dates
 - Review Eligible Project Types
 - Discuss 2017 Policy Priorities
 - Detail available technical assistance
- This webinar will NOT:
 - Provide a detailed Continuum of Care Overview
 - Detail e-snaps technical submission directions
 - Provide project specific technical assistance or RFP review



IMPORTANT NOFA DATES

- The NOFA was released July 14th 2017
- The CoC and Project Applications were available in e-snaps on July 19th
- Detailed Instructions for the applications were made available on July 28, 2017
- All CoC Applications must be submitted by September 28th 8:00 pm



2017 POLICY PRIORITIES

- Ending homelessness for all persons
- Creating a systemic response to homelessness
- Strategically allocating and using resources.
- Use a Housing First approach



AVAILABLE FUNDING FOR NEW PROJECT

- HUD is offering a Permanent Housing Bonus
 - 6 percent of the current CoC award
- HUD is allowing new projects to be created through the Permanent Housing Bonus and Reallocation



2017 CONTINUUM FUNDING

NY- 501 - Elmira

ARD = \$1,482,865

Bonus = \$88,972

NY- 503 - Albany

ARD = \$5,006,829

Bonus = \$300,410

NY- 507 - Schenectady

ARD = \$3,862,164

Bonus = \$231,730

NY-512 -Rensselaer

ARD = \$3,198,646

Bonus = \$191,919

NY-606 – Rockland

ARD = \$686,899

Bonus = \$93,161

NY- 519 - Columbia/Greene

ARD = \$437,789

Bonus = \$26,267

NY-520 -Franklin/Essex

ARD = \$78,804

Bonus = \$20,940

NY-522 – Jefferson/Lewis/St. Lawrence

ARD = \$1,260,982

Bonus = \$75,659

ARD = \$1,534,955

North Country

NY- 523 – Saratoga

Bonus = \$92,097



ELIGIBLE PERMANENT HOUSING BONUS PROJECTS

- DedicatedPLUS (FY17 NOFA, page 18) where 100 percent of the beds are dedicated to chronically homeless individuals and families;
- Rapid Rehousing projects that will serve homeless individuals and families, including youth up to age 24, who meet the following criteria:
 - residing in a place not meant for human habitation/residing in an emergency shelter;
 - persons fleeing or attempting to flee domestic violence situations;
 - residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; or
 - residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or
 - receiving services through a VA-funded homeless assistance program and met one of the above criteria (Sections III.A.3.j.(3)(a), (b), (c), or (d) at initial intake to the VA's homeless assistance system
- Joint TH and PH-RRH component projects (FY17 NOFA, page 20)



ELIGIBLE REALLOCATION PROJECTS

- DedicatedPLUS (FY17 NOFA, page 18)
 - Rapid Rehousing projects that will serve homeless individuals and families, including youth up to age 24, who meet the following criteria:
 - residing in a place not meant for human habitation/residing in an emergency shelter;
 - persons fleeing or attempting to flee domestic violence situations;
 - residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition; or
 - residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or
 - receiving services through a VA-funded homeless assistance program and met one of the above criteria (Sections III.A.3.j.(3)(a), (b), (c), or
 (d) at initial intake to the VA's homeless assistance system
- Joint TH and PH-RRH component projects (FY17 NOFA, page 20)
- Dedicated HMIS projects
- SSO projects for Coordinated Entry/Assessment



WHAT IS A DEDICATED PLUS PROJECT?

- A permanent supportive housing project where 100 percent of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at intake are:
 - experiencing chronic homelessness as defined in 24 CFR 578.3;
 - residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project
 - residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions;



WHAT IS JOINT THAND PH-RRH?

- This project type is intended to provide a new way to meet some of the pressing challenges that communities are facing. They provide a safe place for people to stay crisis housing with financial assistance AND wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible.
- This project type will include TH and PH-RRH in a <u>single project</u> to serve individuals and families experiencing homelessness, including victims of DV.
- Joint component projects should be Housing First, have low barriers, connect participants to resources, prioritize those with the highest needs.
- A program participant may choose to receive ONLYTH OR the RRH component, but the recipient must make both available.



AVAILABLE TECHNICAL ASSISTANCE

CARES staff is available to:

- Answer any regulation questions
- Answer any project specific questions include:
 - Subpopulation information
 - Budget Questions
- Provide hands on e-snaps technical assistance



LINK(S) TO IMPORTANT HUD DOCUMENTS

FY17 NOTICE OF FUNDING AVAILABILITY (NOFA):

https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf

JOINT TH AND RRH COMPONENT:

http://bit.ly/2uFdrMx

DEDICATED PLUS PROJECTS

https://www.hudexchange.info/faqs/3249/if-my-project-chooses-to-become-dedicatedplus-what-documentation-will-hud/

