

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: NY-520 - Franklin, Essex Counties CoC

1A-2. Collaborative Applicant Name: CARES of NY, Inc.

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: CARES of NY, Inc.

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	No	No	No
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	Yes	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	Yes	No
13.	Law Enforcement	No	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
15.	LGBT Service Organizations	Yes	Yes	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Nonexistent	No	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
23.	Organizations led by and serving LGBT persons	Yes	Yes	No
24.	Organizations led by and serving people with disabilities	Yes	Yes	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	No	No	No
32.	Youth Service Providers	Nonexistent	No	No
Other:(limit 50 characters)				
33.	Legal Services	Yes	Yes	No
34.	VA	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1) The CoC communicates the invitation process annually to solicit new members to join the CoC by A) sharing the invitation and New Member Application via the CoC’s website, B) asking listserv recipients to forward invitations, C) announcements at full Membership meetings encouraging current members to invite others, & D) phone conversations w/key systems partners focusing on the benefits & responsibilities of CoC membership. The Membership Application is also posted year-round on the CoC’s website & accepted on a rolling basis. 2) The CoC ensures effective communication with individuals with disabilities by sharing invitations/apps in a variety of accessible electronic formats, including the CoC webpage, which is responsive to screen reader software (e.g. accessibility tags to PDF documents) and email listservs. 3) The CoC conducts targeted outreach to ensure persons experiencing homelessness and formerly homeless persons are encouraged to join the CoC & Board. One-on-one outreach is ongoing and conducted by members of the Board, Governance, and the Systems Collaboration Committees. Other targeted outreach focuses on non-traditional systems partners to encourage the participation of individuals with lived experience (e.g., affordable housing

providers, hospitals, managed health care organizations, education and higher education institutions, employment agencies and employers), and is led by the Systems Committee. The CoC is committed to always ensuring that those with lived experience have a voice within decision making and will continue to improve outreach annually. 4) The CoC has invited orgs serving culturally specific communities experiencing homelessness to become members by conducting personal outreach. Current members are asked to describe the mission of the CoC and benefits of Membership to these organizations and encourage CoC participation.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1) The CoC uses specific strategies to solicit and consider opinions from a broad array of organizations and individuals with knowledge of/interest in preventing and ending homelessness. Input is solicited from knowledgeable stakeholders (e.g., those with lived experience, housing providers, physical/mental/behavioral health providers, law enforcement, faith-based organizations, governmental agencies). Strategies to solicit opinions include peer-to-peer community outreach, web-based forums (e.g., interactive webinars, email listservs, email submission form on CA's website) and regular interviews with current program clients. 2) Information is shared, and opinions gathered year-round through direct community interaction (e.g., CoC Membership meetings held four times/year). The Collaborative Applicant (CA) leads a workshop series with expert panelists from the community which is developed to solicit feedback and spark dialogue among a wide range of agencies/persons on topics relevant to the community (e.g., confronting discrimination; youth homelessness; dispelling myths of the COVID-19 vaccine) which reaches interested parties across the community through live web-streaming/archived video. 3) Information gathered in public forums is considered by the CoC to develop new approaches to prevent/end homelessness (e.g., forming the Systems Committee to methodically engage health/criminal justice/foster care partners, a result of opinions expressed during public forums for the CoC's strategic planning; identifying priorities for ESG-CV funds; brainstorming best practices for ensuring client/staff safety given COVID). Minutes taken at every public meeting provide the CoC Board with opinions/topics to consider how further work may be assigned to one of four standing committees. Committees update the Board on findings and suggest next steps; all developments are shared during full Membership meetings.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
--------------	--	--

NOFO Section VII.B.1.a.(4)

Describe in the field below how your CoC notified the public:

1.	that your CoC’s local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1) The CoC notified the public that the local competition was open & would be accepting project applications (including from non-CoC funded organizations) via a listserv email announcement on 8/27/21. New project application training webinars were posted on the CA website on 9/7/21 & remained throughout the application period. On 9/1/21, an invitation via email explicitly targeted non-CoC funded organizations, community stakeholders and the general public to participate in an in-depth discussion (via webinar on 9/9/21) about CoC funding opportunities available this year. 2) The invitation encouraged non-CoC funded agencies to apply by specifically noting ‘a particular focus on organizations not previously receiving CoC-funding’. 3) All communications made clear that proposals must be submitted via email to the CA using the New Project and/or DV Bonus Project Application posted on the CA website. The 9/9/21 workshop/webinar detailed the application process, including eligibility, & ensured all parties understood the method for submitting proposals. Experienced CA staff were also readily available throughout the process to field questions from the public. 4) The CoC determines whether project/s will be submitted to HUD for funding using a CoC- created and approved review and ranking process that includes criteria to score all new projects based on local community need and HUD best practices, as well as agency experience administering projects serving underserved populations; ability of proposed projects to meet stated CoC goals and HUD priorities; program type; & agency fiscal capacity. Additional points are awarded to non CoC funded agencies. Membership reviews all projects included in the Priority Listing & provides final approval for all New Projects. 5) The CA ensured effective communication with individuals with disabilities by posting content and documents on its website that are responsive to screen- reader software (e.g., accessibility tags to PDF documents).

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC’s geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
-----	--	--

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1) The CoC actively consulted in the planning and allocation of ESG/ESG-CV funds with the New York State Office of Temporary & Disability Assistance (OTDA), the only recipient in the Continuum's geographic area. As part of the annual competitive ESG procurement process, the CoC consulted w/OTDA to review/comment on proposals and provided letters of support for those submitted. The CoC also worked closely w/the local Departments of Social Services (DSS) in the multi-county region to develop a plan and allocate ESG-CV funds. Though the CARES Act eliminated local planning/procurement standards/requirements applied to the annual ESG funding process, the DSSs relied on the CoC to a) identify short & long-term needs; and b) help develop a comprehensive plan to ensure continued provision of essential services throughout the pandemic. 2) The CoC played a critical role in evaluating and reporting on ESG/ESG-CV program performance. Specifically, in collaboration w/the Collaborative Applicant (CA), the Operations Committee assisted in developing ESG/ESG-CV performance standards, which were shared with OTDA/DSSs, approved by the Board, and presented to Membership for final approval. The Committee was also responsible for evaluating outcomes of ESG projects and worked in collaboration with the CA and HMIS Lead to ensure positive outcomes. The CoC conducted ESG/ESG-CV funded project monitoring and provided technical assistance to agencies who were identified as needing assistance. 3) The CoC provided Point-in-Time (PIT) count and Housing Inventory Count (HIC), as well as HMIS/DV data to the Consolidated Plan jurisdictions within its geographic area via the CA's website. 4) The CoC provided quarterly HMIS-derived CAPERs and custom reporting, including demographics for gaps analysis, to Consolidated Plan Jurisdictions to address homelessness within its geographic area for use in future Consolidated Plan.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are	No
----	---	----

	not separated.	
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1), 3) & 5) The CoC collaborates with youth education providers, SEA & LEAs, and school districts to identify persons eligible for homeless & educational services by a) participating in collaborative meetings & b) including youth providers in CoC leadership and developing a new Youth Council to engage youth in CoC efforts to end homelessness. Specifically, school liaisons from multiple districts, County Youth Bureaus, and other direct service providers that are members of the CoC (Adirondack Community Action Programs, Inc.) attend LEA meetings. At these meetings, direct service providers hear updated information on education services and build connections with education providers allowing for more efficient referral of youth/families from homeless service providers to education services and vice versa. Similarly, local youth/education providers, including Head Start Administrators, Adirondack Community Action Programs, Inc. is an active member of the CoC Membership, allowing for timely updates on educational opportunities for homeless service providers. 2), 4), 6) The CoC has a formal partnership with Adirondack Community Action Programs, Inc. through their participation on the Membership. Recognizing the value of relationships developed with SEA & LEA staff, the CoC will be working to develop relationships with other school district staff, specifically homeless liaisons and guidance counselors, over the next year by encouraging CoC Membership and youth participation in the Regional Youth Council. In 2022, the CoC will develop additional formal partnerships through the Collaborative Applicant's & CoC's creation of a Regional Youth Council. This Youth Council will virtually bring together youth from across the region to create a community plan to end homelessness within their communities. School leadership will be engaged to identify youth for the council, as well as to participate in ways that build the referral network between homeless service providers and education providers.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The CoC has adopted policies and procedures within its Written Standards to ensure all programs consistently and accurately inform individuals and families experiencing homelessness about available education services and related eligibility. CoC policy requires that providers serving households with children designate a specialized staff person as an educational liaison to inform individuals and families of their eligibility for schooling. The liaison also provides direct support to set up services on families' behalf to ensure there is no disruption in current education services of those entering shelter or transitioning from shelter into permanent housing. Specifically, educational liaisons are responsible for ensuring children continue to be enrolled in school and connected to age-appropriate services in the community (e.g., Project Head Start, Individuals with Disabilities Education Act Part C: Infant & Toddler Program, McKinney Vento Education Services). Educational liaisons are expected to connect and work with homeless individuals, families, schools, and education programs to ensure the most appropriate educational services are made available and that families can overcome any barriers to accessing those educational services. For example, staff are required to coordinate with McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services and ongoing enrollment.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	No
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	No	No
4. Early Head Start	No	Yes
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	No	Yes
7. Healthy Start	No	No
8. Public Pre-K	No	No
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		

10.			
-----	--	--	--

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.		
	NOFO Section VII.B.1.e.		

Describe in the field below how your CoC coordinates to provide training for:

- | | | | |
|----|--|--|--|
| 1. | Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and | | |
| 2. | Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually). | | |

(limit 2,000 characters)

The CoC coordinates with victim service providers (VSP) to offer annual trainings for CoC projects and Coordinated Entry staff to address best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. 1&2) The CA offered a web-based training on safety planning and connecting DV and mainstream housing services for households regardless of where they present for service. The online seminar was recommended for both CoC project staff and required for CE staff with a quiz at the end to reinforce information. The CoC also promoted webinars on safety best practices, regularly sponsored by HUD and other agencies. Webinars are posted on the CoC’s website for public viewing and are publicized at both the CoC and Coordinated Entry meetings. 2) The CoC coordinated with Behavioral Health Services North, the DV Victim Service Provider, that worked with the CE Lead, to create a specific protocol for DV victims within the Coordinated Entry Policies and Procedures Manual; and to create the CoC’s Emergency Transfer Plan. Both policies were created through a trauma-informed, victim-centered lens, and ensure confidentiality and safety while maximizing housing options. CE staff are provided informal training on these documents through reference to such policies with victim service providers during the monthly CE case conferencing meetings to make appropriate placements. For example, in the event a survivor of domestic violence does not elect to be referred to a VSP, the Behavioral Health Center advises the CE committee on how to complete a CE assessment with survivors in a trauma- informed manner that emphasizes safety planning and confidentiality, without retraumatizing the household. The participation of victim service providers within the CE process has proven effective in enabling CE staff to become knowledgeable on best practices and procedures when working with survivors of domestic violence.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.		
	NOFO Section VII.B.1.e.		

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

While no providers within the CoC currently use a comparable database, the CoC uses de-identified aggregate data from secure spreadsheets to assess special needs related to DV, dating violence, sexual assault, & stalking survivors when collecting data for a) HIC & PIT, b) the Rank & Review (R&R) tool, & c) through discussion at Coordinated Entry (CE). a) The CA collects de-identified aggregate data for the annual HIC & PIT. This data provides demographics, disabling conditions, & household size, which informs the CoC on the number of units & types of housing needed to adequately meet the special needs (including safety) of survivors of DV. b) The CA also collects de-identified data from DV providers for the R&R process. With this data, the CoC is able to assess ongoing needs for survivors of DV & performance outcomes of DV providers, resulting in DV projects being ranked/tiered based on need & informing DV Bonus projects. c) Finally, aggregate information from Coordinated Entry (CE) provides information on the number of persons who sought housing and services through the CE list, broken down by household type, identified disability, and subpopulation for persons who are victims of domestic violence and accessed housing and services through CE. DV provider participation in CE case conferencing additionally allows for de-identified, qualitative discussion of specific needs related to victims of domestic violence (i.e. the need for specific mainstream support services, such as mental health/substance abuse support & benefits access). The CoC uses all of this de-identified aggregate info from DV providers to inform Strategic Planning & local needs that are scored as part of the R&R process. Deeper analysis of data from the HIC & PIT, R&R process & CE allow for the CoC to assess & understand the scale & demographics of the population & tailor interventions that meet specific needs.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:	
1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1) The CoC’s CES protocols prioritize safety by a) requiring annual training of CE Point of Entry (POE) staff on trauma-informed, victim-centered intake procedures and safety planning and b) ensuring data confidentiality/security. The CoC hosted a web-based training on trauma-informed intake procedures and safety planning that was required for all CE participating project staff with a quiz at the end. The CoC prioritizes client confidentiality/data security through the implementation of a trauma-informed, victim-centered intake process. During intake clients are provided information on the strict confidentiality policies/data security measures that are implemented and noted within the CE P&P. The CoC has a DV-parallel priority list to ensure no PII is shared beyond the referring VSP. Clients are given the choice to share information with non-Victim Service Providers (VSP) agencies; and if they elect to do so, a warm hand-off is provided to ensure client understanding of data standards for non-VSPs. If clients choose not to share data with non-VSPs, they are still provided

access to all housing resources available through CE. 2) The CoC ensures knowledge and implementation of the CoC’s Emergency Transfer Plan through regular review of the plan at CE meetings. The Plan defines a) eligibility/required documentation b) confidentiality protections and c) the transfer process. The Plan allows a client to be prioritized for a vacancy in another agency’s housing project within the CoC and through partnerships with other CoCs, a transfer may be made outside the CoC. The Plan details guidance on the process to ensure safety/security prior to and during the transfer. 3) To ensure client confidentiality, clients are provided the option to fully participate in the mainstream CE system or provide only deidentifying information. The CoC ensures a secure, comparable database is used, that client confidentiality is fully protected, and that clients are provided access to all available housing resources.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
NYS Homes & Community Renewal	5%	Yes-HCV	Yes
Harrietstown Housing Authority	27%	Yes-Public Housing	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

The CoC has taken the following steps to strengthen existing relationships with the Harrietstown Housing Authority (HHA) and NYS Homes and Community Renewal (HCR) (a Housing Choice Voucher administrator) to ensure adoption of a homeless preference in their admission policies: (1) focus on relationship building to ensure PHA participation and collaboration; and (2) provide advocacy and education on homeless needs through data sharing. The CoC, through one-on-one meetings and email communication, encouraged PHA/HCV staff to participate in the CoC's strategic planning process. Data collected during the strategic planning process and collaboration between the CoC and PHA/HCV staff have allowed them to identify current needs of the homeless population and the need for creating and sustaining a preference. Additionally, the CoC shares Point-in-Time and Homeless Management Information Systems (HMIS) data with the PHAs to 1) review preference criteria to ensure they reflect local community needs; and 2) educate administrators on the need of such policies. The CoC continues to work collaboratively with HHA to promote and support their homeless admission preferences. CoC members (who are also Housing Choice Voucher administrators) were instrumental in this collaboration which resulted in HCR adding a homeless preference to their administrative plan in 2020. The CoCs collaborative relationship with HCR enabled the development and implementation of the Emergency Housing Voucher Program in 2021.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

(1) The CoC includes PHA units in the Coordinated Entry (CE) process with the inclusion of Emergency Housing Voucher referrals. The CoC works with the NYS Homes & Community Renewal (HCR) to refer individuals directly from the Coordinated Entry project to an Emergency Housing Voucher. Priorities were established by the CoC and Housing Authority and include: households moving on from Rapid Rehousing; households fleeing domestic violence, dating violence, sexual assault, stalking & human trafficking; and those literally homeless or at-risk of homelessness. Eligible households, with the support of the of the CoC Lead for EHV, Franklin County Community Housing Council, are supported in filling out an EHV specific CE prioritization tool and the HCR application for an EHV. The CE system generates a unique ranking value and a priority list to determine which applicants are referred to HCR for the available vouchers. Households identifying as survivors of domestic violence are referred to the local DV provider, which has followed a parallel process. The Coordinated Entry lead will continue referring all candidates from the Coordinated Entry list to Emergency Housing Vouchers until all vouchers have been secured. (2) The CoC entered into a Memorandum of Understanding (MOU) with HCR in July of 2021 to ensure that the Emergency Housing Vouchers were available and accessible for homeless households with the CoC helping to reduce and end homelessness.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

(1) Franklin/Essex Housing Coalition (FEHC) partnered with New York State Homes and Community Renewal (NYSHCR) to submit a joint application for

Emergency Housing Voucher (EHV) programs. (2) HUD awarded 1,566 Emergency Housing Choice Vouchers (EHV) to NYSHCR, which has a statewide jurisdiction. NYSHCR receives referrals for their Emergency Housing Voucher programs in Franklin and Essex Counties exclusively from the CoC's Coordinated Entry list. (3) The CoC & families experiencing homelessness have benefited from the coordination between FEHC and NYSHCR in several ways. The coordination between NYSHCR & the CoC has resulted in additional housing vouchers dedicated to persons experiencing homelessness. NYSHCR accept referrals for all of these vouchers through the CoC's Coordinated Entry referral process; specifically, for persons moving on from PSH/RRH. Prioritizing those ready to move on from PSH or RRH for EHV benefits both those households accessing ongoing affordable housing in a more independent setting and opens up CoC-funded units with attached support services for households that are the most vulnerable & currently on the CE waitlist due to attrition from the PSH and RRH programs into the EHV program. Additionally, conducting referrals for EHV through the CE system prevents families experiencing homelessness from having to provide the same paperwork to multiple programs; this reduces bureaucratic burden.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
NOFO Section VII.B.1.g.		

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
Not Scored–For Information Only		

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
NYS Homes and Com...

1C-7e.1. List of PHAs with MOUs

Name of PHA: NYS Homes and Community Renewal

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	4
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	2
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	50%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC regularly evaluates projects to ensure those committed to using a Housing First approach prioritize rapid placement and stabilization in permanent housing and do not require service participation or preconditions of program participants through 1) Coordinated Entry (CE); 2) Project Monitoring; and 3)

Housing First Training and Technical Assistance (TA). First, the CoC’s monthly CE (i.e., case review) meetings set the stage for ongoing and spontaneous peer review of the current priority list, agency vacancies for rapid placement, and overall adherence to Housing First principles. The CE meeting format enables committee members to address in real time (peer-to-peer) if a Housing First-defined project does not seem to adhere to Housing First concepts (e.g., requires income, sobriety, or lack of criminal record). If this is thought to be the case, the CE Lead (in coordination w/the Collaborative Applicant) conducts any necessary follow-up with said agency/project. CE Committee members also review quarterly reports (documenting length of stay in programs) which provide further assurance that stabilization in permanent housing is prioritized system wide. Second, the Collaborative Applicant (CA) conducts annual CoC project monitoring which includes a cursory review of Housing First practices/policies, as well as a more in-depth analysis every three years using HUD’s Housing First Checklist/Assessment Tool. Third, the CE Lead and CA’s CE Unit regularly answer questions from and offer training to agencies on recommended best practice standards of the Housing First Model, as well as individualized TA to ensure both a project- based and system wide Housing First orientation.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

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

1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1) The CoC’s street outreach methods include A) street canvassing/direct one-on-one outreach within local towns/villages, B) taking referrals from community partners throughout the CoC, &C) ensuring outreach presence at locations most visited by the unsheltered throughout the CoC. The CoC connects with the VA Outreach Program and Health Care for Homeless Veterans (HCHV). These outreach teams work to ensure that homeless veterans are identified and connected to VA services. The CoC also maintains a relationship with County Mental Health which administers a Mobile Crisis Team, which provides street outreach to persons experiencing mental health crises. 2) The CoC provides street outreach throughout 100% of its geographic area but focuses services within the more densely populated towns and villages.3) All outreach methods are conducted at least annually through the Point-In-Time Unsheltered Count, but daily for specific populations (e.g., veterans and persons living with mental

illness). 4) The CoC targets its street outreach to persons least likely to request assistance by utilizing client-centered, trauma-informed approaches in engagement, including A) hiring staff with lived experience to conduct outreach; B) determining locations most visited by the unsheltered; C) building trust over time through consistent engagement; and D) providing translation services via bilingual staff (and translation phone line when necessary) to address language barriers.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	5	2

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

	No	No
--	----	----

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

- | | |
|----|--|
| 1. | systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area; |
| 2. | communicating information about available mainstream resources and other assistance and how often your CoC communicates this information; |
| 3. | working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and |
| 4. | providing assistance with the effective use of Medicaid and other benefits. |

(limit 2,000 characters)

1)The CoC systematically keeps program staff up to date on mainstream resources available for program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs) by facilitating quarterly Membership Meetings where agencies provide resource/programmatic updates. 2) Community providers are invited to provide program spotlights, increasing the breadth of knowledge of community resources available to clients among CoC providers. Examples of agencies who provide mainstream benefits and are invited to provide program spotlights include food pantries; DV, youth, and veteran providers; mental health and substance abuse programs; Health Homes/Medicaid Case Management programs; refugee services; and programs addressing sex trafficking. Hosting such speakers at quarterly Membership Meetings enables the CoC to disseminate information about available mainstream resources and other assistance. The CoC also actively promotes the SOAR model and trainings hosted by the regional SOAR TA provider during Membership meetings. 3) The CoC collaborates with healthcare organizations to assist program participants enroll in health insurance by hosting Health Homes/Medicaid Case Management programs at Membership Meetings where they present on eligibility criteria, plan options, preventative practices, and accessing enrollment/plan support. 4) The CoC assists with the effective utilization of Medicaid & other benefits by partnering with Managed Care Organizations (MCO) to directly connect clients to healthcare. Specifically, in partnership with a local MCO, CDPHP, the CoC will be developing an HMIS question that inquires about CDPHP membership. This tool allows case managers at shelter/housing sites to connect member clients to CDPHP care managers who support ongoing physical, mental, & behavioral health management/care.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:

- | | |
|----|--|
| 1. | covers 100 percent of your CoC’s geographic area; |
| 2. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 3. | prioritizes people most in need of assistance; and |

4.	ensures people most in need of assistance receive assistance in a timely manner.
----	--

(limit 2,000 characters)

(1) The CES is a No Wrong Door system reaching homeless households within the entire CoC geographic area of Franklin/Essex Counties. Agencies serving as Points of Entry (POE) for the system include outreach services, emergency shelters, housing providers and local departments of social services. The breadth of the system is captured by the CE waitlist which documents client location at intake. The CE Committee regularly reviews POE data to ensure both counties have accessible CE sites. If a disparity is noted, the Committee engages providers in that community to ensure CE access. 2) The CoC targets outreach to those least likely to seek assistance as outlined in the CE Marketing Plan (Attachment: CE P&P Manual). The Plan outlines best practices that are implemented; specifically street canvassing, developing one-on-one relationships to build/gain trust and peer referrals. 3) The CoC updates the CE tool and process annually to ensure consistency with HUD requirements per 24 CFR & CPD-17-01 and to meet local needs. The assessment process prioritizes people in greatest need of assistance via a vulnerability score, including homeless chronicity, disability, and prior justice system involvement. Participant prioritization is verified by the CE Committee which reviews the list to ensure the most vulnerable are served first. 4) The CoC ensures people most in need receive assistance in a timely manner by ensuring the POE quickly shares intake information with the CE Lead and referral agencies. Once assessed, an individual/family is immediately added to the by-name list and referrals are sent to appropriate housing providers for review. The CoC also regularly assesses the CE system and reviews length of time individuals remain on the CE list awaiting housing referrals; extent of engagement w/individuals while on the list; and length of time between housing referral and placement. Through this system review, the CE Committee addresses existing barriers and works towards improvements.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
--	-----

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No

4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	No
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC & local homeless providers have taken the following steps to improve racial equity in the provision & outcomes of assistance 1) the CoC committed a member to participate in regional racial equity system work & 2) regional committee member presented data focused on racial equity w/in the provision of

assistance to their CoC & noted current barriers to continue analysis. The CoC ensured their representatives actively participated on the CARES of NY: Regional Racial Justice Advisory Committee (RRJAC) from its inception in August 2020. The RRJAC was formed to provide opportunities for CoCs & community members to engage in actionable systems change to address racial disparities. Over the last year, the representative participated in a Race Equity Diversity Inclusion (REDI) training & collaborated w/ their CE lead entity & homeless providers to evaluate disparities w/in the CE system. The REDI training provided the CoC representative w/ the ability to raise awareness & build the foundation for facilitating discussion around racial disparities shown in service provision; establishing this foundation was the first step to addressing racial equity in service provision/outcomes. The representative then provided a presentation to CoC membership to review local racial disparity data, how structural racism impacts the homeless system, define the causal factors of the overrepresentation of BIPOC in the homeless system, & to identify next steps the CoC to address these disparities w/in the CoC homeless response system.

1C-16.	Persons with Lived Experience—Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	0	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	0	0
3.	Participate on CoC committees, subcommittees, or workgroups.	0	0
4.	Included in the decisionmaking processes related to addressing homelessness.	0	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes

4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
	MOUs with Workforce Development Agencies to connect clients to employment and education training.	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

Throughout the COVID-19 pandemic, the CoC implemented numerous safety protocols to address the immediate safety needs of individuals/families experiencing homelessness. (1) To support the safety and continued needs of those experiencing unsheltered homelessness, PPE was distributed, along with information on testing, and later vaccination. Specifically, Tri-Lakes ILC a CoC member provided delivery of PPE. (2) There are no congregate emergency shelters in FEHC (all shelters have individual rooms). However in all of the shelters staff completed COVID health screenings at intake, conducted daily temperature checks for clients and staff, and reduced capacity when necessary by sheltering in hotels/motels. Additional protocols included deep cleaning of the facility and distribution of PPE. The CoC's HMIS provided an optional online COVID tracking tool to be used at intake. This online information allowed for immediate communication between programs on client COVID status to prevent spread. The County Dept. of Social Services ensured anyone symptomatic and/or being tested moved from the shelter to a hotel/motel for sheltering. (3) In transitional housing programs, agencies addressed immediate safety needs by requiring universal and correct use of masks, physical social distancing, handwashing and respiratory etiquette, cleaning and maintaining healthy facilities, and isolation and quarantine. The CoC ensured all homeless service providers were made aware of updated COVID-19 safety guidance from local, state, and federal authorities by regularly updating resources on the Collaborative Applicant's COVID-19 guidance website page. Moreover, the CoC codified in the Written Standards that all providers should follow NYS guidance on safety and health precautions.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC improved readiness for future public health emergencies by 1) building new relationships with the local public health department and local healthcare providers, including Federally Qualified Health Centers (FQHC), & 2) developing & implementing a plan for safe & supported quarantining among persons experiencing homelessness. Specifically, at the onset of the COVID-19 pandemic, the CoC engaged the County Depts. of Public Health to present at CoC meetings on recommended safety & quarantining protocols for shelter & housing providers. The County Depts. of Public Health continued attending CoC meetings throughout the pandemic to provide the most up-to-date information. The CoC also developed relationships with local healthcare providers, including FQHCs. These healthcare providers provided pertinent information to shelter & PH providers about testing, vaccination, and safety protocols. Should another public health emergency arise, the increased understanding of roles/resources between the CoC & the County Depts. of Health & healthcare providers will result in more efficient partnership to disseminate public health info & implement safety mechanisms. Secondly, the CoC in coordination with the County Dept. of Social Services (DSS) developed a quarantine plan for those who were exposed, being tested for, or had contracted COVID-19. This plan included transportation to/from healthcare providers, sheltering in hotels/motels, & provision of food & ongoing case management services, which will also be implemented during any future public health crises. While the CoC is still focusing its efforts to address the needs of persons experiencing homelessness during the current ongoing public health crisis, once the pandemic subsides, the CoC will discuss drafting a public health emergency plan to enhance these newly developed relationships & lessons learned, potentially with the support of local universities &/or HUD TA.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

The CoC worked collaboratively with the County Departments of Social Services to determine the most necessary services & supplies using ESG-CV funds and to provide a detailed plan to the New York State Office of Temporary and Disability Assistance about the implementation of ESG-CV services. The

County DSS prioritized funding based on the most significant needs identified, and proposed an ESG-CV plan to the state. The most significant needs identified included 1) safety measures, 4) healthcare supplies, and 5) sanitary supplies. ESG-CV funds were utilized for hotel/motel stays as quarantine locations and to deconcentrate shelters to allow for proper social distancing. To prevent and limit the spread of COVID-19 at in-person meetings with clients and when conducting outreach to unhoused persons, the CoC also prioritized purchasing of PPE (masks, hand sanitizer, gloves, disinfectant, etc.) and cleaning supplies. 2) ESG-CV funds were also allocated toward RRH to move vulnerable households into permanent housing rapidly to reduce their risk of contracting COVID in shelter or unsheltered settings. 3) Prevention funds have been prioritized by the community to provide case management and legal services to households threatened with eviction or at risk of homelessness, and for relationship-building efforts with landlords to keep households stably housed, reducing inflow to shelters that pose a greater COVID-19 health risk. The CoC continues to host meetings with ESG-CV funded agencies about potential necessary changes in funding distribution, as combatting COVID-19 continues to require different short and long-term strategies. The County Department of Social Services continues to consult with CoC membership about the changing needs of the community as COVID-19 continues to require different short and long-term strategies to combat.

1D-4.	CoC Coordination with Mainstream Health.	
NOFO Section VII.B.1.q.		
Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:		
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

The CoC coordinated with mainstream health during the COVID pandemic to decrease the spread & ensure safety measures were implemented, by ensuring timely info from local & state health authorities were incorporated into daily program procedures. (1) To decrease the spread of COVID, local/state depts of health (DOH) joined conversations with CoC membership from the start of the pandemic. The Depts provided information on best practices for creating safe social distance within programs guidance on screening program participants, quarantine solutions, and hygiene options to reduce the spread of COVID. In addition, the county Dept of Social Services (DSS) partnered with the DOH to create a plan for supported quarantining. The DSS provided emergency shelter for those exposed to or exhibiting symptoms of COVID while the DOH assisted with testing and treatment referrals. Local service providers supported quarantined individuals in motels by delivering food & hygiene items, as well as on-site case management, ensuring ongoing needs were met & quarantine protocols maintained. (2) The CoC ensured recommended safety measures were implemented in both funded & non-funded agencies across the CoC by maintaining updated info on the CoC website & Written Standards & through agency trainings. CA created a CoC website to provide timely and accurate information on best practices for COVID mitigation and dedicated staff time to update daily. To improve vaccination rates among homeless service providers & clients, the CoC hosted live webinars with local, well-renowned medical doctors

on the safety & efficacy of vaccines for homeless provider staff & posted the recording on the CoC's website to share with clients.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

The CoC communicated information to homeless service providers during the COVID-19 pandemic on safety measures, changing local restrictions, and vaccine implementation through a) development and upkeep of a holistic website, b) email notifications, c) dialogue at Board and Membership meetings, and d) hosting a webinar with local, well-renowned doctors. One of the best ways the Collaborative Applicant (CA) could support direct service providers during the COVID-19 pandemic was by processing and filtering all the updated public health/safety guidance/restrictions provided by the CDC, HUD, and state/local health departments through creation of a comprehensive COVID-19 Guidance for Homeless Service Providers website. The website was assessed for updates daily and included guidance and promotional materials on vaccines, safety protocols/restrictions for emergency housing, and telehealth resources. The website was promoted via email & at membership meetings, and links were included in the HMIS intake form for all users. Secondly, for pressing updates (i.e. on testing or vaccine site availability), CoC providers communicated through the CoC Board and Membership listservs. The CoC also utilized videoconferencing technology to safely host more frequent Board and Membership meetings. At these meetings, the County Dept. of Public Health presented on changing public health and safety guidance/restrictions, and shelter and housing providers shared best practices and resources on ensuring safety compliance, reducing vaccine hesitancy, etc. Finally, the CA in collaboration with a local Managed Care Organization hosted a webinar with local, well-renowned medical providers to discuss the safety and efficacy of the available vaccines, after receiving feedback that many shelter and housing provider staff were vaccine-hesitant. Over 160 homeless provider staff attended, and the presentation was recorded and posted on the CA's website so providers could share with clients.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The CoC identified vaccine-eligible individuals and families experiencing

homelessness by a) staying updated with the most current eligibility guidance and b) sharing this information directly with program participants. Client vaccine eligibility was discussed at all CoC membership meetings. The CoC posted the CDC- and HUD-developed flyers on its website and encouraged all agencies to post paper flyers prominently in all client spaces to ensure that vaccine eligibility and vaccine clinic locations/times were clearly noted. Most effective was the direct client reach out. Outreach, emergency shelter, transitional and permanent supportive housing staff conducted direct, one-on-one outreach to all clients, making them aware of eligibility phasing, with special consideration to the elderly and those with underlying medical conditions. Permanent Supportive Housing staff inquired about interest in the vaccine and supported clients in accessing it, including but not limited to scheduling appointments and providing transportation. To support those who identified as vaccine-hesitant and raise awareness of eligibility, the CoC partnered with a local Managed Care Organization (CDPHP) to host a webinar with prominent local medical providers to discuss the safety and efficacy of the available vaccines. Over 160 homeless provider staff attended, and the presentation was recorded and shared with clients.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC addressed increases in domestic violence calls for assistance due to stay at home requirements, increased unemployment, etc. during the COVID-19 pandemic by coordinating 1) with the DV provider Behavioral Health Services North, around changed/enhanced protocols to increase safe access to services, 2) to recommend and receive additional funding through DSS to increase DV specific housing/services, and 3) with non DV providers to identify/provide tailored services to survivors of domestic violence. The DV emergency shelter changed/enhanced protocols to ensure safe access to services through use of PPE, and constant cleaning. To accommodate quarantine needs, Behavioral Health Services North, worked with DSS to shelter survivors of DV at hotels/motels as needed. Victim Services staff conducted intakes virtually and the in-person requirements for signatures and releases of information were waived to expedite safe housing placement. To allow for increased services, Behavioral Health Services North operated a 24/7 DV Hotline and tele-counseling, allowing more clients to be seen quickly and offered emergency housing placement for survivors fleeing DV situations. The website also offered a "safe browser" setting to ensure client safety when accessing services virtually. Since all family members were under stay-at-home orders, this browser automatically refreshed so perpetrators could not search history. Finally, Behavioral Health Services North staff trained CoC housing providers on victim-centered, trauma-informed approaches to identifying and responding to domestic violence; and protocols for safe referral to the DV CE system, if clients choose. Through enhanced safety protocols, increased funding, and continued training, the CoC was able to effectively respond to increased DV

calls.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic in by: a) rapidly updating the CE vulnerability tool, b) updating Written Standards to utilize waivers, and c) adjust CE case conferencing to a virtual platform. The CoC worked quickly to update its vulnerability tool to prioritize clients who were at a greater risk for contracting and experiencing severe health complications from the COVID-19 virus. The tool awards two additional vulnerability points out of a possible 28 points for a client who indicates having a serious underlying medical condition and may be at higher risk for severe illness from COVID-19 due to the following: chronic lung disease, moderate to severe asthma, severe obesity, diabetes, immunocompromised, chronic kidney disease, and/or liver disease. The Written Standards were also adjusted to incorporate HUD waivers that allowed individuals to access housing without homeless and/or disability documentation at time of referral. Delaying required documentation submission for housing placement ensured clients were housed rapidly and experienced swifter exits from shelter and congregate living situations. Coordinated entry assessments were conducted virtually to protect both staff and clients from exposure using phone or web-based processes. Agencies also implemented the process of virtually signing releases, further cutting down the need for person-to-person contact. The CoC adjusted the bi-weekly coordinated entry case review meetings to a virtual format allowing participating providers to safely continue a thorough review of the priority list and engage in thoughtful discussions regarding the most appropriate housing placement.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/27/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	04/21/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
---------------	---	--

NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
--

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1) The CoC considered the following severity of needs and vulnerabilities when reviewing, scoring & selecting projects: Chronically homeless, substance use history, severe mental illness, history of domestic violence, and a history with the criminal justice system. 2) The CoC takes the above noted vulnerabilities into account in three ways when reviewing and ranking projects, including quantitative questions/objective criteria in Part I of the Rank & Review (R&R) Tool, qualitative information in Part II, and additional data via interviews that allow agencies to explain potential lower performance levels due to the additional challenges of serving these populations. Attachment 1E-2 Project Review and Selection Process, provides documentation of these three practices. This year the CoC included questions in Part II of the Tool for DV providers to explain situations considered positive housing outcomes which do not meet HUD’s traditional definitions and for dedicated youth providers to explain the unique struggles youth face to increase income; both allowed for additional points. The CoC ensures projects providing housing and services to the hardest to serve populations (noted above) may receive additional points in Part III of the R&R Tool, with the understanding that such programs may yield lower system performance scores yet are essential to meeting the needs of the CoC’s most vulnerable. Projects can explain unique client needs/vulnerabilities (e.g., criminal history, mental illness) and their impact on project performance during interviews. The CoC considers these factors each year to ensure effective prioritization and allocation of resources for those hardest to serve in the CoC's geographic area.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
-------	--	--

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

1)The CoC is taking steps to obtain input from persons of different races, particularly those over-represented in the local homeless population, when determining rating factors used to review project applications through participation in the Regional Racial Justice Advisory Committee (RRJAC) to identify and implement strategic initiatives that promote racial equity strategies in participating CoCs in NYS. The Committee promotes recruitment and

inclusion of non-traditional agencies in CoC Membership and standing committees diversifying stakeholders that develop the R&R tool. This year, RRJAC recommended Rank and Review apps incorporate questions addressing racial disparities in the system. 2) The CoC prioritized ensuring racial and ethnic diversity within the Rank and Review (R&R) Committee itself due to its responsibility related to the Rank and Review process. The Committee is responsible for reviewing and updating the renewal, new and DV bonus apps (and their scoring) for the NOFO competition. All elements of the review, selection, and ranking process (including Rank and Review Written Process and all tools) are posted to the CARES website and released for public comment, welcoming feedback from the CoC's multifaceted membership. Moving forward, the CoC plans to ask its designated RRJAC members to review all application questions from a Racial, Equity, Diversity & Inclusion (REDI) perspective and provide feedback. The CoC objectively assessed projects by awarding bonus points to those whose clients mirror the CoC homeless population demographics. Specifically, Rank and Review questions a) used data to identify the degree to which program participants mirror the homeless population; and b) how they achieved equitable mirroring, or how they plan to work to improve outreach and assess policies that may contribute to current racial disparity.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

The CoC considers reallocation of lower performing projects an important tool to make strategic improvements to the homeless services system and actively reviews performance of projects to determine whether reallocation will meet/better meet a community need. 1)The Rank and Review Reviewers flag projects that demonstrate a) inadequate financial management b) a history of expending funds on ineligible activities c) a history of returning funds that could have been utilized d) consistent unsatisfactory project performance outcomes & d) consistent low scores on the R&R tool. The final decision to reallocate funding to create a new higher performing project is decided by the Board and shared with Membership. Funding is then opened up to new applicants to apply through the new project R&R process. 2&3) Using this process no projects were identified for reallocation during this year's local competition. However, between 2016-2021, a cumulative total of \$26,777 has been reallocated, equaling 34% of the CoC's 2016 ARD. 4)Through the local competition it was determined not only that all projects are well performing but are also still fulfilling a need within the community. 5)The reallocation process is communicated to

project applicants by, posting of the reallocation process on the website for public comment and transparency. Additionally, the CoC communicates to all applicants the reallocation process via committee updates at Board and membership meetings.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
--	-----

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/15/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/06/2021
---	------------

1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/05/2021
--	------------

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Foothold
--	----------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
--	---------------

2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/12/2021
---	------------

2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1) The CoC and HMIS lead have taken multiple steps to ensure that DV housing and service providers have a comparable database that collects the same DV data elements required in the HUD-published 2020 HMIS data standards. All providers have completed an annual survey, which includes questions regarding the name of their current comparable database and its reporting abilities. CARES of NY, Inc. (the HMIS Lead) is vetting each identified software vendor with the newly issued HMIS comparable database checklist to help ensure compliance. In addition, CARES is receiving technical assistance from HUD on the responsibilities of the HMIS lead with regards to comparable databases. 2) At this time, the CoC's DV Comparable database (Netsmart's Avatar) is unable to submit de-identified aggregated system performance measures data for each project. That being said, de-identified aggregate data is submitted to the CoC for inclusion in the Housing Inventory Chart and Point –In-Time Count data submitted to HUD, and utilization in the Rank and Review tool. Moving forward, the HMIS Lead and the CoC will work with DV providers to identify and implement a comparable database that has the capacity to submit de- identified aggregated systems performance measures, ensuring ongoing HUD reporting compliance.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	14	2	4	33.33%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	10	0	10	100.00%
4. Rapid Re-Housing (RRH) beds	2	0	0	0.00%
5. Permanent Supportive Housing	34	0	34	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1)While, based on the data reported in the HIC, it looks like only 33% of Emergency Shelter (ES) beds are entered into the HMIS, two programs were erroneously noted as not participating in HMIS on the HIC. Essex County Department of Social Services (5 beds) and Soldier On SSVA (2 beds) should have been represented on the 2021 HIC, which would have resulted in an

improved HMIS bed coverage rate of 91%. Over the next 12 months, the Collaborative Applicant and HMIS Lead, in coordination with the CoC Board and Operations Committee, will engage Mohawk Indian Housing's McGee Road Apartments (3 ES beds) to add their Emergency Shelter beds to HMIS. This should not be a hard lift, as the agency already enters their TH beds into HMIS. 2) Specifically, the Collaborative Applicant, Board, and Operations Committee will continue to work with Mohawk Indian housing directly to try and come to a data entry agreement that includes either data integration or direct data entry. The Collaborative Applicant and HMIS Lead will build on success in other communities incorporating tribal organization data into HMIS in order to collaborate with Mohawk Indian Housing.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
---	---------

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
---	-----

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
---	-----

2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
--	-----

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:

1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1) While the number of first time homeless significantly reduced between 2019 & 2020, the CoC continues to develop its process to determine risk factors used to identify persons that may become homeless for the first time. The process includes analyzing HMIS (Stella, SPMs) & CE data, & hosting community discussion to identify risk factors for becoming homeless for the first time. The Operations Committee is responsible for reviewing HMIS data (Stella, SPMs, CE) to identify/consider characteristics of those who are first-time homeless, including demographic information, documented cause of homelessness, and disabling conditions as potential factors. In addition, the CoC is addressing the role that structural racism plays in housing and eviction through its participation in the Regional Racial Justice Advisory Committee. The committee identifies common factors contributing to first-time homelessness through community conversations with prevention providers, emergency shelters, Dept. of Social Services, and faith-based leaders. This qualitative information supplements HMIS data to create a holistic picture of local causes of first-time homelessness.

2) The CoC has developed three strategies to address households at risk of becoming homeless for the first time. One strategy is to educate community providers who serve vulnerable populations (i.e. prev. providers, food pantries, health clinics) about risk factors and newly developed CE prevention referral protocols. A second strategy is to target prevention funding & services earlier within a household’s housing crisis. The third strategy is to increase the amount of prevention funding available in the community (i.e. through ESG-CV), an essential component of increasing the number of households able to remain stably housed. The CoC advocates & applies for prevention funding through state, local & private funding sources on an ongoing basis.

3) The Operations Committee, which reports to the CoC Board, oversees these strategies.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1) The CoC’s strategy to reduce the length of time (LOT) persons remain homeless is three-fold: a) increase the number of appropriate housing options b) ensure CoC and program policies remove barriers to housing and c) rapidly coordinate housing opportunities through the Coordinated Entry (CE) system. To increase the number of appropriate housing options, the CoC advocates for and supports the increase of permanent housing (PH). For example, the CoC supported NYS Empire State Supportive Housing Initiative (ESSHI) applications for PSH projects; is partnering with the State to implement HUD’s Emergency Housing Voucher (EHV) Program; and prioritized ESG-CV funds for RRH. The CoC is implementing its Moving On Strategy, ensuring PSH units are available for the most vulnerable and hardest to serve. To implement policies to remove barriers to housing, the CoC encourages Housing First policies within all programs, prioritizes Housing First projects through the Rank and Review process and provides one-on-one TA with housing providers on implementing Housing First. The CE system works to reduce LOT homeless by including LOT as a prioritizing criterion within the CE’s prioritization process. Together, these strategies result in an increase in immediate housing opportunities for those who are homeless. 2) The CoC identifies, prioritizes, and houses individuals and persons in families with the longest LOT homeless through the CE system. During the monthly CE case conferencing meetings, Outreach, ES, and PH staff discuss barriers to housing those who have remained homeless the longest. The CE Committee develops creative/alternative solutions to finding the most immediate/appropriate housing for these households. 3) The Operations and CE Committees, which report to the CoC Board, oversee these strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The CoC developed strategies to increase the rate at which households in ES, TH and RRH exit to permanent housing destinations. Current strategies include a) connecting unsheltered persons and the most vulnerable in ES to RRH and PSH through an efficient and effective Coordinated Entry (CE)

System; b) expanding housing opportunities through CE by forging partnerships with non-CoC-funded entities (e.g., affordable housing providers); c) connecting households to subsidized housing (e.g., PHA, Housing Choice Vouchers); d) connecting households to community support services and benefits; and e) connecting households to education/employment training opportunities to improve earned income. These combined strategies ensure households are linked to affordable housing options, have the necessary income to access that housing, and have support services within the community to ensure ongoing housing stability. 2) The CoC increases the rate households residing in PH retain housing or exit to PH through several successful strategies, including a) engaging with clients to ensure they are meeting their individualized goals and remain stably housed; b) implementing the CoC Moving On Strategy by providing pre-transition services to ensure a successful transition (e.g., life skills training, employment, community integration supports, strong aftercare supports); and c) partnering with affordable housing providers and cultivating relationships with local landlords to maintain an active list of apartment vacancies. These strategies ensure clients in PSH programs are supported to maintain housing while fostering opportunities for greater independence within the community.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) The CoC identifies individuals and families who return to homelessness by analyzing quantitative data [i.e., HMIS and Coordinated Entry (CE)] and qualitative information (i.e., through CE case conferencing). Specifically, System Performance Measures (SPM) are reviewed with the Operations Committee, in part to identify trends related to returns to homelessness. The Operations Committee utilizes this data to assess potential causes for increases/decreases in returns to homelessness and reports their findings to the Board. The Operations Committee will continue to work with the HMIS Lead to conduct in depth analysis into SPM and CE data, assessing specific traits of those who return to homelessness, including sources of income, disabling conditions, and cause of homelessness. The CoC also identifies persons who return to homelessness through the CE assessment and case conferencing. Specifically, the CE assessment form asks about prior episodes of homelessness. Trends/common factors related to returns to homelessness will be reported in quarterly reports from the CE Lead to the Board and Membership. 2) The CoC’s strategy to reduce the rate of returns to homelessness is to continue fostering strong collaborations with systems partners including eviction prevention providers, education and workforce development agencies, the local Department of Social Services, physical/behavioral healthcare agencies, and DV providers. These collaborations focus on developing linkages and resources to provide necessary supports to households who are identified as at risk of returning to

homelessness. Additionally, During CE case conferencing, case managers discuss common barriers to remaining housed. This conferencing supports subsequent successful placement of households. 3) Overseeing these strategies are the Operations, Systems and Coordinated Entry Committees, which report to the Board.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1) The CoC's strategy to increase employment income is to a) educate providers on NYS regulations related to employments and benefits and b) foster systems-level engagement with employers. Specifically, the CoC educates providers on NYS benefits by fostering regular dialogue between local Departments of Social Service and CoC providers on benefits regulations. This increases provider, and in turn client, understanding of opportunities to maintain necessary benefits (e.g., TANF, SNAP, Medicaid, SSI/SSDI) while increasing employment income. 2) The CoC also increases access to employment by partnering with mainstream employment agencies. The CoC makes direct referrals to the following agencies that provide free employment/education training: Community Connections, Career Visions, ACCES-VR, and One Work Source, all of which are creating pipelines to newly available career pathways due to pandemic-related economic shifts. While the pandemic slowed progress on collaboration, after the pandemic subsides, the CoC and workforce agencies plan to implement a previously drafted collaborative plan (codified in a 2019 MOU), including identifying characteristics/qualifications of clients in CoC programs which seem to indicate the likelihood of their being successful in workforce agency programs; develop a formal, direct referral process; and create a communication mechanism between PSH case managers and workforce agency staff regarding client progress. The CoC and workforce agencies will assess progress on increased income on an annual basis, utilizing this information to make programmatic improvements. 3) The Systems Committee, which reports to the Board, is responsible for overseeing these strategies to increase income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1) Prior to the pandemic, the CoC promoted access to employment opportunities with private employers and private employment orgs by a) holding job fairs; and b) developing programs that create a pipeline from homelessness to employment. The CoC hopes to continue such activities after the public health crisis subsides. Specifically, CoC providers (e.g., Community Connections) annually host job fairs to connect clients with private employers and employment training programs. Moving forward, the CoC will track these job fairs, including which providers and employers participate, to assess how the CoC can further enhance partnerships with employers. 2) CoC agencies also actively work to provide meaningful education/training, internships, and employment opportunities for PH residents by conducting outreach to employers/employment training programs on clients' behalf. These informal referral networks were formalized in 2019 by an MOU with Community Connections and the North Country Workforce Development Board. While progress implementing the MOUs was stalled due to the pandemic, the workforce development agencies have been defining newly opening career paths due to pandemic-related economic shifts. After the pandemic subsides, the CoC looks forward to working with these agencies to support PH clients to gain access to these new career opportunities by identifying qualifications of clients in CoC programs who are likely to be successful in employment training programs; creating a direct referral process between PH clients and workforce agencies; and creating a way for PH and workforce agency staff to communicate on client progress. The CoC and workforce agencies will assess progress of PH clients' completion of employment programs/increase in earned income on an annual basis through analyzing HMIS and qualitative data reported by PSH and workforce agency staff. The CoC and workforce agencies will utilize this information to determine how to enhance training.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	
Describe in the field below:		
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,000 characters)

1) The CoC's strategy to increase non-employment cash income is to foster systems level engagement with benefits agencies and promote stimulus payment information to all shelter and housing providers. Specifically, the CoC developed systems level coordination between the County Departments of Social Services (DSSs) and shelter and housing providers. DSSs connect clients with necessary benefits (e.g., TANF, SNAP). Shelter and housing providers advocate on households' behalf to access all the available non-employment cash income through DSS. At CoC Membership and Board meetings, DSS provides regular updates on any changes to benefits regulations or organizational changes, allowing for shelter and housing providers to efficiently work with clients to increase non-employment cash income. The CoC promoted resources for accessing stimulus benefits on its website and at CoC

Membership meetings, providing shelter and housing providers with necessary updates on qualifications and steps for accessing benefits, which was in turn shared with clients.

2) The CoC's strategy to increase access to non-employment cash sources includes promoting resources on navigating system benefits. Specifically, the CoC distributes materials to instruct providers and clients on how to access benefits at DSS, as well as clients' rights in accessing those benefits. DSS staff participate in CoC Membership, allowing for direct communication about any changes impacting access to DSS services. The CoC encourages agencies during Membership meetings to access trainings hosted by the regional SOAR TA provider. By promoting an increase in case managers attending SOAR trainings, the CoC encourages SOAR trained case managers who can increase access to SSI/SSDI.3) The Systems Committee, which reports to the Board, oversees these strategies.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
---	-----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
FCCHC- Homeless P...	PSH	3	Healthcare
HAPEC Outreach Pr...	PSH	4	Housing

3A-3. List of Projects.

1. What is the name of the new project? FCCHC- Homeless Program Expansion

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 3

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? HAPEC Outreach Program

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 4

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	16
2.	Enter the number of survivors your CoC is currently serving:	1
3.	Unmet Need:	15

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1-2. The CoC calculated the number of survivors needing housing and/or services in the questions above by aggregating data from multiple programs captured in an HMIS comparable database. STOP Domestic Violence/Behavioral Health Services North, Inc. is the primary Domestic Violence (DV) and Victim Service Provider, covering the CoC's entire geographic area and is the administrator of the CoC HMIS comparable database. STOP DV utilizes the Netsmart's Avatar database which ensures de-duplication of data. Programs included in these calculations include a) Support Services (individual DV counseling, case management, support groups); b) Addiction and Recovery Services; c) Court Advocacy; d) Emergency Shelter; and e) CoC and non-CoC permanent housing. 3. The CoC is unable to meet the needs of all survivors due to a need for additional rental assistance, which this project would address. Moreover, a major barrier to meeting the needs of all survivors in this area is the lack of affordable housing, which has only been exacerbated by the pandemic and eviction moratorium. There are few apartments available in the community at Fair Market Rent (FMR).

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Behavioral Health...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Behavioral Health Services North-STOP DV
2.	Rate of Housing Placement of DV Survivors–Percentage	62.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	90.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

The project applicant calculated the rate of housing placement and housing retention by collecting data from clients who entered the DV shelter then who exited the shelter to positive housing placements in the community. For clients engaged in other services such as counseling, advocacy programs or parenting programs, the applicant is able to track retention through client interviews. The data source used is Netsmart’s Avatar Database.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1) STOP DV ensures survivors experiencing homelessness are quickly placed in safe affordable housing by conducting the DV CE Assessment which evaluates vulnerability, and screens for support and rapid re-housing needs. STOP DV, the DV CE Lead, oversees the DV CE process to ensure rapid and appropriate placement for survivors.

2) STOP DV established the DV CE tool that prioritizes assistance (RRH/CoC funded housing) to ensure survivors with the most severe needs are housed first. STOP DV implements the CoC's approved Emergency Transfer Plan. The Plan a) defines household eligibility; b) describes confidentiality protections; and c) details how a transfer occurs. The Plan allows clients to be prioritized for a vacancy in other agency housing within the CoC, and through partnerships with other CoCs, transfers can also be made outside the CoC if in the best interest of the client. 3) STOP DV connects survivors to supportive services through a) the DV Hotline; b) Non-residential DV Services; c) Court Advocacy; and d) DV Shelter; . The hotline connects clients to services and provides referrals. STOP DV provides counseling, CE assessments, and support groups. STOP DV will also support survivors during court proceedings to seek orders of protection, temporary custody, and arrange supervised visitation. They operate the DV Shelter and focus services on safety planning, behavioral health, and housing search and placement. STOP DV helps DV survivors develop safety/service plans and connect to appropriate supportive services. 4) STOP DV moves clients from assisted housing to permanent housing they can maintain by ensuring wraparound services are secured and employment/non-employment income obtained. Beginning at intake, staff work with survivors to develop an individualized plan to meet their needs (including behavioral health) and connect them to employment/non-employment income sources to ensure stability after discharge from the program.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1) STOP DV ensures the safety of survivors by requiring training for staff on safety planning. Staff receive quarterly training (offered by STOP DV and other community agencies) on best practices. 2) STOP DV set up office space to ensure maximum privacy. All intakes are conducted by phone or in person in private spaces using white noise machines and/or physical barriers between interview areas. 3) STOP DV staff conduct separate intake/interviews with each member of a couple. Specifically, if a couple is referred for services, STOP DV staff a) conduct individual intakes/interviews, noting survivors sometimes

present for services with their abusive partners; b) create conditions allowing for safe disclosure of domestic/sexual violence; and c) develop safety plans to include specific interventions based on individual circumstances. 4) Staff work with survivors to identify potential safety concerns in scattered sites by identifying locations a) not known by abuser; and b) where survivors have a nearby social support network. Additionally, staff ensure safety plans are modified for new situations (e.g., new job, abuser released from custody). 5) Staff work with survivors to identify barriers to feeling safe in scattered site housing by discussing how to quickly reach emergency exits, use of appropriate lighting, and utilization of locked doors and windows. If any barriers are identified, STOP DV staff work with the survivor and landlord to ensure all physical safety issues are addressed. In addition, staff work with survivors to identify various forms of communication in the event of safety emergencies. 6) STOP DV uses nondisclosure agreements with landlords and other providers to keep the home (or shelter) address off all documents. STOP DV utilizes the NYS Address Confidentiality Program which ensures survivors' physical addresses are not revealed and provides an anonymous address for survivors to use for all mail which increases their safety.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

STOP DV evaluated its ability to ensure the safety of DV survivors by operating a system that assures quality control and regulatory compliance. The agency has extensive experience in providing DV-dedicated housing and services. STOP DV maintains policies and procedures that set clear guidelines for client confidentiality and site safety. Using the documented guidelines, STOP DV's Non-Residential Team Leader ensures regulatory compliance with VAWA, VOCA, FFVPSA and HUD statutes. The Team Leader is also responsible for staff training on safety planning and providing oversight of staff to ensure regulatory compliance to safely provide services to survivors. STOP DV ensures physical safety measures by complying with state and federal regulations for site-based programs. The New York State Office of Family and Children Services conducts annual inspections of STOP DV shelter to ensure the site meets all safety and security measures. For scattered site programs, STOP DV maintains victim safety by keeping locations confidential and utilizing the CoC Emergency Transfer Plan if a survivor's safety is threatened. If in the best interest of the client (and through collaboration with partner CoC agencies), survivors can also be placed in other counties. Safety planning is another tool critical to protecting survivors, and staff help develop and regularly reassess the safety plan with each participant.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1) STOP DV has extensive experience using trauma-informed, victim-centered approaches to meet the needs of survivors, and prioritizes participant choice/preferences in rapid placement in permanent housing through the DV CE process. For example, STOP DV uses the DV CE tool which prioritizes DV survivor’s vulnerability criteria. Through the CE process, clients are given the choice to share information with non-VSP organizations, and if they elect to do so, STOP DV staff provide a warm hand-off. Regardless of their choice, all clients are provided access to all housing resources available. 2) STOP DV utilizes the Housing First model which builds trust and establishes an environment of mutual respect between participants and agency staff. Housing First meets clients where they are without punitive measures. Tenant-staff interactions are based on equality and minimize power differentials by focusing on identifying and developing participant strengths without support service or treatment requirements. For example, STOP DV staff inform survivors at intake that they will be offered housing without preconditions or barriers to entry (e.g., sobriety, treatment, service participation). 3) STOP DV staff ensure survivors are immediately provided access to information on trauma at time of intake and as part of ongoing case management. STOP DV provides survivors with information on support group options related to trauma and encourages attendance. For example, STOP DV staff provide transportation to support group meetings. 4) STOP DV uses strength-based coaching and assessments focusing on survivors’ strengths and aspirations. For example, STOP DV staff work with survivors to develop individualized living plans that highlight survivors’ goals and aspirations. These service plans are reviewed regularly and updated to show progress and encourage pursuit and attainment of participant-driven goals. 5) STOP DV requires cultural competency training for staff and emphasizes cultural inclusivity across all programs. For example, STOP DV adjusted its intake and assessment tool to include choices for gender identity, choice of pronouns, as well as options for clients to not answer. 6) STOP DV staff offer ongoing opportunities for program participants to connect with local nonprofit agencies that provide mentorship and peer-to-peer opportunities. Participants are provided information in multiple forms (e.g., verbal, written/pamphlets, email) to encourage community connections when they feel ready. A specific example of this is STOP DV’s direct referral to mentorship and employment training programs. 7) Like peer-to-peer opportunities, STOP DV staff, specifically the dedicated educational liaison, provide information in

multiple forms offering parenting support (e.g., parenting classes and childcare). For example, staff provide warm hand-offs to ensure connections with STOP DV programs for children and/or referrals to additional community resources supporting family stabilization.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
NOFO Section II.B.11.		
Describe in the field below:		
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

Currently, STOP DV Project staff provide the following supportive services to DV survivors:

Case Management – Case management includes initial intake and assessment, safety planning, completing the CE vulnerability assessment (if appropriate) creating an individualized service plan with client focused goals, ongoing support and referrals to treatment and other community services. Case managers also assist survivors with basic life skills development, including personal hygiene, nutrition, and housekeeping.

Court Advocacy – STOP DV staff provide court advocacy services to ensure survivors’ safety needs are addressed (e.g., maintaining confidentiality, using harm reduction).

Financial Literacy – STOP DV case managers assist DV survivors with monthly budgeting, bill paying, and reviewing credit reports. Credit can be a barrier to obtaining employment and/or housing.

Housing Search and Counseling – STOP DV Housing Navigators assist in housing search and placement. Navigators help identify local landlords and apartments, assist in renting up units, and advocating on behalf of clients. Because Housing Navigators understand the local rental market, they can place survivors in safe affordable housing.

Education Services – STOP DV staff assist in increasing access to training and education through local community colleges, where survivors can access support while they start or resume their education. STOP DV staff also offer GED classes at a local community center.

Mentoring Programs – STOP DV staff provide ongoing opportunities for program participants to connect with local nonprofit agencies offering mentorship and peer-to-peer opportunities. Participants are provided information in multiple forms (e.g., verbal, written/pamphlets, email) to encourage community connections when they feel ready.

Parenting Skill Development – STOP DV staff provide parents and children support with school enrollment, tutoring, role modeling, healthy communication, and case management.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
NOFO Section II.B.11.		
Provide examples in the field below of how the new project will:		

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1) STOP DV will meet the needs of survivors for this newly proposed project by prioritizing participant choice/preferences in rapid placement and permanent housing through CE. To ensure this, STOP DV staff will attend monthly case conferences and receive ongoing referrals from the CE Lead. If a client chooses to share information with non-VSP organizations, STOP DV staff will ensure a warm hand-off. 2) STOP DV will utilize the Housing First model to rapidly house survivors. Housing First builds trust and establishes an environment of mutual respect between participants and agency staff. STOP DV will meet clients where they are which will lead to stable housing. Tenant- staff interactions will focus on equality and will minimize power differentials by focusing on identifying individual strengths without requiring support service or adherence to treatment. STOP DV staff will inform survivors at intake that they will be offered housing without preconditions or barriers to entry (e.g., sobriety, treatment, service participation). 3) STOP DV staff will ensure survivors are provided access to information on trauma immediately at intake and as part of ongoing case management. STOP DV will provide survivors with information on support group options related to trauma and encourage attendance. STOP DV staff will offer transportation options to support client attendance of those support groups. 4) STOP DV will use strength-based coaching and assessments to identify and focus on survivors' strengths and aspirations. STOP DV staff will work with survivors to develop individualized service plans incorporating survivors' goals and aspirations. These service plans will be reviewed and updated every six months to track progress and encourage continued pursuit and attainment of participant-driven goals. 5. STOP DV will continue requiring cultural competency training for staff and will emphasize cultural inclusivity across all programs. STOP DV will continually evaluate its intake and assessment tools to ensure inclusivity. 6) STOP DV staff will connect participants with local nonprofit agencies for mentorship and peer-to-peer opportunities. Participants will continually be provided information in multiple forms (e.g., verbal, written/pamphlets, email) to encourage community connections when they feel ready. 7) STOP DV staff will provide information in multiple forms offering support for parenting (e.g., parenting classes and childcare). Staff will provide warm hand-offs to ensure connections with programs for children and/or referrals to additional community resources that support family stabilization.

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/22/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/10/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/10/2021
2B. Point-in-Time (PIT) Count	09/24/2021
2C. System Performance	11/10/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	10/15/2021

3C. Serving Homeless Under Other Federal Statutes	10/22/2021
4A. DV Bonus Application	11/10/2021
Submission Summary	No Input Required