

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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: NY-501 - Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Catholic Charities of Chemung and Schuyler

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	No
6.	EMS/Crisis Response Team(s)	Yes	No	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	No	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
10.	Law Enforcement	Yes	No	No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	No	No	No
12.	LGBTQ+ Service Organizations	No	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
18.	Organizations led by and serving LGBTQ+ persons	No	No	No
19.	Organizations led by and serving people with disabilities	No	No	No
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	No	No	No
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	No
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Legal Services	Yes	Yes	No
35.	Faith Based Organizations	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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) The CoC communicates the invitation process annually to solicit new members to join the CoC by posting the invite and New Member Application on the CoC’s website; asking listserv recipients to forward invitations; announcing at full Membership meetings and encouraging current members to invite others; and conversations w/key systems partners focusing on the benefits and responsibilities of CoC membership. The Membership App is posted year-round on the CoC’s website and accepted on a rolling basis. 2) The CoC ensures effective communication w/individuals with disabilities by sharing invites/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 docs) and email listservs. 3) The CoC has invited organizations serving culturally specific communities experiencing homelessness to become members through personal outreach. Those conducting outreach are asked to describe the mission of the CoC and benefits of Membership and encourage CoC participation. Specifically, the Regional Racial Justice Advisory Committee’s Outreach Workgroup (on which the CoC participates) has spent the last year finetuning a CoC 101 presentation series to attract new members to, in part diversify Coc membership, committees, and leadership. The RRJAC Outreach Workgroup is focusing the next six months on identifying additional orgs to become CoC members and share this presentation series to ensure equitable representation. Special outreach is ongoing and conducted by members of the Board, Governance and each of the five county-wide Homeless and Housing Task Forces (HHTF). HHTFs also focus on non-traditional systems partners (e.g., affordable housing providers, hospitals, managed healthcare orgs, education/higher ed institutions, employment agencies/employers) to encourage the participation of a diverse group of stakeholders that employ and/or serve those with lived experience. The CoC is committed to continually ensuring those w/lived experience have a voice in decision making and to improve outreach efforts.

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 2,500 characters)

1) The CoC uses specific strategies to solicit & consider opinions from a broad array of organizations & individuals with knowledge of/interest in preventing & ending homelessness. Input is solicited from knowledgeable stakeholders (e.g., persons with lived experience, housing providers, physical/mental/behavioral health providers, law enforcement/parole, faith-based organizations, governmental agencies, employment agencies). Strategies to solicit opinions include peer-to-peer community outreach, web-based forums (e.g., webinars, listservs, submission form on CA's website), regular interviews with current program clients, & recruiting agencies to join the CoC. Through participation in the Regional Racial Justice Advisory Committee, the CoC has developed a CoC 101 presentation series to communicate information about the CoC to potential new members. Several parts of the series have been presented to CoC Membership as well as recorded & stored on the CoC's website for public viewing. 2) Information is shared, & opinions gathered year-round through direct community interaction (e.g., CoC Membership meetings held two times/year). Additionally, the (CA) leads a workshop series with expert panelists from the community which is developed to solicit feedback & spark dialogue among a wide range of agencies/persons on topics relevant to the community (e.g., confronting discrimination; landlord engagement; engaging persons with lived experience & expertise; youth homelessness) which reaches interested parties across the community through live webstreaming/archived video. 3) Information gathered in public forums is considered by the CoC to develop new approaches to prevent/end homelessness (e.g., the Board & Planning Committee focusing on updating the CoC's Strategic Plan with the feedback of Homeless and Housing Task Forces & community members; identifying priorities for ESG-CV funds; brainstorming best practices for ensuring client/staff safety during the pandemic). Minutes taken at every public meeting provide the CoC Board with opinions/topics to consider how further work may be assigned to one of seven standing committees. Committees update the Board on findings & suggest next steps, & all developments are shared during full Membership meetings.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
2.	about how project applicants must submit their project applications—the process;
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1) The CoC notified the public that the local competition was open and would be accepting project applications (including from non-CoC funded organizations) via a listserv email announcement on 8/15/22. On 8/10/22, 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 8/16/22) about CoC funding opportunities available this year. The discussion and question & answer were recorded and posted on the CA website on 8/17/22 for agencies to reference throughout the application process. The invitation also provided clarification on the application process for those who are unfamiliar, namely. 2) All communications made clear that proposals must be submitted via email to the CA using the New Project, DV Bonus Project, or HMIS/CE Bonus Project applications posted on the CA website. The 8/16/22 workshop/webinar detailed the application process, including eligibility, and 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. 3) The CoC notified the public about how the CoC would determine which project apps it would submit to HUD through public posting of the Rank & Review Written Process on the CoC website; announcement via the membership listserv; & by communicating the local competition priorities and the Rank & Review process during the new project webinar. Through these notification processes, the CoC communicated to the public that it determines whether a project will be submitted to HUD for funding using a CoC-created and approved review and ranking scale to score all new projects based on local community need and HUD best practices; agency experience, etc. The tool makes clear additional points are awarded to non CoC funded agencies. The Rank & Review Process clarifies that all New Project applications are reviewed by the Rank and Review Committee (Review Team). Membership reviews all projects included in the Priority Listing and provides final approval for all new projects. 4) The CA ensured effective communication with individuals with disabilities by posting content and documents on its website that is responsive to screen-reader software (e.g., accessibility tags to PDF documents).

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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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 the 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)	No
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBTQ+ persons	No
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.		No
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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 2,500 characters)

1) The CoC actively consults in the planning and allocation of ESG/ESG-CV funds with the New York State Office of Temporary and Disability Assistance (OTDA), the only recipient in the Continuum's geographic area. The CoC reviewed and commented on proposed projects and provided letters of support for those submitted. To determine allocation of ESG-CV funds, the CoC worked closely with the county departments of social services (DSS) in the multi-county region. DSS staff utilizes information from the CoC (through their participation in CoC Membership/Board) and consults directly with agencies to a) identify short & long-term needs; and b) help develop a comprehensive plan to ensure continued provision of essential services throughout the pandemic and beyond utilizing ESG/ESG-CV funds. 2) The CoC participated in evaluating and reporting performance of ESG/ESG-CV funds by developing performance standards and conducting project monitoring to ensure positive outcomes. Specifically, county level Homelessness & Housing Task Forces (HHTF), in consultation with the Collaborative Applicant (CA), drafted ESG/ESG-CV specific performance and evaluation standards which were shared with OTDA and the DSSs; approved by the Board; and presented to Membership for final approval. 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 also provided HMIS-derived CAPERs and other relevant info to Consolidated Plan Jurisdictions to address homelessness within its geographic area for use in future Consolidated Plan updates.

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 sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
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, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC has formal partnerships with youth education providers, school districts and LEA's through: 1) Engaging youth education providers, school district staff (i.e. McKinney Vento Liaisons), and LEA's to fill out CoC Membership and Board applications; and 2) formally requiring per CoC Written Standards that providers have an educational liaison; and 3) partnering with school districts/LEA's to conduct the annual Youth Point-In-Time (PIT) Count. 1) The CoC actively engages youth education providers and school districts/LEA's to join the CoC and fill out formal CoC Membership and Board applications through annual one-on-one outreach by the Collaborative Applicant and CoC Board members. As a result, for example, the CoC recruited an ACCORD (the local Head Start provider) staff member and local early education provider Economic Opportunity Program staff member to join the CoC Board. 2) While not a formal commitment, the CoC Written Standards state all programs that serve households with children must designate a staff person as the educational liaison to ensure children are enrolled in school, connected to appropriate services in the community, including early childhood projects such as Head Start. 3) Finally, the CoC annually formally partners with youth education providers and school districts by asking such agencies to commit in writing to conducting the youth PIT count. Specifically, the CoC collects data from participating youth education providers and school districts (i.e. McKinney-Vento School Liaisons) that provide information on youth homelessness /at-risk of homelessness demographics. The data that has been collected over the last several years is being analyzed by the Regional Advisory Board on Youth Homelessness to inform community needs in addressing youth homelessness moving forward.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
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 2,500 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 to serve as the educational liaison to both inform individuals and families of their eligibility for schooling and to provide direct support in setting up services on their behalf to ensure no disruption in current education services for students entering shelter or transitioning from shelter into permanent housing. Written Standards state specifically, educational liaisons are responsible for ensuring children continue in school enrollment and are 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 barriers are removed. For example, CoC staff are required to coordinate on behalf of homeless individuals and families with the McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services and ongoing enrollment. This year, the Regional Advisory Board on Youth Homelessness conducted a survey of all CoC funded agencies to collect contact information on the agency appointed staff serving as the educational liaison. Moving forward, the CoC program monitoring process will incorporate a review of agency connection with the local schools and corresponding McKinney-Vento representative and following protocols to ensure all children are being appropriately served by their school. At the CoC system level, the CoC fosters strong partnership with education via the McKinney-Vento homeless liaisons by encouraging participation on the CoC Board and relevant committee work. The CoC meets at least annually with McKinney Vento liaisons to specifically review the CoC policies and procedures to ensure full compliance and best practice with regulations.

1C-4c.	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	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
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.		No	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

The CoC regularly collaborates with organizations who provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking. These collaborations and partnerships include 1) ensuring that Victim Service Providers (VSPs) are involved in the process of developing and updating CoC-wide policies and 2) ensuring that all housing and services provided in the CoC are trauma-informed and meet the needs of survivors who may present at CoC mainstream programs. 1) Chances and Changes (C&C) is a Victim Service Provider in the CoC and an active and long-time CoC Board Member. As a result of this participation, C&C has been involved in the process of updating the CoC governance charter, Written Standards, CE protocols, and recruiting Board members. In addition, the CoC coordinated with C&C to create a specific protocol for victims of domestic violence within the CE Policies and Procedures Manual; and to create the CoC’s Emergency Transfer Plan. 2) The CoC ensures all housing and services provided in the CoC are trauma-informed and meet the needs of survivors by offering annual training and as-needed trainings to mainstream and DV program staff. The CE Policies and Procedures Manual and Safety Plan referred to above were created through a trauma informed, victim-centered lens, and ensure confidentiality and safety while maximizing housing option for survivors. Past CoC sponsored webinars included training on how to provide support to clients in need of victim services through trauma-informed screening and care. The Collaborative Applicant for this CoC hosted a training webinar 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 CoC project staff and required for CE staff with a quiz at the end to reinforce information. The CoC’s adoption of a Housing First approach by all CoC-funded housing and services providers ensures that survivors presenting at any location will be served quickly and appropriately. Resources & training opportunities are shared at CoC membership & board meetings. Finally, the CoC provides additional points in its NOFO Rank & Review process to renewal project applicants who provide proof of trauma-informed care & provision of equitable services for staff.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses 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 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 2,500 characters)

The CoC coordinates with victim services providers to offer trainings for CoC project and Coordinated Entry staff to inform on best practices serving survivors of domestic violence, dating violence, sexual assault, and stalking. 1&2) The CA hosted a web-based training on the topic of safety planning, specifically on how DV and mainstream housing services should coordinate serving survivors in a safe manner regardless of where they present for service. This online training was marketed to both CoC project and CE staff and included a quiz at the conclusion to reinforce information and allow staff to self-assess their learning. The CA promoted HUD and other expert agency sponsored webinars regularly by posting information on the CoC’s dedicated website for public viewing, announcing topics and dates at monthly CoC meetings and during Coordinated Entry meetings ensuring full community coverage. 1.) The CoC coordinated with Chances and Changes, Arbor Housing & development, DV and Victim Service Providers 2.) 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 regularly review and refer to such policies with victim services providers during the monthly CE case conferencing meetings in order to make appropriate placements. For example, Chances and Changes, Arbor Housing & development 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 services providers within the CE process has proven effective in enabling CE staff to become knowledgeable on best practices and procedures when working with victims of domestic violence.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below:		
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) The CoC uses de-identified aggregate data from multiple sources including: comparable databases, such as Empower, HMIS for those that are not fleeing and choose to use the coordinated entry system, and DV and Victim Service providers who collect de-identified data outside of HMIS (such as hotline inquiries) to assess special needs related to DV, dating violence, sexual assault, & stalking survivors. Additionally, CARES of NY organized and facilitates a Regional Domestic Violence Work Group with the purpose of analyzing DV data to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking and to use the analyses to inform community planning for these populations. For example, this work group is currently reviewing APR's and CAPER's to identify common characteristics regarding the needs of DV survivors to better inform their respective CoCs on gaps in services. 2) The CA also collects de-identified aggregate data from DV providers when collecting data for a) HIC & PIT that provides info 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 victims of DV. b) The CA also collects de-identified data from CoC-funded DV providers for the CoC R&R. This data assists the CoC in ensuring program performance outcomes of DV providers, helping to inform priorities for 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). Deeper analysis of these data sources allows the CoC to assess & understand the scale & demographics of the population & tailor interventions that meet specific needs.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:		
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1)The CoC communication strategy to inform all individuals and families seeking or receiving CoC Program assistance regardless of known survivor status on the Emergency Transfer Plan (Plan) policies and procedures is as follows and is communicated by agencies to those seeking assistance. The Emergency Transfer Plan is reviewed by both the CoC Board and membership annually. During this review, members review and discuss the key elements of the Plan including eligibility, documentation required for transfer, confidentiality and safety precautions and the process on how the transfer occurs. CoC members are comprised of stakeholders that include private sector, healthcare, housing, faith based and advocacy groups that forward information to all those seeking or receiving CoC program funding assistance. DV providers share, update, and educate the board and membership on the emergency transfer plan policy and procedures. Finally, the Plan is posted publicly on the CoC’s website and updated as necessary. 2) The CoC programs communicate to all individuals and families seeking or receiving CoC program assistance, regardless of known DV status, on the process to request an emergency transfer. The DV provider helps inform case managers participating in CE on the process to request an emergency transfer and takes the lead to assist clients requesting emergency transfers. Case managers directly inform those seeking or receiving CoC Program assistance on the emergency transfer process and work directly with case management staff from the agency receiving the transfer to ensure safety and confidentiality of the DV Victim. If an emergency transfer is needed, limited de-identifiable information is provided to the referring agency. Information includes unit configuration, preference of county placement, special needs or disabling conditions to ensure eligibility. The case manager working with those requesting an emergency transfer communicate with the case manager of the agency where the transfer will take place and assist with a warm hand off.

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1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

(limit 2,500 characters)

The CoC ensures that survivors of domestic violence, dating violence, sexual assault or stalking have access to all the housing and services available within the CoC’s geographic area in three ways. 1) The Coordinated Entry System (CE) provides access to all housing services including prevention, emergency services, access to behavioral and physical health, treatment for Substance Abuse Disorder, community and peer support groups and housing options. DV Service Provider, Chances and Changes participate in case conferences to review clients that have been assessed and placed on the wait list. The assessment identifies those fleeing or those with histories of Domestic Violence. The vulnerability assessment scores DV clients higher, so they are prioritized for all housing and services available in the community. The assessment evaluates vulnerability and screens for support and rapid re-housing. Chances and Changes and the CE lead reassesses the CE process to ensure rapid and appropriate placement for survivors. 2)DV specific housing programs such as dedicated RRH and PSH programs provide access to all housing and supports through service plans that connect DV survivors to appropriate supportive services. Staff from DV programs know how to navigate community resources and services, respecting client safety and confidentiality. To ensure that all housing and services are available to DV victims and survivors the agency connects survivors through its a) 24/7 hotline; b) non-residential DV services; DV shelters; and c) Dedicated RRH for DV victims and their families. The hotline connects clients to services and provides referrals. 3) Agencies that provide housing and services within the community meet to inform case, management staff on other community resources available through providers that do not participate directly with coordinated entry or have DV specific programming.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

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

1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

The CoC’s Coordinated Entry (CE) process includes policies & procedures in place related to 1) safety protocols, 2) planning protocols, & 3) confidentiality protocols for survivors of domestic violence, dating violence, sexual assault & stalking to safely access needed services, as outlined in the CE Policies & Procedures Manual & the Written Standards (addendum: Emergency Transfer Plan). 1) The CoC’s CE safety protocols include adopting a “No Wrong Door” approach; implementing safety planning; & offering referrals to DV providers. The CoC has adopted a “No Wrong Door” approach in which assessments are completed where clients present for housing & at locations where survivors feel safest at the time. The CoC coordinates the efforts of both DV/ non-DV providers to ensure mainstream housing programs adhere to DV safety protocols (i.e. implementing a safety plan w/ clients) & provide survivors a wide range of service options. Survivors presenting at non-DV providers are offered to be linked w/ DV services via a phone assessment. 2) Planning protocols include giving clients the option of DV-specific &/or CoC services. If the client is eligible & elects DV services, the provider will end intake, void electronic records & connect the client w/a DV service provider. If a client elects mainstream services, the client is entered into the mainstream CoC CE database to access housing & further services. 3) Confidentiality protocols include collecting self-reported information w/in the HMIS system so clients only disclose information they are comfortable reporting. The CoC has an anonymization policy to support de-identified data collection at intake which allows for the vulnerability index for a client to be completed w/out identifiable information being entered into the mainstream CE database. Additionally, the CoC CE confidentiality protocol requires each client entered into the CE project complete the HMIS inclusion disclosure informing them of their rights surrounding data collection & entry - including the right to refuse entry into the HMIS & instead choosing use of the comparable database w/ de-identified data. Additionally, VAWA compliant informed consent is required to provide information to other providers. Finally, the CoC has a parallel & comparable CE database for survivors of DV, capturing only de-identified information. Victim Service Provider agency staff are trained annually on conducting client intakes & service referrals.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—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 LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

A CoC-wide anti-discrimination policy is included within the Written Standards. 1) The policy is updated as necessary by incorporating stakeholder feedback throughout the year (w/the approval of Board & Membership) & during the annual review of the Written Standards, conducted by the Board. 2) The CoC assisted providers in developing & implementing project-level anti-discrimination policies consistent w/the CoC-wide policy ensuring LGBTQ+ individuals & families receive supportive services, shelter, & housing free from discrimination by developing a template agency-level policy that mirrors the CoC's & offering providers TA during the development & implementation of the provider anti-discrimination policies. Additionally, the CoC assists agencies during project monitoring by including a review of agency level policies to ensure all align with current CoC policy – including that on anti-discrimination. 3) The CoC evaluates compliance with its anti-discrimination policies during annual monitoring, the rank & review process, & through CoC offered trainings. The annual monitoring process ensures a comparable agency-level anti-discrimination policy exists & is being implemented, verifying that agencies share the policy w/all clients & staff & clearly detail information on who to contact if it is believed that a client's civil rights have been violated. Through the Rank & Review process, renewal project applicants must demonstrate they have an up-to-date anti-discrimination policy by attaching this policy to the application. Through CoC-offered trainings, CoC & ESG-funded agencies participate in an annual, mandatory anti-discrimination training & are able to pose questions that allow the CoC to gauge if there are concerns w/compliance. 4) Non-compliance with the CoC anti-discrimination policy outlined in the Written Standards is addressed by notifying the agency of non-compliance & w/the provision of technical assistance provided by the Collaborative Applicant. During this TA, a corrective action plan is developed in partnership w/the agency in non-compliance. This action plan must be put into place immediately & a compliance review is then repeated after 30 days. Non-compliance is also indirectly addressed through the Rank & Review process, in which a renewal project application will receive a lower score if the agency does not have an up-to-date anti-discrimination policy in place that is compliant with the CoC's requirement.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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 Housing Trust Fund Corporation	26%	Yes-HCV	No
Elmira Housing Authority	13%	Yes-Public Housing	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
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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 2,500 characters)

The CoC has taken the following steps to strengthen existing relationships with the Elmira Housing Authority (EHA) and NYS Homes & Community Renewal (HCR) (a Housing Choice Voucher administrator) which resulted in successful adoption of a homeless preference in their admission policies: (1) focusing on relationship building to ensure PHA participation and collaboration; and (2) providing advocacy and education on homeless needs through data sharing. The CoC, through one-on-one meetings and email communication, encouraged PHA 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 highlighted for PHA/HCV staff the current needs of the homeless population and the need for creating and sustaining a homeless preference. The CoC continues to work collaboratively with EHA to promote and support their homeless admission preferences and continue finetuning a process for implementation. CoC members (who are also Housing Choice Voucher administrators) were instrumental in advocating to HCR which resulted in HCR adding a homeless preference to their administrative plan in 2020, resulting in a positive impact on the availability of PHA resources for those exiting homelessness statewide. 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 for such policies. As a result of these efforts, the CoC has a robust pool of PHA resources to support homeless clients with housing options.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
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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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		No

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	No
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
		No

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	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?	No
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	12
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 2022 CoC Program Competition that have adopted the Housing First approach.	12
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1&3) The CoC regularly evaluates every recipient that checks Housing First on their Project Application to determine if they are actually using the Housing First (HF) approach through the local CoC competition process; Coordinated Entry (CE); Project Monitoring; and HF Training & Technical Assistance (TA). The CoC’s annual Renewal & New/Bonus Rank & Review Tools include a point-bearing question requiring applicants to verify adherence to core HF elements (e.g., accept clients w/out preconditions, service participation not required). The CoC also regularly evaluates use of HF outside the local CoC competition. The CoC’s monthly CE [i.e., Single Point of Access (SPOA) or case review] meetings allow for ongoing/spontaneous peer review of CoC project adherence to Housing First (HF) principles. The CE meeting format enables members to question in real time (peer-to-peer) if HF-defined projects truly follow core HF concepts. The CE Lead [in coordination w/the Collaborative Applicant (CA)] also follows up w/said agency/project, offering training/TA as needed. The CA’s annual CoC project monitoring includes a cursory review of HF practices using HUD’s HF Checklist, and a more in-depth evaluation is conducted periodically using HUD’s HF Assessment Tool. The CE Lead & CA CE Unit regularly answer questions from/offer training to agencies on HF best practices and individualized TA to ensure both project-based and system wide adherence. 2) The list of factors & performance indicators the CoC uses to evaluate HF include assuring a) program access & continuation is not contingent on sobriety, treatment completion, service participation, income requirements, criminal record or DV experience; b) programs do not deny access based on credit/financial history, poor/lack of rental history, or behaviors perceived as lacking “housing readiness”; c) service goals/plans are tenant-driven, engagement-focused (not required) and grounded in the harm-reduction model; d) programs provide tenants flexibility to pay their portion of rent on time, offer payment plans or financial management assistance when needed; e) every effort is made to avoid returns to homelessness through program discharge (i.e. enable transfers to new housing situation/program); f) Programs that have incorporated all of the above HF requirements and still need to discharge a client from program connect the client to other housing/services through CE to prevent a discharge to homelessness.

1D-3.	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 2,500 characters)

1) The CoC’s street outreach methods to identify & engage persons experiencing unsheltered homelessness include A) street canvassing within local towns/cities, & B) coordinating with providers & partners across the CoC to ensure outreach presence at locations most visited by the unsheltered. The CoC connects with the VA Outreach Program, Soldier On, & Health Care for Homeless Veterans (HCHV) who identify & engage unsheltered homeless veterans & connect them to veteran services regardless of status as a protected class. The CoC also maintains a relationship with County Mental Health which administers an Assertive Community Treatment program (ACT), a multidisciplinary team that engages unsheltered persons experiencing mental health crises. 2) The CoC provides street outreach throughout 100% of its geographic area (Allegany, Chemung, Livingston, Schuyler, & Steuben Counties), focusing services within the more densely populated villages & towns. 3) Large scale outreach methods are conducted at least annually through the Unsheltered Point-In-Time Count, but daily for specific populations (e.g., veterans & persons living with mental illness or substance use). 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) identifying locations most visited by the unsheltered (i.e. public libraries, laundromats, convenience stores, outside churches, parks); C) building trust over time through consistent engagement; & D) providing translation services & other accommodations (i.e. braille, sign-language interpreters) as needed to effectively communicate.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		
		No	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

		2021	2022
	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.”	105	277

1D-6.	Mainstream Benefits—CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC’s geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
		No

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) The CoC systematically provides up-to-date information on mainstream resources available for program participants by facilitating monthly Homeless & Housing Task Force (HHTF) Meetings where agencies provide resource/programmatic updates. Community providers, including non CoC members, are invited to provide program spotlights, increasing the breadth of knowledge of resources available to clients. Examples of agencies that provide mainstream benefits & are invited to provide program spotlights include: Depts of Social Services (which present on Food Stamps, TANF, Medicaid, Employment, etc.); Cuba Cultural Center-food pantries; Chances & Changes-DV, youth, Soldier On & VA- veteran providers; County Mental Health- mental health & Trinity of Chemung County- substance abuse programs; & Encompass Health Home- Health Homes/Medicaid Case Management programs. The CoC also regularly updates its members of changes in accessing/utilizing mainstream resources via email. If a change in referral or access to resources requires additional TA for agencies to enact, the CA provides webinars as needed to support agencies. 2) The CoC collaborates w/ healthcare orgs to assist program participants receive healthcare services (i.e. substance abuse & mental health treatment) by engaging & inviting healthcare partners, both CoC & non CoC members, to present at monthly HHTF meetings. For example, the CoC engages local Medicaid/Medicare administrators, Managed Care Organizations (MCOs), & Healthcare Navigators to educate providers on eligibility criteria, plan options, preventative practices (i.e. smoking cessation support), trainings on health literacy, accessing enrollment/plan support, & accessing healthcare (medical transportation). The CoC also hosts healthcare providers (i.e. Trinity of Chemung County; local County Depts of Mental Health) at Membership meetings, which present on available services. This information is communicated directly to program staff, who then connect clients w/ appropriate healthcare services. 3) The CoC actively promotes the SOAR model & trainings hosted by the regional SOAR TA provider during Membership meetings.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The CoC is increasing its capacity to provide non-congregate sheltering by (1) advocating for non-congregate shelter within various funding streams and (2) connecting clients sheltered in hotel/motels with case management services to create non-congregate-like settings and support. (1) The CoC successfully advocated to NYS to prioritize funding for the acquisition and development of non-congregate shelter within the jurisdiction’s HOME-ARP Allocation Plan, bridging a gap in emergency housing options for those in need. Currently, the only non-congregate shelters in the CoC’s geographic area focus on serving victims of domestic violence, dating violence, sexual assault, stalking, or human trafficking. Therefore, the CoC deemed it important to advocate for a portion of HOME-ARP allocated funds to develop non-congregate shelter that is open for all persons experiencing homelessness and in need of a private setting, such as those with severe mental illness or in need of quarantining to prevent the spread of communicable diseases. Specifically, the Collaborative Applicant organized a meeting between several CoC’s in Upstate NY and NYS Homes & Community Renewal (HCR) to discuss how to best allocate these funds to address homelessness and housing instability, including advocating for non-congregate shelter. This advocacy resulted in NYS allocating \$7 million of its HOME-ARP allocated funds to development of non-congregate shelter. (2) Additionally, as a right to shelter state, if shelter beds are not available, the County Departments of Social Services shelters clients in hotel/motels. The CoC has worked to create non-congregate-like settings for clients in hotels/motels by providing on-site wrap-around services to clients placed in hotel/motels. Support services that are provided include case management, community referrals, and access to basic necessity items, such as food and hygiene kits. As a result, clients receive the necessary support services in a private room setting similar to a non-congregate shelter, increasing self-sufficiency and referrals to wrap-around services.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The CoC effectively collaborates w/state & local public health agencies to respond to & prevent the spread of infectious diseases by ensuring timely info from health authorities is incorporated into daily CoC program procedures. As a result of the COVID pandemic, the CoC developed partnerships w/ state & local public health agencies to ensure 1) the CoC has policies & procedures (P&P) in place to respond to infectious disease outbreaks & 2) the CoC can effectively prevent infectious disease outbreaks among people experiencing homelessness. 1) The CoC prioritized ESG-CV funds to activities (as noted in its Written Standards) that best addressed impacts of the COVID pandemic.; and edited its CE P&P and Vulnerability Index to prioritize persons who are sick/quarantined or economically impacted by COVID. As the pandemic subsides, the CoC will continue to collaborate w/state & local public health agencies, building from relationships formed during COVID-19, to develop CoC-wide P&P that prioritize care through the lens of infectious disease prevention (i.e. safety measures, quarantine protocols, accessing PPE), ensuring the CoC has a coordinated response to future infectious disease outbreaks. 2) The CoC effectively collaborates w/ state & local public health agencies to prevent infectious disease outbreaks among people experiencing homelessness primarily through sharing info/resources at CoC Membership meetings & bringing health resources onsite for clients. For example, a) CA created a CoC website to provide timely & accurate information on best practices for COVID mitigation; b) the Dept of Health & local DSS share via CoC Membership presentations & email blasts updates on public health & county services available to people at greatest risk of severe infectious disease (i.e. info related to reducing the spread of Monkeypox); c) provider agencies that work primarily w/clients w/disabling conditions present resources at CoC membership meetings on supporting immunocompromised clients; & d) the CoC hosted live webinars w/local, well-renowned medical doctors on the safety & efficacy of vaccines for homeless provider staff to improve vaccination rates among providers & clients & posted the recording on the CoC’s website to share broadly. Together, development of infectious disease procedures & resource sharing has resulted in a community of providers that is well-informed & prepared to respond to ongoing/future public health crises.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

The CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants. 1) Specifically, the CoC shares info related to public health measures & homelessness through a) development of a holistic website to communicate public health info & b) emailing to listservs pertinent public health info. One of the best ways the Collab App (CA) supported direct service providers during the COVID-19 pandemic was by processing & filtering all updated public health/safety guidance/restrictions provided by the CDC, HUD, & state/local health depts through creation of a website hosted by the CA. The website was staffed full-time, updated daily & included guidance & promotional materials on vaccines, safety protocols/restrictions for congregate housing, & telehealth resources. The CA will continue this strategy for communicating necessary public health measures for future infectious disease outbreaks. Secondly, for pressing updates (i.e., vaccine availability, Monkeypox protocols), CoC providers communicate to fellow outreach, shelter, & housing providers through the CoC Board & Membership email listservs. 2) The CoC facilitates communication between public health agencies & homeless service providers to ensure street outreach, shelter, & housing providers are equipped to prevent or limit infectious disease outbreaks among program participants by a) hosting online dialogues w/public health experts at Board & Membership meetings, & b) hosting webinars w/local, well-renowned doctors who are infectious disease experts. a)The CoC utilizes videoconferencing technology to safely host Board & Membership meetings that include presentations by public health agencies. As a result of the pandemic, a standing agenda item at Board & Membership meetings, the CoC invites the Co. Dept. of Public Health to attend & report on changing public health & safety guidance/restrictions on current (i.e. COVID) & emerging (i.e. Monkeypox) infectious disease outbreaks. Emergency shelter & housing providers share best practices/resources on ensuring staff & client safety compliance, reducing vaccine hesitancy, etc. b) The CA in collaboration w/a local Managed Care Org hosted a webinar with local, well-renowned medical providers to discuss the safety & efficacy of the available COVID-19 vaccines to address vaccine-hesitancy. The CA will continue hosting such webinars with medical experts as needed to educate the community & prevent infectious disease outbreaks.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section VII.B.1.p.	

Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1)The NY 501 Coordinated Entry System (CES) is a No Wrong Door approach reaching homeless households across a five NYS county CoC covering 100% of the CoC’s geographic area. 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 priority list which documents client location at intake. The CE Committee reviews POE data to ensure the CoC has accessible CE sites. If a disparity is noted, the Committee engages providers to ensure CE access and address barriers impacting referrals. The CE Committee also considers geographic areas where no referrals are coming in and a reported homeless population; areas w/out access to emergency shelter. 2)The CoC uses a standardized assessment process and CE tool. The CoC updates the tool and process to ensure consistency with HUD requirements and to meet local needs. The assessment process prioritizes people in greatest need of assistance via a vulnerability score, including homeless chronicity, disability, and justice system involvement. Participant prioritization is verified by the CE Committee which reviews the list at monthly case conferences to ensure the most vulnerable are served first.3)The CoC regularly assesses the CES using feedback from participating providers and reviews data from the CE/HMIS programs. Feedback from providers is given at monthly Coordinated Entry Committee meetings. During these meetings the process is discussed, and the tool is reviewed. The committee looks at current vulnerabilities being prioritized within the CoC and compares them to the current priority list to ensure consistency. HMIS/CE data is reviewed to look at length of time individuals remain on the CE priority list awaiting housing referrals; extent of engagement w/individuals while on the list; and length of time between referral and placement. This data review helps to identify barriers to quickly obtaining housing and informs necessary changes to the process/tool. In addition, the NY 501 CoC Board acts as the CES Evaluation Entity. The evaluation entity is tasked with using participant/provider data to measure the functioning of the CES. Currently the evaluation entity is developing a survey to evaluate the CES. This survey tool will be completed by participating providers and households that have participated in CE to gauge the effectiveness/efficiency of the CE process.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1) The CoCs Coordinated Entry System (CES) targets outreach to those least likely to apply for homeless assistance in the absence of special outreach as outlined in the CE Marketing Plan. This Plan incorporates outreach best practices such as street canvassing, & developing one-on-one relationships to build/gain trust & encourages peer referrals. 2) The CoC prioritizes people most in need by utilizing the standardized CE assessment tool & vulnerability index. This tool uses a set of community-wide prioritization criteria such as length of time homeless, & prior justice system involvement to ensure persons with the greatest need, most barriers or highest vulnerability are prioritized first 3) The CoC ensures people most in need of assistance receive permanent housing in a timely manner by ensuring their first point of entry/contact quickly shares the persons intake information for housing services with the CE Lead & referral agencies. The CE assessment documents persons' vulnerabilities including special needs, domestic violence, length of time homeless & familial status to ensure thoughtful referrals are made consistent with the client's needs and preferences. Once assessed, these persons are immediately added to the by-name priority list & referrals are sent to appropriate housing providers for review and consideration. 4) The CoC has taken many steps to reduce the burden of those using the coordinated entry system. The CoC has adopted a no wrong door system which allows individuals experiencing a housing crisis to access the CES at numerous points within the CoC's entire geographic area including emergency shelters, permanent housing agencies and local department of social services. This approach ensures the client is only required to make one connection/complete one application to be connected to the most appropriate homeless housing services within the CoC. This system takes the pressure off the client to find the right service location for their needs. Clients will only be referred to projects where they meet eligibility requirements and criteria to avoid wasting their time. In addition, having one application for all housing opportunities ensures the client will not be answering the same question multiple times or collecting duplicate documentation. The assessment tool is regularly vetted to eliminate unnecessary questions. The CE committee meets regularly to review the process and ensure it remains as client centered and efficient as possible.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/23/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC made a commitment to identify and eradicate racial disparities in the provision and outcome of homeless assistance. 1) NY-501's process for analyzing racial disparities in the provision and outcomes of homeless assistance includes an annual analysis of homeless services within the CoC. This analysis is commissioned by the Regional Racial Justice Advisory Committee (RRJAC); a regional committee comprised of 10 New York State CoC formed to provide opportunities for community members to get involved in actionable systems change to address racial disparities within the homelessness service sector. The mission of the Committee is to serve local Continuums of Care as a primary resource and catalyst for the work of racial justice within the homeless service system. RRJAC analysis focuses on admission and discharge data from the HMIS per program component type. In collaboration with the HMIS Lead, the RRJAC Data workgroup reviews this data with a racial equity lens and then presents findings to the Board and Membership. Specific data points that indicate the presence of racial disparities are highlighted and discussed with the Board and Membership. 2) In the most recent analysis, the CoC identified the following: Black or African American clients made up 16% of both those within Emergency Shelters and Street Outreach and those on the Coordinated Entry waitlist. However, more recent data is necessary for an accurate analysis, as this data may not reflect the current trends within the CoC. Additionally, all races other than American Indian or Alaska Natives without disabling conditions were admitted at a significantly higher rate than those with disabling conditions. This data point requires further investigation, as academic and community research states that racial and ethnic minorities are less likely to have access to quality medical services, which may account for the disparity. The CoC will continue identifying actionable steps to address these disparities.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.g.	

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.	Yes
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.	Yes
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.		No

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC & local homeless providers have taken multiple steps to address the disparities found in the provisions & outcomes of homeless assistance, including an analysis of current Coordinated Entry data. The data showed Black & African American clients are underrepresented on the CE priority list (PL) compared to the homeless population (sheltered and unsheltered). The data also showed both persons on the CE PL & the percentage of Permanent Supportive Housing referrals per race reflect disparity again compared to the CoC's homeless population. To address these disparities, the CoC has researched & identified best practices to make self-corrections. Steps taken thus far include: 1) committed two members to lead & participate in the NYS CoC regional racial equity system work, 2) implemented a diversity assessment tool to ensure diversity at all levels of CoC operations, 3) added a question to the rank & review tool asking how agencies are training staff on Racial Equity, Diversity, & Inclusion (REDI) practices, if they have an anti-discrimination policy & if they are serving clients that reflect the homeless population & 4) conducted further analysis of the CE PL to identify if racial disparities existed comparing demographics of persons in shelter with persons on CE PL. 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. One such change includes the diversity assessment tool which tracks recruitment of board members that identify as BIPOC, persons w/ lived experience, persons w/disabilities &/or LGB-TGNC. The tool intends to ensure equitable representation of populations served w/in the homeless system. In early 2022, the RRJAC formed a Rank & Review workgroup w/ the purpose of developing questions for the 2022 Rank & Review tool that addressed racial disparities & racial inequities within program provision & outcomes. The CoC adopted these new questions in its ranking process. Lastly, the RRJAC Data workgroup conducted an analysis of NY501's CE PL data to understand the impact race & ethnicity has for clients who remain on the CE PL waiting for housing; the analysis revealed that BIPOC populations have longer wait times for housing placement.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The measures NY-501 has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance are 1) an annual review and analysis of program data by race within HMIS 2) annual review of CE intake forms and training practices for points of entry 3) review and analysis of CE program scoring, priorities, and wait times by race and 4) implementation of a diversity assessment tool to ensure diversity at all levels of CoC operations. NY-501 has conducted an annual racial disparities analysis of its homeless programs for the last 5 years. Using available HMIS data to identify where disparities exist in the homeless system, the CoC compared racial breakdowns between the general population and homeless system population. Additionally, the Regional Racial Justice Advisory Committee (RRJAC) analysis focused on admission and discharge data from the HMIS per program component type. More recently, since the inception of the (RRJAC) and with its guidance, the CoC has begun to review CE intake and training practices as a measure for tracking progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance. Also, the RRJAC has encouraged CE lead entities to consider updating on-boarding and training protocols for staff who are conducting intakes for CE. Lastly, the RRJAC has begun working directly with CE lead entities of participating CoCs in the RRJAC to conduct an analysis of CE program scoring, priorities, and wait times by race. The diversity assessment tool is intended to ensure equitable representation of populations served w/in the homeless system. Persons with lived experience and who reflect the homeless population in disproportionate numbers are essential in the preventing and eliminating of disparities in the homeless system as they bring a perspective and insight that few others can offer. The tool is currently working toward diversity at the board level but will be used to ensure diversity at the client-facing level in the future.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC's outreach efforts to engage persons w/ lived experience and expertise of homelessness (PLEEH) in leadership roles & decision-making processes include: a) interviewing clients in shelters & PH programs on gaps in services; b) engaging CoC Board members to promote CoC participation w/clients/prior clients c) keeping CoC meeting info up-to-date on the CoC website; d) regularly assessing the level of participation among PLEEH in the CoC; & e) hosting a training for all providers on best practices & benefits for engaging PLEEH in CoC decision-making. a) CoC provider agencies regularly and informally survey & interview clients accessing services to inform gaps in services, resource allocation (i.e. CoC Bonus), & the CoC's foci to best address homelessness. Moving forward, the CoC will host info sessions to explain what the CoC is & how PLEEH can be involved in making decisions that will impact CoC funding allocations & project priorities. Feedback that transcends individual agencies is formally presented to the Board, informing the focus of CoC work & resource allocation. b) second, CoC Board members conduct targeted outreach to PLEEH from their own programs/agencies to fill board vacancies. c) The CoC also conducts outreach by keeping up to date meeting & committee information on the CoC website & encouraging providers to refer clients to this info. d) To ensure ample participation of PLEEH in all levels of the CoC, this year, the CoC conducted a survey of board and membership demographics & areas of expertise. The Regional Racial Justice Advisory Co uses survey results to determine gaps in representation & provide recommendations to the CoC Board to address those gaps, including additional recruitment of PLEEH into leadership positions w/in the CoC. The CoC's annual membership app also asks for members to indicate if they have lived experience to ensure the CoC has an accurate accounting of who is participating in the CoC. e) Finally, the Collab Applicant hosted a training w/the CoC on best practices & benefits for engaging PLEEH in CoC decision-making, including how to appropriately compensate people for their time, barriers to participation that should be addressed, & a step-by-step plan to start & maintain a robust committee of PLEEH in the CoC.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	0	1
3.	Participate on CoC committees, subcommittees, or workgroups.	0	1
4.	Included in the decisionmaking processes related to addressing homelessness.	0	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC & CoC membership organizations provide professional development & employment opportunities to individuals with lived experience of homelessness by 1) promoting connection between the CoC & employment agencies and 2) creating employment programs for those with lived experience where there were gaps in such services. 1) The CoC continually reaches out to agencies whose experience/knowledge would promote linkages to employment opportunities for clients. For example, through outreach, Catholic Charities of Chemung/Schuyler (Catholic Charities), which offers employment training programs, has been a longstanding member & holds a seat on the CoC Board and participates in CE. Including agencies that focus on employment training in CoC membership and leadership allows CoC providers to share professional development and employment resources with their clients/prior clients with lived experience of homelessness (i.e. those in PH programs or who have graduated from PH programs). 2) CoC member organizations have also created programs that directly connect individuals with lived experience of homelessness to employment. For example, Catholic Charities was a recipient of a grant that provided the opportunity to develop a Peer Services Project which allowed them to hire and train peers, peers were able to shadow case managers, and peer case management was provided. The end goal was to hire the peer case managers at the completion of the project. Catholic Charities continues to employ 2 of the 3 candidates, both having lived experience with either homelessness and mental illness or homelessness and substance abuse. These types of initiatives provide an opportunity for people with lived experience to build hard & soft skills, expand their resumes, & gain confidence. The agency has also participated in the Leadership Development Training through Litmos/Relias and has leadership/management training tracks available to all staff who want to build their skills and resume which would help them apply for management positions. Post pandemic, the CoC will continue promoting engagement with employment training organizations and direct development of employment opportunities for clients and persons with lived experience.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and |
| 2. | the steps your CoC has taken to address challenges raised by people with lived experience of homelessness |

(limit 2,500 characters)

1st focus has been: getting persons w/lived experience in CoC leadership (i.e. the Board). Moving forward, the CoC will focus on conducting client surveying & focus groups. 1) The CoC gathers feedback from persons w/lived experience & expertise of homelessness (PLEEH) who received assistance through CoC or ESG programs on their exp. by a) informally surveying & interviewing clients to assess gaps in homeless services & areas for system improvement & b) conducting outreach to recruit PLEEH to leadership positions w/i the CoC (i.e., the Board). a) Provider agencies survey & interview clients accessing services to inform gaps in services, resource allocation (i.e. CoC Bonus, ARPA funds) & the CoC's foci to best address homelessness. The CoC Homeless & Housing Task Force (HHTF) has created channels to filter informal client feedback & suggestions to the board, informing the focus of CoC work & resource allocation. The CoC also annually (w/the exception of the last two pandemic years) assesses the CE system for accessibility, responsiveness, & effectiveness by surveying clients who are currently/were previously engaged in the CE program. b) The CoC is taking steps to recruit PLEEH to the Board in order to incorporate the perspectives of PLEEH into CoC funding priorities, policies, & needed projects. 2) The CoC has taken steps to address challenges raised by PLEEH by a) advocating for funding to directly address identified needs, b) developing &/or charging CoC committees w/actions to address identified needs, & c) updating CoC processes to reduce barriers to housing & services. For example, to increase the amount of affordable housing & prevention financial assistance in the community, an issue identified by PLEEH through informal feedback, the CoC advocated for NYS HOME-ARP funds to be allocated to such projects, & continually supports affordable housing develop. apps. w/letters of support for NYS & federal funding. In response to PLEEH feedback that affordable housing units are challenging to find even w/rental assistance in hand, the CoC has incorporated increasing outreach to local Public Housing Authorities & DSS's to create a larger pool of avail. units into the Strategic Plan. Finally, the CoC incorporates PLEEH feedback to update policies to reduce barriers to housing & services. Feedback on CE programs is collected through CE client surveys & shared w/the Board. Recommendations are discussed at CE Advisory Committee meetings & used to improve CE access & intake.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1&2) The CoC has collaborated and provided feedback on actionable steps to reform zoning and land use policies to permit more housing and reducing regulatory barriers to housing development by a) advocating to local governments, b) advocating for zoning changes when developing housing, & c) providing data on housing needs. a) In the last 12 months, CoC members have engaged local government officials to advocate for the creation of new affordable housing by rezoning and reducing barriers to housing development in local jurisdictions. b) Additionally, CoC agencies advocate for zoning changes and reduction of regulatory barriers when developing housing projects. Specifically, CoC member agencies partner with and/or develop affordable housing and work with local planning bodies to attain permits and approvals which include zoning variances. For example, Arbor Development Corp. was awarded NYS Housing & Community Renewal (HCR) funds for new affordable housing development & works with local municipalities to gain planning approvals that may include zoning changes. The CoC as a whole collaborates and partners with local coalitions to advocate for specific housing projects by providing support letters, attending public hearings, and providing written comments. Specifically, several affordable housing proposals in the CoC geographic area prompted CoC member organizations to become more involved in local efforts for zoning/regulatory changes or approval of projects. c) Using data & best practice research, the CoC also conducts outreach to educate localities & the public on the need for & value of additional affordable rental units. The CoC provides data from the Housing Inventory (HIC) and Point in Time (PIT) counts for housing needs assessments and Consolidated Plans. This HIC/PIT data and CoC system performance data (i.e. average length of time homeless and first-time homeless) demonstrate a need to create new affordable units and provides demographic information to ensure new housing units will fit the needs of the homeless and very low-income populations.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC’s Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/15/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	<p>Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.</p> <p>NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.</p>	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	235
2.	How many renewal projects did your CoC submit?	10
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	<p>Addressing Severe Barriers in the Local Project Review and Ranking Process.</p> <p>NOFO Section VII.B.2.d.</p>	
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- Describe in the field below:
1. how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;
 2. how your CoC analyzed data regarding how long it takes to house people in permanent housing;
 3. how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
 4. 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 2,500 characters)

1) The CoC collected & analyzed data on projects that successfully housed program participants in permanent housing (PH) using HMIS/CE project data (or a comparable database) to answer objective questions in the local Rank & Review (R&R) tool. Specifically, the tool scores on utilization, the number of chronically homeless (CH) persons served, positive outcomes, returns to homelessness, & income growth. The Rank & Review Committee updates the R&R tool, including data to assess project performance. The tool is approved by the Board, and HMIS pulls data or collects aggregate data from a VSP (a comparable database) & sends it to applicants to utilize when completing the local R&R tool. 2) This year as a result of the pandemic, the CoC didn't include a specific question on the scoring tool regarding length of time between program entry and housing placement. However, CoC monitoring assessed each project's average length of time from clients' entry to housing placement, and such monitoring findings were scored as part of the local R&R tool. 3) The CoC considered the specific severity of needs when ranking projects by including quantitative (i.e. prioritizing specific populations) & qualitative questions within the R&R application process (including the application tools & interviews). Specifically, the R&R tool prioritized projects serving the chronically homeless, youth, veterans, or victims of DV. Through the narrative & interview portions of the R&R application, agencies explain and are able to recoup points based on unique client needs and vulnerabilities that may have impacted project performance. The CoC considers these factors to ensure effective prioritization & allocation of resources to serve those with the most severe service needs within the CoC's geographic area. The CoC also specifically included bonus questions on the local R&R tool for DV & Youth providers to explain positive outcomes that don't meet HUD's traditional definitions of positive outcomes. Att. 1E-2: Summary of Selection Criteria for R&R of Projects documents these practices. 4) The CoC considered the following severity of needs & vulnerabilities when ranking projects: CH, Veteran status, history of DV, severe mental illness, youth populations, low/no income, substance abuse and/or criminal history.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1) The CoC obtained & included input from persons of different races, particularly those over-represented in the local homeless pop, when determining rating factors used to review project apps by engaging the Regional Racial Justice Advisory Committee (RRJAC) in creating/editing Rank & Review (R&R) tool questions. As part of the RRJAC, the CoC works to identify & implement strategic initiatives that promote racial equity within the CoC & homeless services system. This year, the CoC worked w/the RRJAC to create/edit/review app questions from a Racial Equity, Diversity & Inclusion (REDI) perspective. 2) Input from persons of different races affected how the CoC determined rating factors used to review project apps resulting in R&R tools that rated projects on their agency practices to a) increase racial equity & b) address existing racial disparities in the system. For example, the R&R tool asked agencies to attach anti-discrimination policies & if staff participated in DEI training. 3) The CoC included persons of different races, particularly those over-represented in the local homeless pop, in the review, selection, & ranking process by working with the RRJAC to engage a diverse CoC Membership, Board, & committees. The Committee promotes diversification & recruitment/inclusion of non-traditional agencies in local CoC bodies through regular assessment of current CoC member demographics and creation of CoC outreach/education materials. The CoC prioritized ensuring diversity within the R&R Committee to ensure persons of different races were included in the review, selection & ranking process. This Committee is responsible for updating the renewal, new, & DV & HMIS/CE bonus apps for the NOFO competition. The committee, in turn, publicly posts all elements of the review, selection, & ranking process (i.e. R&R Written Process, tools, scores) to the CA's website & solicits feedback from the CoC's multifaceted Membership. 4) The CoC rated & ranked projects based on the degree to which projects have identified barriers to participation & have taken steps to eliminate those barriers by asking projects in the R&R tools a) to identify the degree to which program participants mirrored the homeless population; b) how they achieved equitable mirroring or how they plan to improve outreach & assess policies that may contribute to current racial disparity; c) to attach their agency's anti-discrimination policy; & d) if project staff participated in DEI training.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The CoC reallocation process to determine candidates for reallocation due to low performance or less needed projects is an important tool to make strategic improvements to the homeless services system and actively reviews project performance to determine if reallocation will better address community need. 1) Members of the Rank and Review Committee and application 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) demonstrate ongoing poor project performance outcomes and e) consistently low scores on the R&R tool. From R&R & monitoring, recommendations are made regarding reallocation to the Board. The Board makes the final decision to reallocate funding to create a new high performing project by reviewing the project's performance outcomes, populations served & the need for the project & shares its decision with CoC Membership. If a project is considered needed in the community (i.e. uniquely serves a hard-to-serve population), the Board works with the Collaborative Applicant to provide TA to the agency to address underperformance. If it is decided reallocation would be a better use of CoC funds to best serve homeless clients, funding is made available through the new project R&R process. 2&3) Using this process no projects were identified for reallocation during the local competition. 4) Through the local competition it was determined not only that all projects are high performing and still fulfilling a community need. The need for each project is demonstrated by the fact that all current CoC projects actively accept the most vulnerable clients from the CE program. The reallocation process is reviewed and communicated annually by the board and membership as part of the Rank and Review Written Process.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	No
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/13/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/23/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/23/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Foothold
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

The CoC and HMIS lead ensure DV housing and service providers in the CoC collect data in databases that meet HUD’s comparable database requirements by participating in a regional DV Committee focused on this goal. 1) Specifically, the Collaborative Applicant, CARES of NY, Inc, engaged DV providers from a variety of CoC’s to form a Regional DV Committee. One of the main tasks of this Regional DV Committee was to ensure compliance within the comparable database and with the 2022 HMIS Data Standards. In order to meet this goal, CARES requested and received HUD TA for the Regional DV Committee and was provided guidance on requirements of a comparable database to meet the 2022 HMIS Data Standards. This resulted in clarification of comparable database requirements and discussion on how as a CoC we can ensure compliance. All providers have completed an annual survey, which included questions regarding the name of their current comparable database and its reporting abilities. The Collaborative Applicant vetted each identified software vendor to ensure each database is compliant. 2) With the guidance from HUD TA, our CoC DV providers are compliant with the 2022 HMIS Data Standards. At this time, the CoC’s DV Comparable database is (Empower). Examples of compliance include submitting de-identified aggregate data to the CoC for inclusion in the Housing Inventory Chart and Point In Time Count; and utilizing data outcomes from DV providers in the Rank and Review tool. Additionally, CoC DV providers regularly perform CSV uploads for ESG-CV funding reporting, as well as uploads to Sage for APRs.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	57	32	22	88.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	44	17	23	85.19%
4. Rapid Re-Housing (RRH) beds	277	40	229	96.62%
5. Permanent Supportive Housing	296	9	122	42.51%
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 2,500 characters)

1) Over the next 12 months the CoC, Collaborative Applicant and HMIS lead will take the following steps to increase the permanent supportive housing bed coverage rate to at least 85% by engaging Arbor Housing Development, an administrator of VASH vouchers, to enter data into HMIS. Currently, this data is entered into a separate database and the HMIS Lead, CoC Board, and agency are working collaboratively to ensure an efficient process that avoids dual data entry if possible. 2) Specifically, the HMIS Lead will work with the agency and the other database administrator directly to try and come to a data entry agreement that includes either data integration or direct data entry. The HMIS Lead will build on successes in other communities that have incorporated the data that requires entry in more than one database. If included in HMIS, these programs will help the CoC to reach to 85% coverage threshold.

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 February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/24/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
	1. engaged stakeholders that serve homeless youth;	
	2. involved homeless youth in the actual count; and	
	3. worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

The CoC implemented measures in the planning process for the 2022 PIT Count to 1) engage youth focused agencies, 2) engage homeless/formerly homeless youth to participate in the count, and 3) connect with stakeholders to identify hotspots or locations where homeless youth are most likely to be identified.

1) During the planning process for the 2022 PIT Count, the Collaborative Applicant facilitated meetings with the Regional Advisory Board on Youth Homelessness, a group of key stakeholders, to discuss ways to engage additional youth focused agencies to assist with the count and expand the geographic reach. 2)The CoC involved homeless youth in the PIT count by a) having providers survey clients to identify hot spots or locations where youth are likely to congregate. B) By providing youth with gift cards as an incentive for participating and completing the survey on the day of the count. 3) The Lead Agency, Catholic Charities of Chemung & Schuyler Counties and the Collaborative applicant engaged/trained in advance a wider range of community stakeholders who encounter unsheltered homeless youth, such as law enforcement, faith-based organizations, soup kitchens/pantries, public libraries, and other human service providers to increase the identification of locations where unsheltered youth congregate. Additionally, the McKinney-Vento Homeless liaisons assisted in identifying homeless youth within the school system.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC’s PIT count results; or
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

(limit 2,500 characters)

1) From 2021 to 2022 the CoC implemented data quality actions to improve the validity of the sheltered PIT count; no methodology changes were made. The data quality changes included a) tailored technical assistance w/ non-HMIS providers (i.e., Department of Social Services (DSS) and DV providers) & b) improved HMIS training w/ participating HMIS agencies. These data quality activities improved the validity of the count & played a role in accurately identifying the increase in shelter stays. Specifically, tailored technical assistance w/ non-HMIS agencies improved data quality by confirming numbers submitted. The CoC has strengthened relationships w/ non-HMIS agencies through their participation in Coordinated Entry, allowing for better collaboration during the PIT Count. Specifically, the CE Lead & HMIS Lead worked w/ agencies who provide Code Blue (extreme weather) services, faith-based shelters, DSS, & DV shelters. Training focused on understanding that 100% data completeness for this vulnerable population, although important, was not necessary when reporting for the PIT count. Similarly, improved data quality training w/ HMIS-participating agencies supported improved data collection & timely data submission. The HMIS Lead, organized & analyzed PIT data reports from HMIS, focusing on data quality & completeness, & had one-on-one phone calls w/ each provider to ensure timely data entry & data accuracy. Review of intake dates noted within HMIS ensured a proper count of those utilizing shelter services on the night of the count. This review & subsequent data correction by agencies resulted in a more accurate census count. 2) Similarly for the unsheltered PIT count, the CoC implemented data quality actions to improve the validity of the unsheltered PIT count & no methodology changes were made. The unsheltered PIT count was improved between through increased/improved PIT count training to ensure de-duplication & effective interview techniques. 3) As the result of these improvements in data quality, specifically outreach to DSS, the sheltered PIT count increased from 245 in 2021 to 487 in 2022. As a result of the increased/improved training of volunteers in 2022, the unsheltered PIT count increased from 10 in 2021 to 11 in 2022.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

In the field below:

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

(limit 2,500 characters)

1) 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 Planning Committee is responsible for reviewing HMIS data (Stella, SPMs, CE) to identify & consider characteristics of those who are first-time homeless, including demographics, cause of homelessness, & disabling conditions as potential factors. Race & ethnicity of those who are first time homeless is assessed as the CoC/Regional Racial Justice Advisory Committee continues to identify ways to address the role structural racism plays in housing & eviction. The CoC identifies common factors contributing to first-time homelessness through community conversations & CE case conferencing w/ prevention providers, emergency shelters, Dept. of Social Services, & 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. prevention providers, food pantries, health clinics) about risk factors & newly developed CE prevention referral protocols to support those households. The second strategy is to target prevention funding & services earlier within a household’s housing crisis by communicating risk factors for first time homelessness identified through data analysis with CE. The CE committee utilized this information to continually update the CE vulnerability index w/ characteristics associated w/ first time homelessness. 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 & preventing new episodes of homelessness. The CoC advocates & applies for prevention funding through state, local & private funding sources on an ongoing basis. 3) The Planning Committee, which reports to the CoC Board, oversees these strategies.

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

In the field below:	
1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe 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 2,500 characters)

1) The CoC’s strategy to reduce the length of time (LOT) individuals and families remain homeless is three-fold: 1) increase the number of appropriate housing options through engagement with landlords, jurisdiction leaders, and other local stakeholders to communicate the need for affordable housing in counties within the CoC and outline potential steps local leaders can take to increase affordable housing options; 2) ensure CoC and program policies remove barriers to rapid housing; and 3) efficiently 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 RRH and PSH programs. The CoC supported increasing PH resources by endorsing NYS Empire State Supportive Housing Initiative (ESSHI) applications for PSH projects; prioritizing ESG-CV funds for RRH; and implementing its Moving On Strategy which ensures PSH units are available for the most vulnerable and hardest to serve through advocacy and letters of support from the CoC. The CoC also ensures private units are accessible in conjunction with rental assistance by building and maintaining partnerships with landlords. To implement policies to reduce barriers to housing, the CoC encourages Housing First policies within all programs by prioritizing Housing First projects through the Rank and Review process and providing 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 bi-weekly CE case conferencing, Outreach, ES, and PH staff discuss barriers to housing those who have remained homeless the longest. The CE Committee develops solutions to find the most immediate and appropriate housing for these households. These combined strategies of increased supply and prioritizing LOT on the CE list aim to lower the average LOT homeless in the CoC.

3) The CoC Planning and CE Committees, which report to the CoC Board, oversee these strategies to reduce the length of time individuals and families remain homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC’s Strategy NOFO Section VII.B.5.d.	
In the field below:		
1.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) The CoC developed effective 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 with severe service needs 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 housing subsidies and wrap-around services and benefits (e.g., PHA, Section 8, Social Security, DSS rental allowance, substance abuse or mental health treatment); and d) connecting households with education/employment training opportunities to increase earned income. These combined strategies ensure households are linked to affordable housing options to be rapidly housed from ES, TH and RRH, have the necessary income to access and maintain 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 other PH destinations (94% in FY21) through several successful strategies. Current strategies include a) engaging with clients to ensure they are meeting their individualized goals (e.g., physical/mental health appts, securing/maintaining employment) to remain stably housed; b) requesting & implementing HUD waivers to allow RRH households to receive RRH support for longer than 24 months when essential, c) implementing the CoC Moving On Strategy by providing pre-transition services (e.g., living skills training, employment, community integration supports) & strong aftercare supports to ensure successful transition from supportive housing; & d) partnering w/ affordable housing providers (e.g., working with PHA to prioritize those moving on for EHV) & cultivating relationships w/ local landlords to maintain an active list of apartment vacancies. These combined strategies ensure clients in PSH programs are supported to maintain their housing while fostering opportunities for greater independence within the community. 3) The Planning and CE Committees, which report to the CoC Board, oversee these strategies.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe 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 2,500 characters)

1) The CoC identifies individuals & families who return to homelessness by analyzing quantitative data [i.e., HMIS and Coordinated Entry (CE)] and qualitative information (i.e., through CE). Specifically, the CoC collaborates with the HMIS Lead to analyze System Performance Measures (SPM, Stella, CE), including identifying trends related to returns to homelessness. The Planning Committee utilizes this data to assess potential causes for increases/decreases in returns to homelessness & relays the analysis to the Board. The Planning Committee will continue to work with the HMIS Lead to conduct deeper dives into SPM & CE data, assessing commonalities 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 CE assessment and case conferencing. Specifically, the CE assessment form asks about prior episodes of homelessness. During CE case conferencing, case managers discuss common barriers to remaining housed. CE conferencing supports subsequent successful placement of households by addressing common needs among those who return to homelessness and specific needs of the individual households being rehoused. Trends/common factors related to returns to homelessness will be reported in quarterly reports from the CE Lead to the Board and Membership and will be used to influence edits to the CE tool to better prioritize housing and assistance. 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 & workforce development agencies, the local Department of Social Services, health/behavioral healthcare agencies, and DV providers. Outreach and shelter programs consistently work to link clients to resources and create ongoing service plans and supports that will continue once clients are stably housed. These collaborations foster linkages and resources to provide necessary, uninterrupted supports to households who are identified as at risk of returning to homelessness. Specific needs of individual households that have returned to homelessness are addressed through CE case conferencing, allowing for provider collaboration around the most effective housing and service plan to propose to the household. 3) Overseeing these strategies are the Planning and Coordinated Entry Advisory Committees which report to the board.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

1) The CoC’s strategy to increase employment income is to a) educate providers on NYS regulations related to employment and benefits; and b) foster systems level engagement with employers and mainstream employment organizations. 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 agency that provides free employment/education training: Chemung Schuyler Steuben Workforce New York (CSSWNY), which is creating a pipeline to newly available career pathways due to pandemic-related economic shifts. While the pandemic has slowed progress on collaboration between the CoC and workforce agencies, there is an MOU in place with several local workforce agencies (codified in 2019) that will be implemented when CoC resources permit. Through partnerships with the agencies mentioned above, the CoC will identify characteristics/qualifications of clients in CoC programs which seem to indicate the likelihood of their being successful in workforce agencies’ programs (including self-identification of readiness/desire for educational/employment training 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 Homelessness and Housing Task Forces (HTTFs), which report to the Board, are responsible for overseeing these strategies to increase income from employment.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The CoC’s strategy to access and increase non-employment cash income (NECI) for project participants is to build partnerships on clients’ behalf with NECI providers; promote stimulus benefits (e.g., stimulus tax credits, increased SNAP benefits) info to all shelter and housing providers; promote best practices in connecting clients to non-employment cash income (i.e. SOAR). The CoC also increases access to NECI through sharing of resources and inclusion of partners from healthcare, criminal justice, and other providers that intersect with homeless services, to refer clients. a) The CoC has developed systems-level coordination between the County Departments of Social Services (DSSs) & shelter and housing providers. DSSs connect clients with necessary benefits (e.g., TANF, SNAP, rent and utilities assistance) and shelter and housing providers support clients in accessing such resources. At CoC Membership and Board meetings, DSS provides regular updates on any changes to benefits regulations or staffing structure, allowing for shelter and housing providers to efficiently support clients to increase NECI. The CoC also promotes materials that walk both the providers and clients through how to access benefits at DSS, as well as clients’ rights in accessing those benefits. b) The CoC also 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. c) Additionally, the CoC also encourages agencies during Membership meetings to access trainings hosted by the Regional SPAR TA provider. The resulting increase in case managers attending SOAR training has ensured that clients throughout the community have access to SOAR trained case managers who work to increase access to SSI/SSDI. The Planning Committee, which reports to the Board, oversees these strategies to increase access to NECI.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
DV Rapid Rehousing	PH-RRH	15	Both

3A-3. List of Projects.

1. What is the name of the new project? DV Rapid Rehousing

2. Enter the Unique Entity Identifier (UEI): EF95B1HKMBG1

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 15

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2,500 characters)

N/A

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

N/A

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2022 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	291
2.	Enter the number of survivors your CoC is currently serving:	146
3.	Unmet Need:	145

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, 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 2,500 characters)

1) The CoC calculated the number of survivors needing housing and/or services in the questions above by gathering data from their DV database. DSS recurrently accepts referrals from our Temporary Assistance Screening tool, phone calls from community members, 2-1-1 helpline, CPS/APS, Steuben County Mental Health Services and other community resources 2) Steuben County DSS utilizes a system to ensure that data is unduplicated, and de-identifies client information. Programs included in this calculation include case management, addiction and recovery, court advocacy and emergency shelter. 3)The CoC is unable to meet the needs of all DV survivors due to insufficient funding to provide necessary rental assistance, which this proposed project would address. Moreover, a major barrier to meeting the needs of all DV survivors in this area is the lack of affordable housing, which has been exacerbated by the pandemic and eviction moratorium. Additionally, there are few apartments with safe, adequate living conditions at Fair Market Rent (FMR) available in the community. More funding will open additional housing opportunities for clients. The above factors, in addition to the challenges survivors already experience when searching for housing as a result of their abuse (e.g., lack of/poor credit, rental/employment histories) have made securing safe, affordable housing extremely difficult.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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
Steuben County De...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	Steuben County Department of Social Services
2.	Project Name	DV BONUS
3.	Project Rank on the Priority Listing	15
4.	Unique Entity Identifier (UEI)	EF95B1HKMBG1
5.	Amount Requested	\$154,822
6.	Rate of Housing Placement of DV Survivors–Percentage	85%
7.	Rate of Housing Retention of DV Survivors–Percentage	70%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1)The rate of housing placement was calculated by comparing the number of persons who applied for housing through various points of entry including counseling services, advocacy programs, DV shelter, ESG and RSP to those who exited the shelter to positive housing placements. The rate of housing retention was calculated by comparing the number of persons in DV housing projects (ESG and RSP) who either remained in those projects or exited to a positive housing destination. 2) The rates reported are reflective of clients who exited to what is considered a safe housing destination (separate from that of their abuser). 3) All information was pulled from the DV comparable database.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1)Steuben County DSS ensures that survivors who are experiencing homelessness are placed in safe and affordable housing by conducting the DV Assessment which assesses vulnerability, screens for support and rapid rehousing needs. DSS staff includes Domestic Violence Liaison (DVL), BILT Coordinator (LMHC) and Clinical Coordinator (MSW) oversight. The clinical coordinator and the BILT coordinator oversee the DVL to ensure that rapid/appropriate placement occurs 2) Steuben County DSS utilizes the CE Assessment tool to prioritize assistance for survivors (RRH). This tool ensures that survivors with the most severe needs are prioritized. DSS works closely with landlords to discuss openings in safe/affordable housing. The COC's approved Emergency Transfer Plan is implemented. This plan defines household eligibility, describes confidentiality, and discusses details on how a transfer will occur. This plan allows clients to have priority for a vacancy in other agency housing programs within the CoC and through partnerships with other CoC's. Transfers will also be made outside of the CoC if in the best interest of the survivor. 3)Steuben County DSS completes the assessment tool to determine each survivor's needs. The DVL connects survivors to other services that are needed including but not limited to assisting survivors with obtaining and increasing employment, connecting clients with mainstream services (i.e., SSID, SSI, food stamps, veteran benefits, TA, and more), ensure that clients have access to childcare, food assistance, TANF, early childhood education and access to healthcare benefits. 4)Steuben County DSS will connect services through the following, DV Hotline – connects survivors to services and provides referrals, DV non-residential services – makes referrals to outside agencies to ensure clients' needs are being met, court advocacy – support survivors during court proceedings, write orders of protection, temporary custody and assistance with supervised visitation. In addition, the DV Shelter services focuses on safety planning, behavioral health housing search and placement and connection to DV Rapid Rehousing 5) DSS moves survivors from temporary housing to permanent housing ensuring that wraparound services are secure. The DVL makes referrals to ensure that employment/non employment income is obtained. At intake, survivors will work with the DVL to ensure that needs are met. Each survivor will have an individualized plan to stabilize after discharge.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1) Steuben County DSS ensures DV survivors' safety by setting up office space to ensure maximum privacy. All intakes are conducted in person or via phone in private spaces utilizing physical barriers between areas. DSS Staff conduct interviews in private rooms where confidentiality is maintained. In addition, intakes/interviews are conducted with the client alone, noting survivors sometimes present for services with their abusive partners; this creates conditions that allow for safe disclosure of domestic/sexual violence; and allow for the development of safety plans to include specific interventions based on individual circumstances. 2) Steuben County DSS Domestic Violence Liaison works 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. The DVL will work with the survivor to ensure that placement of survivor is appropriate and ensures that all safety measures are met. 3) Steuben County Department of Social Services will ensure that all documentation at the department is in a locked and secured cabinet and the only individuals that have access to the cabinet are supervisors and the DVL. All documentation will be in the locked file cabinet, and we will let the survivor determine what he/she would like to do with their information. 4) Steuben County DSS ensures the safety of survivors by requiring training for staff on safety planning. Staff also receive annual training on confidentiality and best practices. 5) Staff work closely with survivors to identify feelings about where they would like to be housed. In Steuben County housing is limited. The likelihood that survivors will be placed in scattered sites is low. Most housing will be from private landlords. The DVL will work closely with the private landlords to ensure that all physical safety issues are addressed. The DVL will also ensure that the survivor has various forms of communication in the event of an emergency.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

Steuben County DSS has 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. Steuben County DSS has established policies and procedures that set clear guidelines for client confidentiality and site safety. The BILT Coordinator (supervisor of Domestic Violence Liaison) is also responsible for staff training on safety planning and providing oversight of staff to ensure regulatory compliance to safely provide services to survivors and ensures regulatory compliance with VAWA, VOCA, FFVPSA and HUD statutes. 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 to ensure it is up to date and addresses any new safety concerns.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;	
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 the effects of trauma;	
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

1) Steuben County DSS has extensive experience using trauma-informed, victim-centered approaches to meet the needs of survivors. The Domestic Violence Liaison (DVL) looks at each client holistically and ensures that all the participants' needs are met. Since the survivor is at the local Department of Social Services, there are many other resources that we can connect survivors with. 2) To maintain an environment of agency and mutual respect the County utilizes the Housing First model which builds trust and establishes 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, DSS staff inform survivors at intake that they will be offered housing without preconditions or barriers to entry (e.g., sobriety, treatment, service participation)3) Steuben County DSS ensures survivors are immediately provided access to information on trauma at time of intake and, as part of ongoing case management. Referrals are made upon request, and we work collaboratively with other community resources to ensure that client needs are being addressed. Steuben County DSS provides survivors with information on support group options related to trauma and encourages attendance. For example, Steuben County DSS provides referrals to Steuben County Mental Health when clients need therapy for trauma. 4) As an agency, Steuben County DSS uses strength-based coaching and assessments focusing on survivors' strengths and aspirations. Steuben County DVL works 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 the pursuit and attainment of participant-driven goals. 5) Steuben County requires cultural competency training for staff and emphasizes cultural inclusivity across all programs. Steuben County has 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) Steuben County DSS offers ongoing opportunities for program participants to connect with local nonprofit agencies that provide referrals to mentorship and peer-to-peer opportunities. Participants are given referrals upon request and are not pushed to make immediate decisions. We understand that each survivor's experience is different, and we want to support to the best of our ability.7) Steuben County DVL staff provides referral forms for offering parenting support (e.g., parenting classes and childcare). For example, staff provide referrals to programs such as the Parent Resource Center of Steuben to give parents opportunities to for different parenting classes as well as educational classes.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Currently, Steuben County DSS provides the following supportive services to DV survivors while transitioning them to permanent housing and addressing safety needs:

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 - Steuben County DVL staff provide court advocacy services to ensure survivors' safety needs are addressed (e.g., maintaining confidentiality, using harm reduction).

Financial Literacy – Steuben County DSS 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 Housing Case Management – Steuben County DSS provides Housing case managers to assist in housing search and placement. Navigators help identify local landlords and apartments, assist in renting up units, and advocating on behalf of clients.

Temporary Assistance - Cash assistance program based on income and resources. Assistance can be issued on an ongoing basis or to meet an emergency need for housing or heat/utilities

Supplemental Nutrition Assistance Plan (SNAP) - The SNAP division is responsible for determining eligibility for the federally mandated supplemental nutrition program. Eligibility is based on income and resource standards for family size and life situation.

Building Independence for the Long Term (BILT) - The BILT Program assists applicants/recipients of temporary assistance who present with significant barriers in achieving and maintaining independence.

Child Support Enforcement Unit - The Child Support Enforcement Unit is a federally mandated program that serves families by locating absent parents, assisting in establishing paternity, obtaining court orders for child support and medical support, and enforcing monetary and medical court orders.

Employment Unit - It is the responsibility of this unit to assign individuals to work or training activities and to provide support services in order to gain or maintain employment.

Medicaid - The Medicaid division is responsible for determining eligibility for all Medical Assistance Programs not offered by the NY State Office of Health Insurance Programs.

Non-Parent Caregivers - Non-parent caregivers, who are caring for children without a parent living in their home, may be eligible for Temporary Assistance.

Preventive Services - Preventive Services help parents and caregivers provide

an environment where children can thrive.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

This project will meet the needs of survivors for this newly proposed project by 1) prioritizing participant choice/preferences in rapid placement and permanent housing through CE. To ensure this, Steuben County DSS staff will attend bi-weekly case conferences and receive ongoing referrals from the Steuben County Clinical Coordinator. 2) Steuben County DSS 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. Steuben County DSS 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. DSS 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) Staff will ensure survivors are provided access to information on trauma immediately at intake and as part of ongoing case management. DSS will provide survivors with information on support group options related to trauma as well as mental health and encourage attendance. Steuben County staff will offer transportation options to support client attendance of those support groups or mental health appointments. 4) Steuben County DSS will use strength-based approach and assessments to identify and focus on survivors' strengths and aspirations. DSS 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) Steuben County DSS will continue requiring cultural competency training for staff and will emphasize cultural inclusivity across all programs. DSS will continually evaluate its intake and assessment tools to ensure inclusivity. 6) DSS 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) Staff will provide information in multiple forms offering support for parenting (e.g., parenting classes and childcare). Staff will provide warm handoffs to ensure connections with programs for children and/or referrals to additional community resources that support family stabilization.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

The Steuben County DSS will involve survivors with lived expertise in its policy and program development throughout the new project's operations. At the present time Steuben County DSS has a staff member who is currently a survivor. This individual will sit on our review committee and will be included in all meetings held regarding clients. Survivors with lived experience will also be active in the development of program policy and procedure and will be instrumental in the development of this new project. Staff have and will continue to work together to create program development, objectives, strategy, and measurable outcomes while using their lenses of experience. Information gathered from program participants with a range of lived experience will help the project measure areas where services are functioning effectively, and pinpoints areas where a more robust service provision is needed. The Steuben County Department of Social Services will continue to involve any participants with lived experience applicable to the review committee and incorporate them into our best practices.

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Renewal Project Application

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/16/2022
1B. Inclusive Structure	09/28/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/28/2022
1E. Project Review/Ranking	09/28/2022
2A. HMIS Implementation	09/28/2022
2B. Point-in-Time (PIT) Count	09/28/2022
2C. System Performance	09/28/2022
3A. Coordination with Housing and Healthcare	09/28/2022
3B. Rehabilitation/New Construction Costs	09/28/2022
3C. Serving Homeless Under Other Federal Statutes	09/28/2022

4A. DV Bonus Project Applicants	09/28/2022
4B. Attachments Screen	09/28/2022
Submission Summary	No Input Required