

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: NY-608 - Kingston/Ulster County CoC

1A-2. Collaborative Applicant Name: RUPCO

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CARES Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	No	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran's Agencies	Yes	Yes	Yes
Emergency Food Pantry/Soup Kitchen	Yes	Yes	Yes
Private business	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The UCCOC has a wide range of active participants that serve homeless. All board and committee meetings are public and the entire CoC membership is invited to attend. Twice annually a press release is sent to inviting interested parties to participate. Agencies are encouraged to attend and to submit projects for review. For strategic planning sessions, we ensure all sub-population groups are represented such as youth, DV victims, Veterans, HIV/Aids. Agencies that provide prevention and intervention services such as emergency food, warming shelters, educational providers, shelter service providers, DSS and outreach workers are key participants to represent the needs of homeless within the geographic area. Two examples are the Caring Hands Soup Kitchen, Warming Center and Food pantry that served unsheltered homeless and DSS that provide emergency shelter to all Ulster County Homeless.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family of Woodstock	Yes	Yes	Yes
Boces	No	Yes	No
Kingston School District	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Family of Woodstock	Yes	Yes
Gateway Community Industries	Yes	No
Legal Services of the Hudson Valley	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

All board, general membership, and the public are encouraged to participate in Work groups and committees. Ulster County Planning has taken the lead in facilitating the development of our local Strategic Plan. Jose Serpa from the Health Alliance was selected as Chair of the Coordinated Entry Workgroup due to his similar professional role and was key in developing mapping and facilitating the planning and implementation. The meet the goal to end Veteran homelessness The CoC engages participation from the VA, UC Veteran's Service Center, and SSVF grantees on key committees such as coordinated entry and PIT. To further the goal of ending chronic homelessness providers such as Family of Woodstock, DSS, PEOPLE Inc, Caring Hands Warming Center, First Baptist drop in center and Probation are asked to serve on work groups. To end youth homelessness front line providers such as Family, BOCES, the Kingston City School District's Ulster County Homeless are engaged.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

At the time the NOFA is announced and for the Annual Meeting a Press Release is sent inviting interested parties serving homeless to participate in and submit new project applications. The CoC also send information regarding the availability of funds to list serves of Human Service Agencies. Any agency interested in proposing a new project contact the CA that provides additional information on the availability of funds and eligible activities. The CA offer technical assistance in developing all proposals from providers that have not received funding in the past competitions to ensure their proposals are complete and meet HUD;s guidelines. The CoC then scores new projects utilizing the same ranking protocol and tool to guarantee consistency.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Quarterly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00%
How many of the Con Plan jurisdictions are also ESG recipients?	0	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	0	0.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	0	0.00%
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

Representatives of the two con plan jurisdictions are part of the CoC board and assist in ensuring proper oversight in the proper operation of the UCCOC. Both serve and attend regular board meetings, participate in the Ranking and Performance sub-committee. The Con-Plan jurisdiction of Ulster County is represented by the Director of the County Planning Department and leads our local strategic plan to end homelessness. The County also serves as the public website that posts all CoC applications. The City of Kingston is represented by the Director of Community Development and the UCCOC help coordinate and provides homeless statistics for their HUD plans. Both jurisdictions have access to monthly homeless statistics from HMIS. Both jurisdictions attend in-person meetings including a minimum of five planning sessions, 7 board meetings, and approximately 20 hours supporting and participating committee work as well as an additional 15-20 hours annually in phone and e-mail.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

There are no ESG jurisdictions in the UCCOC geography. ESG funds for non-entitlement communities are awarded by the NYS Office of Temporary Disability Assistance (OTDA) with balance of state funds. CoC agencies have received past allocations but the award was not renewed. The CoC will not be not eligible to apply for more funds until 2020, due to a 5 year contract cycle. The state program is Solutions to End Homelessness Program (STEHP). When ESG funds were available the priorities for allocations was established by the CoC and the program was evaluated and monitored by the CoC board through as a regular agenda items. Quarterly performance reports from HMIS provided the number of person served and outcomes.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The UCCOC network includes victim service and homeless assistance providers funded by any source. A 24 hour hotline provides information and referral to case managers. A standardized assessment tool is used as part of our Coordinated Entry process. Needs are prioritized, emergency needs met. Prevention and diversion services are deployed as indicated. The coordinated process and standard assessment keep information safe and secure because the same protocols apply. Personally identifying information is protected via secure electronic record keeping and by not sharing or inputting DV data into HMIS. Presenting victims with options and choice is a continued goal at times challenged by emergency conditions on the ground. Regardless of where or how victims present, their safety and security is priority 1. Personal choices are fundamental to individualized service plans which are developed from the spectrum of services available due to our commitment to coordination and inclusion.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Saugerties Housing Authority	20.00%	Yes-Both
Ellenville Housing Authority	5.00%	Yes-Public Housing
Kingston Housing Authority	3.00%	No

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

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

There are a number of subsidized privately owned senior residences that will accept homeless persons. RUPCO owns and or manages over 400 units of subsidized rental housing that will accept homeless. Forty Seven (47) units are designated for homeless individuals and families. RUPCO administers HOPWA, FUP, and VASH vouchers that provide and target homeless persons. Kingston PHA has 480 units and Ellenville has 53 units of rental housing. Public Housing Authorities in Saugerties and Ellenville do have a general preference for priority placement of homeless individuals and have placed homeless persons over the past year.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

UCCOC’s No Wrong Door Model covers a vast geography per Charter 1.2. Our Coordinated Entry Process (CEP) has multiple access/outreach points more easily accessible by foot and public transportation in urbanized areas. In outlying areas food pantries and houses of worship as well as our 24 hour hotline. In all areas our schools, hospitals, doctor offices, and municipal offices are informed of CEP. Soldier On and the VA have street outreach to identify and engage homeless vets. Outreach strategies are developed at COC meetings within the context of the subpopulations served by collaborative partners then deployed through trained staff. Agency staff has received training on how to identify, engage and assist individuals who may need assistance and it is a goal to offer regular training. Our standardized assessment tool and CEP, as described in 1C-3 above, ensures that program participants are directed to appropriate housing and services that fit their need and preferences.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Single Point of Access (SPOA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soldier On SSVF Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Catholic Charities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	11
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	11
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Scoring for CoC funded projects are weighted to prioritize programs that provide housing to chronically homeless, youth, victims of Domestic Violence, Families and Veterans. Programs that utilize the housing first model that have the longest homeless histories and are generally most vulnerable population were also prioritized for funding. The needs of this population that are considered in the ranking process include current or past substance abuse, histories of criminal records, DV Victims, those that are alienated from the system, significant health or behavioral health issues that require a higher level of supports, and vulnerability of victimization that causes trauma and requires a higher level of supports.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The UCCOC Governance Charter outlines the procedure to ensure there is an open and transparent process guiding public notice for both renewal and new project availability. Public notice is given throughout the year to inform and encourage participation. Public notice was provided to CoC board, applicants, members and the general public to participate in the planning process and submit a new application via e-mail and press release. Public Notice was sent on 10/6/2015 via e-mail and published on 10/7/2015. The Ranking, Review and Selection process is outlined in the Charter. The CoC board, applicants and membership are notified in advance of ranking deadlines as seen in the attached minutes from 4/28/2015, 6/9/2015, and 6/24/2015.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

Our Governance Charter sets the process for monitoring performance via 2 committees: Ranking/Performance & Audit/Monitoring committees. Policies are in place regarding criteria for the review and ranking of CoC funded programs. The CA monitors project performance with HUD benchmarks and provides quarterly reports to the board regarding utilization, income of participants and housing stability. Applicants are required to submit APR's to the CA for review. Annually the Ranking and Performance Committee review administrative performance including timely draws and contract execution as well as full expenditure of funds. The CA works with the HUD field office staff and applicants to resolve performance or monitoring issues to ensure programs are operating effectively. Issues that involve performance spend down, and timely contract executions are brought to the board. UCCOC policy for underperforming projects provides technical assistance and follow up review.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. The roles and responsibilities of each party are clearly stated on pages 1-5 of the Governance Charter and pages 18-21 of the Policy and Procedure Manual

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name (e.g., ABC Software).

AWARDS (Affordable Wide Area Relational Database System)

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?
Applicant will enter the name of the vendor (e.g., ABC Systems).

Foothold Technology

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Multiple CoCs

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$70,350
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$70,350

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$6,000
Other - Total Amount	\$6,000

2B-2.6 Total Budget for Operating Year	\$76,350
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 04/28/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	77	17	60	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	30	0	30	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	150	0	150	100.00%
Other Permanent Housing (OPH) beds	15	0	15	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

N/A

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	5%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	2%
3.6 Gender	0%	0%
3.7 Veteran status	3%	0%
3.8 Disabling condition	3%	1%
3.9 Residence prior to project entry	1%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

There are no funded projects for GPD or PATH, but the system is able to take the information should they receive the funding. SSVF is run by Soldier On and they have not been able to give CARES a complete enough data set to upload using HUD's CSV specs, but the database is ready to accept the data when they can extract a good CSV report from their home HMIS database.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/30/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 04/28/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input checked="" type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

A census report was pulled from HMIS records identifying the number of persons including sub-populations for all emergency shelter and transitional housing programs for the night of count. HMIS information was then verified by each agency with actual census numbers to confirm accuracy.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

n/a

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

no changes were made

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/15/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/28/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Due to the rural nature of the CoC's geographic area and the weather conditions in the northeast, the CoC utilizes both a known location and service based count. Surveys with identifying markers were used to avoid duplication at service based sites. Homeless service providers with outreach experience administered the surveys at both known locations and emergency warming and food programs throughout the county.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

none

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

none

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	341	376	35
Emergency Shelter Total	260	235	-25
Safe Haven Total	0	0	0
Transitional Housing Total	44	29	-15
Total Sheltered Count	304	264	-40
Total Unsheltered Count	37	112	75

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,245
Emergency Shelter Total	1,195
Safe Haven Total	0
Transitional Housing Total	55

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

The CoC identifies specific risk factors the lead to homelessness in a number of ways. First, the membership includes agencies that provide prevention services. Specific risk factors were identified through a facilitated discussion including formerly homeless persons. Resources to prevent people from becoming homeless are identified and coordinated at the CoC level. The participation of DSS and HMIS information provides data on the actual reason for homelessness that drives the CoC strategy. Concrete steps that the CoC has taken to prevent homelessness include the identification and coordination of resources, mapping of the Emergency Shelter and prevention system that identifies resources for those not eligible for DSS placement, coordination with DSS for diversion strategies, case management services that provide intervention and options before the household becomes homeless legal services to prevent eviction, and the implementation of a coordinated entry

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

The CoC reviews monthly HMIS data that includes length of stay. That information is broken down between ES placement in shelters, boarding homes, and motels. The CoC has reviewed the trends in the length of stay that indicate length of stay is greatly reduced for those families placed in shelters instead of overflow boarding homes or motels that do not provide case management services. DSS is responsible for emergency shelter placement in the UCCOC geography and triages individuals and families that have the longest lengths of homelessness that need additional support and case management to transition back into the community. Persons placed in the shelter system provide an array of case management services to stabilize the household quickly.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	304
Of the persons in the Universe above, how many of those exited to permanent destinations?	215
% Successful Exits	70.72%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	241
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	222
% Successful Retentions/Exits	92.12%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The Coordinated Entry assessment form and all agency and DSS intakes identify households with multiple episodes of homelessness. Households with multiple episodes are provided case management services and individualized service plans that identify the barriers to housing stability. Barriers such as affordable housing, transportation, income and health or behavioral issues are addressed. Discharge planning and follow up also help stabilize households reducing the return of homelessness. Coordination between agencies and programs that provide support and housing options to individuals, families, Veteran's, these with mental health, substance abuse and DV with varying level of supports provide appropriate options to reduce the episodes of homelessness. HMIS data is utilized at an agency and program level. The ability to utilize HMIS across the continuum will be available early next year. A CoC data sharing agreement is already in place for information at the aggregate level.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Specific strategies to increase income from employment include in house programs for job readiness, and placement. The County provides funding for the Career Ladder program and the Office of Employment (EOT) offering additional skill building, vocational and employment assistance. Family offers child care placement to help parents return to work. All CoC agencies refer to programs such as Access VR, BOCES, and Gateway which provides Career Planning, employment services, computer skills training and ticket to work programs. Specific strategies to increase non-employment income include a Legal Services and DSS partnership for a direct referral system to assist homeless in attaining benefits. Through the VA and the SSVF there are opportunities to increase income for Veteran's through service or non-service related pensions. Other agencies also provide assistance in submitting applications, advocacy, transportation and other services that help homeless persons increase income.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

Mainstream employment organizations serving the CoC are Gateway Community Industries, Department of Labor, Office for Employment and Training OET and Access VR. Individualized service plan identify barriers to increasing income. CoC agencies provide referrals to the above mentioned agencies with regular follow up to ensure success. Many CoC agencies provide transportation, computer access, and in-house job readiness services to supplement and strengthen services of mainstream agencies. Family of Woodstock staff has trained Workforce Development Specialists. Veteran service agencies provide referrals for the Disabled Veteran Outreach Program and the Local Veteran Employment Representatives. These services provide intensive case management and advocacy to link Veterans to local employment opportunities. 100% of all CoC funded programs have a close relationship with one or more of the employment resources listed above.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

In the UCCOC Soldier On, the VA, PEOPLE Inc, and the MHA ACT Team all conduct street outreach. All are active members of the CoC and have participated on the Coordinated Entry and annual point in time counts, two sit on the CoC board. Methods used to identify homeless include visits to food pantries and soup kitchens, referrals from Community Based Organizations and visits to known homeless locations. The Coordinated Entry provides a standard assessment tool for street outreach team. When the client is engaged there is an immediate ES placement and a warm referral is made to the CoC permanent housing program that best fits their needs. If the need is for affordable rental housing only, homeless are referred to Public Housing Authorities and RUPCO for availability of subsidized units.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

The UCCOC has developed a strategy utilizing both service based and known locations for our annual point in time count. This provides relatively good coverage in a rural geographic region the size of the State of Rhode Island with urban centers in its city and villages as well as massive rural areas including portions of the NYS Catskill Park Preserve and the NYS Minnewaska State Park Preserve. Due to the rough mountain terrain and the winter conditions in the northeast we do not include the isolated preserve and some other rural areas in our count. Even though there are some state camping areas, most are closed due to wintry conditions and we believe are inhabitable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	36	59	23
Sheltered Count of chronically homeless persons	20	32	12
Unsheltered Count of chronically homeless persons	16	27	11

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

There was an increase in the number of chronically homeless persons in both sheltered and unsheltered categories from 2014-2015. The reasons for the increase in the unsheltered count are partly due to the creation of a new warming center and drop in center that serves unsheltered homeless. Having access to these locations on the day of the point in time count allowed us to survey and count individuals we would not have encountered. Also there was a severe snow storm the day before the count that drove those living in the streets inside. The CoC also attributes the number of chronically homeless sheltered to a loss in inventory of beds for single adults. Two boarding homes used to house the homeless and those resistant to services closed driving those to DSS to seek emergency shelter.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

The CoC, through its Supportive Housing Work group has identified the need for supportive housing for chronically homeless and other special needs populations. This group held a series of meetings with special needs housing providers, Health Homes, Mental Health, and private business including the local hospital HAHV to develop a comprehensive Supportive Housing plan that will identify needs and gaps for supportive housing populations including increasing beds for chronically homeless. The group is also researching successful housing models, such as housing first. The plan will result in a minimum of three funding applications over the next two years through a number of new housing initiatives at the state level that could lead to the creation of new supportive housing units in the Hudson Valley. The CoC anticipate a minimum of five beds would be dedicated to housing chronically homeless. Additionally, the UCCOC has adopted a policy to prioritize housing placement for chronically homeless when new units become open due to vacancy. This prioritization will allow more non- dedicated chronic homeless beds to be available for chronically homeless.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The strategy to increase the number of supported housing beds that could be made available for chronically homeless was achieved with three funding applications. Family of Woodstock applied for funding for a transitional housing program for DV victims. There was a new emergency/transitional facility build to house homeless veterans funded by the County, Gateway was awarded 21, and MCCDC 18 OHM supported beds. The UCCOC adopted a policy to prioritize chronic housing placement for all CoC funded programs as beds become available

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	19	19	0

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The CoC planned to add four additional beds dedicated to chronically homeless. Even though additional funding has been secured for additional supportive beds that could house chronic homeless, those projects are not yet operational therefore we were unable to meet the stated goal. However although not dedicated Families SRO Shelter Plus Care program served 17, six above the dedicated number in the HIC. Also, included in this application is a proposal for 8 additional dedicated beds for chronically homeless.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? No

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	137
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	46
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	46
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The lack of affordable rental housing is the major barrier in Ulster County. Rules and regulations set by funders limit the access for chronic homeless that may have multiple disabilities. Home Rule in New York State greatly inhibits the ability to develop safe, damp housing. Technical assistance on how to create that housing would be appreciated. Technical assistance could include training on models for both low barrier and housing first models that will allow us to provide most appropriate housing opportunities for high risk homeless to reduce recidivism.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Alienation to system	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Implementation of Coordinated Entry will provide a common assessment form utilized by all agencies that provides a direct referral for CoC funded programs. Shelter staff will provide Case Management with the goal of placing homeless families within 30 days. Case managers will identify the barriers that limit their housing stability. Stabilization services will include increasing income through employment or entitlements, assistance in permanent housing placements, negotiate with landlords if they have a poor rental history, try to secure child care, and refer to treatment as needed.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	161	129	-32
Sheltered Count of homeless households with children:	147	118	-29
Unsheltered Count of homeless households with children:	14	11	-3

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

All homeless families are placed by DSS into emergency housing. Better coordination between DSS and Family of Woodstock who operate the shelter system has led to a reduction of homelessness for this group. DSS prioritizes higher risk families for placement in emergency shelter instead of motels. The shelters offer case management, screening for entitlements support for employment and job training and housing placement. This greatly increases the success in stabilizing families when placed.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	54	55	1

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The numbers have been consistent over the past two years with a normal fluctuation of unaccompanied youth. With only one transitional housing program for this population and the same number of housing units dedicated to this population the numbers indicate the program is consistently running at full capacity.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$579,406.00	\$579,406.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$91,667.00	\$91,667.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$487,739.00	\$487,739.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	4
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	40
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	8

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The UCCOC has participation from both LEA and SEA representatives in the CoC planning process. Within the CoC geography both the Kingston City School District (KCD) and BOCES have received funding to ensure families are aware of Mc-Kinney Vento education services. Both liaisons are members of the CoC planning committee and the KCD liaison is a member of the CoC board. The CoC and district liaisons work together to develop safeguards to protect homeless students from discrimination based upon homelessness, supporting their rights to remain in their home school districts. As part of our annual PIT count, the CoC has decided to count the number of "couch surfing" youth, outside the HUD definition to be able to quantify the need and scope of services for this population. Both liaisons are key in assisting in the PIT planning and execution and gaining the additional "at risk" youth numbers.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

CoC funded agencies that serve households with school age children have established relationships with both the BOCES and KCD liaisons to identify and inform families eligible for educational services. Family of Woodstock and DSS provide emergency placement work together within the liaison to identify families in need of services. DSS provides a list of homeless families housed in motels to the district homeless liaison to ensure services. Family of Woodstock has a formal collaboration with the City of Kingston City School District which has grown to include CoC agencies that serve homeless youth. The homeless school liaison provides services through the county to all school districts. CoC funded agencies including Family refer eligible youth placed in transitional and permanent housing to the liaisons that review each youth educational record to ensure that they are receiving all services and specialized programming.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	16	19	3
Sheltered count of homeless veterans:	8	13	5
Unsheltered count of homeless veterans:	8	6	-2

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The Patriot project which is funded by the county to provide transitional housing for homeless Veteran's began operation in 2015, and three of the sheltered Vets in the 2015 PIT count were living in that transitional setting which accounts for the increase, there were no homeless Veteran transitional beds in 2014. With the increase in street homeless outreach and CBO referrals to SSVF providers and utilization of VASH vouchers, the CoC has see a reduction in the number of unsheltered Veterans form 8 in 2014 to 6 in 2015

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

Veterans are quickly identified by street outreach teams funded by SSVF and the VA Homeless coordinator, HMIS data, the Coordinated Entry, DSS and the Single Point of Access. Outreach teams identify Veterans from referrals from homeless assistance agencies, the Veterans Service Agency and self-referrals from Vets. Both SSVF, the VA and the Ulster County Veteran Service Agency have trained staff that assess Vets at the point of entry for benefits. The CoC includes both VA and non-VA funded programs. The SSVF providers participated in the development of the coordinated entry assessment so Veterans are identified and referred to CoC funded programs whether or not they qualify for VA benefits.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

Veterans that do not qualify for VA or other Veteran specific resources are referred from Veteran specific resource agencies to the most appropriate Community Based Organizations within the CoC system. Referrals could include DSS for emergency housing placement, Family of Woodstock shelter system and adult case management programs, or treatment for mental health or substance abuse. All these agencies are networked through the Coordinated Entry.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	7	13	85.71%
Unsheltered count of homeless veterans:	0	6	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

We have conducted a number of training with VA and other Veteran organizations to assist service providers in properly identifying Veterans. We have established a strong partnership with the VA and have accessed up to 13 VASH vouchers in Ulster County, where three years ago there were none. Outreach and participation from both Soldier On and WESTCOP agencies that provide SSVF services has also helped us identify and assist homeless Veterans. The Ulster County Veteran's Service Agency who is represented on the CoC board help develop 8 emergency/transitional housing units for homeless vets have increased the available inventory and services. The CoC also identifies Veterans through its coordinated entry system.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	12
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	12
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

New York is in a Medicaid expansion state, providing a number of new resources to help enroll eligible participants. The health care organizations that are collaborating with the CoC are the Health Home network, Institutes for Family Health, ACA Health navigators, Managed Long Term Care providers, Fidelis, WellCare, Hamaspik, Visiting Nurse Service, and the Health Alliance. The primary ways the CoC ensures that program participants maximize access to services are transportation to appointment, referrals to Health Homes, ICAN coordinator that provides outreach to assist in Medicaid enrollment, and NY Connects.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Assistance in enrollment to Medicaid	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	12
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	12
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	12
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	5
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	42%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

n/a

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

n/a

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

n/a

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	No project rejection	11/10/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Evidence of Publi...	11/12/2015
03. CoC Rating and Review Procedure	Yes	Ranking Policy an...	11/10/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rnking Public Pos...	11/10/2015
05. CoCs Process for Reallocating	Yes	Reallocation	11/10/2015
06. CoC's Governance Charter	Yes	governance Charter	11/10/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	11/10/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	No Admin Plan ref...	11/10/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS Governance C...	11/10/2015
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: No project rejection

Attachment Details

Document Description: Evidence of Public Posting

Attachment Details

Document Description: Ranking Policy and Procedure

Attachment Details

Document Description: Ranking Public Posting

Attachment Details

Document Description: Reallocation

Attachment Details

Document Description: governance Charter

Attachment Details

Document Description: HMIS Policy and Procedure

Attachment Details

Document Description:

Attachment Details

Document Description: No Admin Plan references

Attachment Details

Document Description: HMIS Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/03/2015
1B. CoC Engagement	11/12/2015
1C. Coordination	11/12/2015
1D. CoC Discharge Planning	11/03/2015
1E. Coordinated Assessment	11/10/2015
1F. Project Review	Please Complete
1G. Addressing Project Capacity	11/10/2015
2A. HMIS Implementation	11/03/2015
2B. HMIS Funding Sources	11/12/2015
2C. HMIS Beds	11/06/2015
2D. HMIS Data Quality	11/03/2015
2E. Sheltered PIT	11/06/2015
2F. Sheltered Data - Methods	11/06/2015
2G. Sheltered Data - Quality	11/06/2015
2H. Unsheltered PIT	11/06/2015
2I. Unsheltered Data - Methods	11/10/2015
2J. Unsheltered Data - Quality	11/06/2015
3A. System Performance	11/12/2015
3B. Objective 1	11/12/2015
3B. Objective 2	11/12/2015
3B. Objective 3	11/12/2015
4A. Benefits	11/10/2015
4B. Additional Policies	11/12/2015
4C. Attachments	11/12/2015
Submission Summary	No Input Required

ULSTER COUNTY

**Homeless services
focus of meetings**

KINGSTON » The Ulster County Continuum of Care Coalition will hold two planning meetings to help ensure that homeless services and housing are available in Ulster County.

Meetings designed to help the coalition develop a 2015 continuum of care application will be held at 1 p.m. Tuesday, Oct. 13, and 10 a.m. Thursday, Nov. 5., at The Kirkland, 2 Main St., Kingston. Both are open to the public.

The coalition will submit a 2015 Continuum of Care application for part of a \$1.2 million grant funding pool for a number of agencies that support homeless individuals and families.

To attend, email Maru Gonzales-Anderson at megonzalez@rupco.org.

Funding is also available to help individuals and families who have had repeat episodes of homelessness or who have been homeless more than a year. Agencies interested in such a program should email Kathy Germain at kgermain@rupco.org.

Kathy Germain

From: RUPCO <tcollins@rupco.org>
Sent: Tuesday, October 06, 2015 9:48 AM
To: Kathy Germain
Subject: County Homelessness Planning Sessions

Having trouble viewing this email? [Click here](#)



FOR IMMEDIATE RELEASE

START DATE: October 6, 2015

END DATE: November 5, 2015

CONTACT: [Maru Gonzalez-Anderson](#)

(845) 331-2140 ext. 220

CONTACT: [Tara Collins](#)

Director of Communications, RUPCO

(845) 331-2140, ext. 276 office

(607) 643-5148 cell

LINKS OF INTEREST: [List of Ulster County Continuum of Care agencies](#)

The Ulster County Continuum of Care (UCCC) is a coalition of agencies, local government and faith-based organizations that assist in ensuring homeless services and housing are available in Ulster County. The UCCC is holding two planning meetings open to the public and regional agencies interested in participating in this annual process. As a result of these planning meetings, UCCC will submit a 2015 Continuum of Care application to a \$1.2 million grant funding pool for a number of agencies that support homeless individuals and families.

The planning meetings are scheduled for Tuesday, October 13 at 1 p.m. and Thursday, November 5 at 10 a.m. Both sessions will be held at The Kirkland, 2 Main Street, Kingston. Please RSVP to Maru Gonzales-Anderson at megonzalez@rupco.org.

Additional funding is available through this program to assist individuals and families who have had repeat episodes of homelessness or those homeless for more than a year. The UCCC invites agencies interested in developing a program to house this specific homeless population to contact Kathy Germain at kgermain@rupco.org to discuss funding opportunities.

The Ulster County Housing Consortium exists to promote the goal of ending homelessness in Ulster County by building an effective centralized intake and assessment system, evaluating homeless data to determine the need to reduce homelessness, providing services that increase stabilization of individuals and families, monitoring progress of existing programs and services for homeless, and advocating for funding to promote decent, safe, affordable housing for all. Over 70 agencies participate in this conversation and ongoing regional work.

www.rupco.org

289 Fair Street | Kingston, NY 12401 | (845) 331-2140



Kathy Germain

From: Kathy Germain
Sent: Wednesday, June 03, 2015 4:38 PM
To: Kathi Horvath (khorvath@mhainulster.com); Michael Berg (mberg@fowinc.org); Rhonda Langton; Rhonda Garcia; Lisa Marie Fallon (LFallon@rehab.org); Monson, Judy (OASAS) (Judy.Monson@oasas.ny.gov)
Subject: CoC Ranking
Attachments: 2015.xlsx; scoring matrix revised.docx
Importance: High

I have attached a Performance Worksheet with information you gave me from your APR's and the scoring matrix we will be using. Please take a moment and review to make sure you are capturing the highest score. The matrix has the points associated with each question and I have listed the question number or the column of the performance worksheet so you can easily see how you will score. You have copies of your questionnaires that were submitted

There will be one additional question we will ask applicants, I have a call with CARES on Friday morning so you will have time to prepare your response.

The meeting will be at 1 pm on June 9th at the Kirkland, in the small conference room on the first floor, I will let you know about scheduled interview times after I speak to CARES on Friday. thanks

Kathy Germain, Vice President Housing Services
RUPCO's NeighborWorks HomeOwnership Center
301 Fair Street
Kingston, New York 12401

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kgermain@rupco.org

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Kathy Germain

Subject: 2015 Continuum of Care Ranking Committee Meeting
Location: Kirkland, Cloakroom

Start: Tue 6/9/2015 1:00 PM
End: Tue 6/9/2015 4:00 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Kathy Germain

Required Attendees: Lisa Marie Fallon (LFallon@rehab.org); Monson, Judy (OASAS) (Judy.Monson@oasas.ny.gov); Michael Berg (mberg@fowinc.org); 'saltamirano@familyofwoodstockinc.org' (saltamirano@familyofwoodstockinc.org); Rhonda Langton; Rhonda Garcia; Rhetta Eason; Sue McDonough; ddoy@co.ulster.ny.us; Kathi Horvath (khorvath@mhainulster.com); 'Sue Palmer' (spalmer@caresny.org); Stacy Rein

Importance: High

Ranking committee members will meet first at 1 pm and applicants will be scheduled later in the afternoon. Additional information will follow. Please note the meeting will be held at the Kirkland, but in the Cloakroom- small room on the first floor.

**2015 Ulster County Continuum of Care Ranking Committee Meeting
Meeting Minutes 6/9/2015**

Attendance: Stacey Rein, Rhetta Eason, Sue McDonough, Dennis Doyle, Brenna Robinson, Bill Brown, Michelle Sandoz-Dennis, Tess Cleary, Sue Palmer, Rhonda Langton, Rhonda Garcia, Lisa Marie Fallon, Michael Berg, Salvador Altomarin, Kathi Horvath and Kathy Germain.

K. Germain opened the meeting with introductions. M. Sandoz-Dennis from CARES Inc facilitated an overview of HUD CoC ranking requirements, priorities, and overview of ranking process with the committee. Discussion with the ranking committee followed

K. Germain reviewed the ranking packets with committee members D. Doyle, R. Eason, S. Rein, B. Robinson, B. Brown, S. McDonough. The packets included HUD definitions and performance benchmarks, UCCOC Ranking procedure and protocols, Performance Worksheet of applicant projects, and Renewal Ranking Questionnaires for nine CoC renewal projects.

K. Germain facilitated a discussion reviewing each applicant questionnaire.

M. Sandoz-Dennis then presented a revised scoring matrix to the committee utilizing the scoring that had been approved for the 2015 ranking.

The Ranking committee then held interviews with each applicant to discuss their projects.

M. Sandoz-Dennis then facilitated the ranking of each application. The results are attached.

It is anticipated minor changes may be made to reflect information given by the applicants during the interview.

The Ranking Committee reviewed the proposed order of renewal projects and plan to make a recommendation to the CoC board to adopt at the 6/24/2015 meeting.

Meeting was adjourned.

Kathy Germain

From: Kathy Germain
Sent: Monday, June 15, 2015 2:25 PM
To: wawsupervisor@hvc.rr.com; Brenna Robinson; Joan Eck (jeck@ulstersavings.com); Joanne Bell; Jose Serpa; Karen Winkle; Kelly McMullen; Kevin O'Connor; Kim Gifford; Melanie Mullens; Michael Berg (mberg@fowinc.org); Mike Iapoce; Rhonda Garcia; Steve Massey; 'Sue Palmer' (spalmer@caresny.org); Thomas Kelly
Cc: egru@co.ulster.ny.us; Kathi Horvath (khorvath@mhainulster.com); Rhonda Langton; Rhonda Garcia; Rhetta Eason; wbrown@wesoldieron.org; Sue McDonough; Lisa Marie Fallon (LFallon@rehab.org); Michelle Sandoz-Dennis (msandozdennis@caresny.org); Tess Cleary (tcleary@caresny.org)
Subject: CoC Board Renewal Ranking Results
Importance: High

The Ulster County Continuum of Care Board Meeting will be held on Wednesday June 24th from 3-4:30 pm

CARES will be joining our June Board meeting to review the scoring of the ranking committee on the 2015 renewals. We are inviting applicants that presented projects in addition to the Ranking committee members that are not on the board to join us for the meeting.

This ranking is critical for our 2015 application. CARES will provide an overview of HUD priorities and how renewal project performance impacts the entire CoC competition scoring. We hope to see you there.

The meeting will be held at the Kirkland 2 Main Street Kingston from 3-4:30 pm on Wednesday June 24th.

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Ulster County Continuum of Care Board Meeting
June 24, 2015
Adoption of Renewal Ranking 2015

Michael Berg, Lisa Marie Fallon, Rhonda Langton, Ericka Von Salews, Amy Colon, William Brown, Rhetta Eason, Tom Kelly, Nancy Schmidt, Kathi Horvath, Sue McDonough, Brenna Robinson, Rhonda Garcia, Sue Palmer, Kelly Mc Mullen, Jose Serpa, Joan Eck, Michelle Sandoz-Dennis, Kathy Germain, Johnny Scott, Joan Eck, Dennis Doyle, Michael Iapoco.

M. Berg opened the meeting with introductions. K. Germain informed the group that de-briefing meetings with scored applicants (except Multi-County) were completed prior to the meeting to review the scoring, minor changes were made due to math errors. A follow up phone debrief with MCCDC will be scheduled.

M. Sandoz-Dennis from CARES, the consultant hired to facilitate ranking presented an overview of purpose of ranking, HUD's priorities, changes in ranking with HEARTH implementation and reallocation. She stated that tiering of projects would not be conducted until HUD application with further instructions was available. K. Germain reviewed the CoC's protocol and M. Sandoz-Dennis reviewed the scoring matrix explaining how scoring was done.

The final ranking is as follows:

1. PEOPLE Inc. Home Again
2. Family of Woodstock, SHP Families
3. Family of Woodstock, SHP 2 Families
4. Family of Woodstock S+C Families
5. Gateway, Women with Children
6. Family of Woodstock, S+C Singles
7. Family of Woodstock, Midway
8. OASAS/MCCDC, Shelter Plus Care
9. Gateway, Stuyvesant Apartments
10. Mental Health Association, HUD Supported Housing

A draft ranking appeals process was reviewed by the board and with one change that the process be facilitated by the Ranking Committee instead of the Review Team was brought to the floor for a motion. B. Robinson made the motion, J. Serpa seconded. There was no discussion and the motion carried unanimously.

K. McMullen moved to accept the recommendations of the ranking committee with consideration that any appeals would be brought to the ranking committee for review

and back to the board. T. Kelly made a motion, J. Serpa seconded there was no discussion the motion carried with three abstentions: M. Berg, J. Eck, and R. Garcia.

Discussion followed on additional local priorities that may be included in next year's ranking. Additional items that are under consideration include:

1. Prioritizing Chronic Beds
2. Additional points for programs that house homeless unaccompanied youth
3. Ways to acknowledge services and housing for Veterans
4. Applicant participation in the roll out and implementation of the CoC's Coordinated Assessment.
5. Additional points for projects that are in good standing with audits without HUD findings.

Monthly homeless stats from HMIS were reviewed by the board along with the quarterly report.

K. Germain discussed the roll out of the CoC Coordinated Assessment that is expected August 1, 2015.

The meeting was adjourned at 4:25 pm.

Kathy Germain

From: Kathy Germain
Sent: Friday, October 02, 2015 12:18 PM
To: 'Rhonda Garcia'; 'Rhonda Langton'; 'donnadell@familyofwoodstockinc.org'; 'Michael Berg (mberg@fowinc.org)'; 'Kathi Horvath (khorvath@mhainulster.com)'; 'Lisa Marie Fallon (LFallon@rehab.org)'
Subject: 2015 CoC renewal instructions
Attachments: HUD approved NY-608.xlsx; FY-2015-Renewal-Project-Application-Detailed-Instructions.pdf; fy-2015-New-Project-Application-Detailed-Instructions.pdf; renewal project application instructions.pdf

Importance: High

Please open the attachment above "renewal project application instructions" for an abbreviated version of the instructions for CoC renewal programs with a memo explaining deadlines.

Unfortunately HUD requires renewal and new projects be submitted at least 30 days in advance of the competition deadline which is November 20th

Therefore all applications are due to me before October 19th.

The memo also has dates when I am available for technical assistance with applications and our planning meeting dates. Applicants are required to participate in planning meetings.

Good Luck!!!

Kathy Germain

Vice President of Housing Services

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Kathy Germain

From: Kathy Germain
Sent: Tuesday, October 06, 2015 1:44 PM
To: 'Kelly McMullen'; 'msch@co.ulster.ny.us'; 'ddoy@co.ulster.ny.us'; 'Rhetta Eason'; 'Stacy Rein'; 'Sue McDonough'
Cc: 'Michelle Sandoz-Dennis (msandozdennis@caresny.org)'; 'Tess Cleary (tcleary@caresny.org)'
Subject: 2015 Ranking Committee Tier 1 and 2 recommendations
Attachments: Copy of Ulster CoC Tiered Ranking.xlsx

Importance: High

Attached you will find not only the ranking for the Continuum of Care projects but the tiering recommendations from CARES on how best to strategically place renewal projects.

HUD has drastically changed the tiering process in the 2015 application. In previous years CoC's were required to put the equivalent of 3% of the total renewal amount in tier 2- which would not automatically be funded for Ulster that was about \$43,000 and one project usually fell within that category.

In 2015, HUD is requiring 15% of our renewal totals be put into Tier 2- which means three projects could be in jeopardy, or have to be scored competitively in order to receive funding.

HUD believes it has the funds to meet the full demand for all renewals, but wants CoC's to prioritize projects if funds are not available.

I have requested CARES have a conference call to review the recommendations the week of October 20th- hopefully we can find a time for a 30 minute call. See attached.

Kathy Germain

Vice President of Housing Services

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Kathy Germain

From: Kathy Germain
Sent: Monday, October 05, 2015 12:56 PM
To: 'Rhonda Garcia'; 'Rhonda Langton'; 'donnadell@familyofwoodstockinc.org'; 'Michael Berg (mberg@fowinc.org)'; 'Kathi Horvath (khorvath@mhainulster.com)'; 'Lisa Marie Fallon (LFallon@rehab.org)'
Subject: RE: 2015 CoC renewal instructions
Importance: High

Here are the leveraging amounts for the renewal projects as calculated by CARES

Agency	Project	Funding Amount	Leveraging Amount
PEOPLE	Home Again	64,102	120,192
Family of Woodstock	SHP 2 Families	64,354	109,414
Family of Woodstock	SHP Families	78,730	147,619
Family of Woodstock	S+C Families	214,295	100,538
Gateway	Women with Children	45,819	85,911
Family of Woodstock	S+C Singles	310,357	145,599
OASAS/MCCDC	MCCDC OASAS S+C	164,756	77,294
CARES	HMIS	70,350	131,907
Family of Woodstock	Midway	91,667	171,876
MHA	HUD Supported Housing	61,836	115,943
Gateway	Stuyvesant	45,867	86,001
PH Bonus	PSH or RRH	181,820	tbd

Kathy Germain

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From: Kathy Germain
Sent: Friday, October 02, 2015 12:18 PM
To: 'Rhonda Garcia'; 'Rhonda Langton'; 'donnadell@familyofwoodstockinc.org'; 'Michael Berg (mberg@fowinc.org)'; 'Kathi Horvath (khorvath@mhainulster.com)'; 'Lisa Marie Fallon (LFallon@rehab.org)'
Subject: 2015 CoC renewal instructions
Importance: High

Please open the attachment above "renewal project application instructions" for an abbreviated version of the instructions for CoC renewal programs with a memo explaining deadlines.

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Good Luck!!!

Kathy Germain

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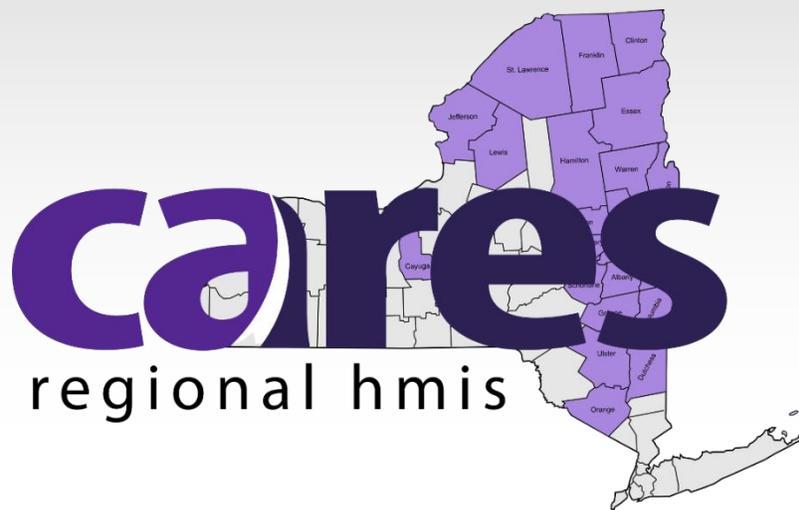
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Policies & Procedures Manual

2015

NEW DATA STANDARDS EDITION



CARES Regional Homeless Management Information System (CRHMIS)

CARES Regional HMIS *Policies & Procedures Manual*

Updated October 2013

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* Changes have been made to this policy.

Introduction

Document Overview

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

History of the HMIS

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

Configuration and Purpose of the CARES Regional HMIS (CRHMIS)

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

The CARES Regional HMIS is currently comprised of Albany, Cayuga, Clinton, Columbia, Essex, Franklin, Fulton, Hamilton, Greene, Jefferson, Lewis, Montgomery, Orange, Rensselaer, Schenectady, Schoharie, St. Lawrence, Saratoga, Ulster, Washington and Warren Counties for Continuum of Care (CoC) HMIS coverage. All programs mandated under HEARTH and STEHP are included in the database, as are most eligible community funded, all mandated and most non-mandated NYS funded programs for homeless persons or those at risk of homelessness.

Representing a large area of upstate and mid-western New York, the CARES Regional HMIS captures client-level information over time, allowing agencies and communities to assess the characteristics and service needs of individuals and families experiencing homelessness, and at risk of homelessness, within the participating counties. This information is then provided in unduplicated and aggregate form, stripped of any Protected Personal Information (PPI), and made available to the community, The Department of Housing and Urban Development (HUD), and other funders and researchers in accordance with the guidelines set out within this manual. Client

level data is not currently reported out to any agency, researcher, and governmental body or individual that does not already have agency-level access to that information by the CARES Regional HMIS team.

Purpose of the CR-HMIS

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

Goals

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

To Learn More about the CRHMIS

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

Administrative Structure:

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

Lead Agency

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

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

York State, encompassing the original three counties that were in the (former) Capital Region HMIS of Albany, Rensselaer and Schenectady. Having led the initial implementation of the HMIS in those counties, CARES continues to act as the Director of the HMIS Program and Services for the HMIS by providing ongoing training, technical assistance, consulting, database management, reporting and help desk support to the Continuums of Care with the HMIS. Since the creation of the regional database in 2004, the number of counties served by the CARES HMIS has grown to include several counties well outside the Capital Region. As a result, and to reflect the scope and collaborative nature of the database, the name was changed in 2008 to the CARES Regional HMIS. In its role as Director of the HMIS Program and Services and Lead Agency, CARES also acts as an intermediary between the Software Solutions Provider (Foothold Technology) and participating agencies, handling the billing and payments for the software, keeping current with the HUD requirements and trends, attending regional and national conferences, participating in larger, regional collaborative HMIS administrator groups, keeping current with software updates, trainings, conferences and trends while also maintaining regular contact with HUD technical assistance providers and staff. In addition to being a member of the Mid-Atlantic HMIS Director of the HMIS Program and Services group (MARHMIS) CARES is also involved in the New York State Office of Temporary Disability Assistance (NYS OTDA) project of creating a state-wide HMIS Data Warehouse and the HUD AHAR Redesign Project. The Director of the HMIS Program and Services, participates in committee meetings and calls regarding these projects with regular updates to the CRHMIS Advisory Committee.

Implementation Committee

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

Advisory Committee

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

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

information on the committee or the process, or to get the log-on information for the next webinar, please contact the HMIS Director of the HMIS Program and Services at hmis@caresny.org.

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

Data Committee

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

Communication Protocol*

Helpdesk

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

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

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

System Administration

There are several ways to contact the Director of the HMIS Program and Services of the CARES Regional HMIS.

- 1) E-mail: Please send all (non PPI) e-mail communications to the HMIS Director of the HMIS Program and Services at hmis@caresny.org. Often, due to the travel and meeting demands of the position, e-mail is the most expedient form of communication.
- 2) The CARES Regional HMIS Google Group (<http://groups.google.com/group/cares-regional-hmis/about?hl=en>) is an on-line, open group where the Director of the HMIS Program and Services keeps the users and managers who rely on the HMIS and HMIS data apprised of problems, upcoming changes, trainings, events, etc. It is highly recommended that every user and program administrator

join and participate in this on-line group to keep apprised of what is going on with and around the HMIS.

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

Program Customization

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

For a scope of work and cost estimate, please contact the Director of HMIS Program at (518) 489-4130 or e-mail at hmis@caresny.org.

CRHMIS List-serve:

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

Technical Assistance

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

Grievances

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

Database Customizations

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

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

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

Continuing Education*

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

Data Quality*

Data Entry Requirements

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

Entry of Universal and Program Level Data Elements

Universal and program specific level data elements have been established by HUD and must be collected by all agencies serving homeless persons, regardless of program type. These data elements make it possible to obtain unduplicated estimates of the number of homeless persons accessing services from homeless providers and also provide basic demographic characteristics of people who are homeless, and their patterns of services. Collection of the Universal Data Elements (UDEs) will also allow measurement of the number and percentage of chronically homeless people who use homeless services. The HMIS software has safeguards built into the intake and discharge so that an intake may not be completed without filling in these data elements. However, due to periodic changes in HUD requirements and upgrades to the software, it may be necessary for some agencies to correct historical data to remain compliant with the current HUD Data and Technical Standards (Data standards 2010 and Technical Standards 2004). Additionally, the Continuum of Care may request that specific, non-required fields be filled out for community planning purposes.

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

U.S. Department of Housing and Urban Development (HUD)

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

U.S. Department of Health and Human Services (HHS)

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

U.S. Department of Veteran Affairs (VA)

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

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

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

Data Quality Expectations

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

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

- 1) Less than 5% missing or null data in any of the universal and program level data elements. This includes any responses of Refused, Unknown or Don't Know as well as incomplete (missing) data. Due to the nature of some programs (including but not limited to; outreach and drop in centers), that data quality measure will be reassessed on a program-by-program basis and data quality markers will be determined by the CoC Data Committee. Some program types may find, due to the difficult population served, that this is an unrealistic data quality expectation. Agencies with particularly difficult circumstances will be given individual waivers on data quality with separate data quality goals.
- 2) Data collection (intakes and discharges) will be current within 14 days
- 3) Updates to income, benefits, disability and housing status for consumers at least annually and at discharge
- 4) Problems with the database or errors in data will be reported, in writing, to the Director of the HMIS Program and Services immediately upon discovery
- 5) PDDE (Program Descriptor Data Elements known as HMIS Data in the Consumer Face Sheet) must be updated annually (within 30 days before or after the consumer's anniversary date) for programs which create an APR

To facilitate the best data practices possible, programs that have been found to be non-compliant with the above expectations and requirements will be required to have **all users** and **the program manager** meet with the Director of the HMIS Program and Services for a comprehensive action plan to address the problem areas. If, upon completion of this action plan, there is no improvement in the data quality or security, the Director of the HMIS Program and Services will require a meeting with the program manager and agency Executive Director to create a more extensive action plan with agency level follow-up.

Depending on the seriousness and frequency of the issues, the Director of the HMIS Program and Services may choose to suspend user licenses until satisfied with agency and user commitment to data quality and security. If a mandated program continues to be out of compliance, Technical Assistance may be sought from the funding entity (OTDA, the VA and/or HUD) to assist in process. Suspended programs will be listed as 'Not Participating' on the CoC Housing Inventory Chart and in any renewal applications within the CoC Grant Application which could influence funding decisions by the CoC governing body.

Data Ownership

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

If a community or agency withdraws from the CRHMIS, a request may be made to have their data transferred onto disk in CSV format and sent to them by post. This request, following the protocol at the end of this section, must be made within six months of discontinuing the relationship with the CRHMIS. After six months, the data will no longer be accessible to users or program managers and CARES, Inc. will discontinue the program within the database. If the agency wishes to have all data wiped from the CRHMIS, making it no longer available for historical comparison or data analysis, a written request from the Agency Director must be sent, by post, to CARES, Inc., care of Nancy Chiarella, Executive Director. That request will be followed up with by the Director of the HMIS Program and Services and confirmation of the data purge will be sent to the requesting Agency Director once the process has been completed.

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

- 1) **Creator:** The party that creates or generates the data
- 2) **Consumer:** The party that uses the data
- 3) **Funder:** The party that commissions the data
- 4) **Packager:** The party that collects information for a particular use and adds value through formatting the information for a particular market or set of consumers
- 5) **Subject:** The subject of the data claims ownership of that data

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

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

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

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

Data requests for PPI (client level data) must go through the contracted agency rather than the HMIS Director of the HMIS Program and Services. Upon written request by the Executive Director, CARES will grant access to client files as defined by the contractual agency. This access can range from read-only, aggregate data to client file level access.

Similarly, though the data collected and packaged from the HMIS is often published and made available for use in grants, research and educational material, all such data aggregations and analysis belong to the packager, not the consumer who may be using that data for their own purposes.

Protocol for requesting data removal from the CRHMIS: *

Client (Subject) Request for Data Removal

Please send a written, signed request to

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

Or fax to (518) 489-2237

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

Agency (Creator) Request for Data Removal

Please send a written, signed request on agency letterhead to

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

Or fax to (518) 489-2237

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

Data Sharing* -- *updated 1/13/15*

A change in the way data sharing works will go into effect on February 1st 2015; the AWARDS feature of Expanded Consent and Client View. Agencies may opt OUT of data sharing at the program level and all consumers have to consent to the data share for each intake they complete with any agency, ensuring control of their own information remains in the consumer's hands. Please see below for more information on the process.

1. There are 3 levels of consent for the consumer; the intake staff must become familiar with the form and guide the consumer to ensure that they are choosing the option that best reflects their preference
2. All consumers who **consent to sharing their data** sign a consent form (provided at the back of this packet, on the CARES, Inc. website and on the Opening Menu of the HMIS in the File Cabinet.)
3. This is IN ADDITION to the posted sign at each intake station; the sign gives assumed consent for participation in the HMIS as a whole, which is a separate issue from data sharing.
4. Signed forms should be either uploaded into the Consumer File Cabinet or maintained on-site in a paper file. This will be part of monitoring visits for participating agencies.
5. Refusal to participate in data sharing **in no way** impacts the ability of the project to enter the consumer into HMIS or serve the consumer; it simply prohibits the sharing of data with other participating agencies.
6. HIV/AIDS, DV, Behavioral Health and notes/logs are NEVER shared via the HMIS. This is to protect the privacy of consumers.

Only consumers who agree to participate in data sharing are required to have a signed form, however best practice is that all consumers given the option to participate in data sharing, even those who refuse, note their preference and sign for consistency and data quality.

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

Disclosure of Inclusion in the CRHMIS*

Each participating agency is required to post a sign disclosing the inclusion of each client's data in the HMIS in a conspicuous location near the site of client interview. Additionally, each agency must provide the Director of the HMIS Program and Services with a copy of any documentation given to the consumers disclosing participation in the HMIS or a statement, on agency letterhead and signed by the Executive Director. As per HUD regulations, a copy of this policy and procedures manual is located on the CARES, Inc. website, available to staff and clients alike.

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

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

Please post the sign found at the end of this manual in a conspicuous place anywhere data is collected for inclusion in the CRHMIS. This sign has been updated. All agencies must re-post the updated version.

Distribution of HMIS Data*

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

Continuum-wide data will be provided to HUD annually as required through the AHAR report and CoC Grant Application (Exhibit I).

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

Protected Personal Information (PPI), agency-level information, or any data that may potentially point out an individual or single agency will not be distributed in any reporting. Individuals, agencies or governing bodies who wish to obtain individual or agency-level data will need to go through that agency's Executive Director for that information to avoid conflict with the CARES Regional HMIS privacy policies. Should the CoC governing body choose to distribute this data, an amendment to this document must be made and signed by the participating parties.

The CRHMIS has agreed to share data on a limited scale with the New York Office of Temporary Disability Assistance (NYSOTDA) in order to facilitate a better understanding of how services are utilized in NYS. It is the understanding of CARES, Inc. that this data will be stripped of all PPI during the upload process and the privacy of all consumers will be upheld to the high standards that it always has been. Data sharing will be allowed on a program-by-program basis and, prior to submitting data to the OTDA Data Warehouse, the Executive Director of each program will be required to sign an agreement giving CARES, Inc. authorization to upload on their behalf. This authorization will have to be renewed annually. Should the CRHMIS begin data uploads to NYSOTDA, data would go back no further than 1/1/14.

Reporting with the HMIS

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

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

Grievance Policy*

For Clients

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

CARES Inc
ATTN: HMIS Director of the HMIS Program and Services
200 Henry Johnson Blvd, Suite 4
Albany NY 12210
Phone: (518) 489-4013 fax (518) 489-2237

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

For Participating Agencies

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

CARES Inc
ATTN: HMIS Director of the HMIS Program and Services/Executive Director
200 Henry Johnson Blvd, Suite 4

Albany NY 12210

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

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

HIPAA Compliance*

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

HIPAA Compliance within HOPWA Programs*

On October 9th, 2014 the Office of HIV/AIDS Housing released an updated Confidentiality User Guide. These policies and procedures have been modified to be compliant with this version of the guide. The HMIS is inherently HIPAA (and HITECH) compliant, but the CRHMIS team is aware that additional precautions must be made as a support team with access to PPI. As required by HOPWA Regulation 24 CFR 574 and 27F, proper security is taken with all electronic and physical documentation of identifying consumer data, written procedures are in effect, HIPAA training is undertaken by all CRHMIS staff and the revised Agency Agreement found at the back of this document acts as an MOU between each participating agency and CARES, Inc. For copies of these policies or questions about physical or electronic security, please contact the CARES, Inc. Security Officer, Tersha Choy, at tchoy@caresny.org or via phone at (518) 489-4130 x101.

Monitoring of Participating Programs

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

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

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

Participation

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

In addition to McKinney-Vento-funded recipients, other housing assistance programs may require participation as a condition of funding. Agencies who receive funding via the Housing Opportunities for Persons with AIDS (HOPWA) program and are dedicated to serving homeless persons must participate. Providers of Grant and Per Diem, Supportive Services for Veteran Families (SSVF) or Veteran Affairs Supportive Housing (VASH) voucher programs by the Department of Veterans Affairs (VA) are also subject to ongoing participation mandates, as are some NYS OTDA funded programs including the Solutions to End Homelessness Program (STEHP). CARES, Inc. works closely with HUD and NYS OTDA to ensure the program data collection and reporting requirements are consistently met by the database and administration of this program.

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

Benefits to Non-Mandated Programs

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

Benefits to Continuums of Care

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

Privacy

Baseline privacy standards are required of all programs and must balance the need to protect the confidentiality of client data with the practical realities of homeless service provision. Each agency is required to review and/or develop a privacy policy specific to the individual agency's needs which includes HMIS activities as it pertains to confidential client data in electronic and hard-copy formats. A copy of the above-referenced agency privacy policy

must be provided to CARES, Inc., as the HMIS Director of the HMIS Program and Services and, if the agency has a website, must be published thereon in accordance with HUD's 2004 Privacy and Security standards.

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

Participation Fees

Fees for participating in the HMIS vary from community to community and project to project and may require a contract with CARES, Inc. for inclusion in the HMIS. Please contact the Director of the CARES HMIS Program and Services department for information regarding your specific project type and community at athiesen@caresny.org or (518) 48-4130.

Responsibilities

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

Participating Agency Responsibilities

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

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

Each participating agency must:

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

are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

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

User Responsibilities

Each user within a participating agency is responsible for maintaining client privacy and protecting each client's protected personal information. A User ID and Password will be provided to each User within the agency by the Director of the HMIS Program and Services at the written request of the Agency Executive or Program Director once training has been completed.

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

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

Lead Agency (CARES, Inc.) Responsibilities

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

- 1) Internal compliance with all HUD, HIPAA and HITECH regulations
- 2) Monitoring of privacy and security compliance of all participating programs
- 3) Access for questions and concerns with the Software Solution Provider, Foothold Technology
- 4) Assistance with HUD mandated reporting on an agency/CoC level
- 5) AHAR and CoC Grant Application reporting
- 6) Annual and Quarterly CoC reports on basic, aggregate client demographics

- 7) Creation, deletion and monitoring of user log-ins and passwords
- 8) Daily helpdesk (work days) for standard helpdesk issues
- 9) Evaluations and strategies for better use of the HMIS in regards to HUD reporting and data quality
- 10) Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
- 11) Monthly New User Trainings (in a group setting)
- 12) Remote access to all in-house trainings upon request
- 13) Regular updates on HMIS policy, procedure and the database via a variety of mediums
- 14) Rapid turn-around for addressing all help desk tickets
- 15) Ongoing CoC level data quality checks and follow-up

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

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

CoC Lead Responsibilities

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

Security

Certain electronic security precautions are required of each agency:

- Install and maintain a firewall on the user's computer or the agency network
- Password protected screensavers set at no more than 5 minute intervals
- Automatically updating antivirus software installed and maintained on every internet-accessible computer
- Keep the Operating System on each HMIS access computer terminal up to date with the latest security devices

All users must attend a formal HMIS training prior to being assigned a username and password in the database. This will ensure that proper training on security, policy and procedure has been established for all users in the database. Sharing of usernames and log-ins is strictly prohibited for security reasons.

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

In order to facilitate the privacy and security of HMIS consumers, any user account that is inactive for 30 days will be deactivated until the HMIS Director of the HMIS Program and Services is contacted by a program manager or agency officer.

It is recommended that a Written Information Security Policy (WISP), with an electronic information policy, be in place for all agencies using HMIS. For a copy of the CARES, Inc. WISP, please contact the CARES, Inc. Security Officer, Tersha Choy, at tchoy@caresny.org or via phone at (518) 489-4130 x101.

User access to the HMIS

The AWARDS software is a web-based software system accessed via the Internet. Each agency user is assigned a unique log-in name and a password to access the system. Within the agency's set-up in the HMIS, each user is assigned specific permissions to view and work only with those programs and records to which he or she has been assigned. A user in one program within an agency is prohibited from viewing or modifying any records in another program area unless express permission has been given by a program supervisor or Executive Director. No user can access the files of any other agency. All users are reminded to never share their log-in names or passwords with anyone else, and not to keep reminder notes in obvious areas.

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

Software Security

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

Software

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

Technical Assistance

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

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

- Access for questions and concerns with the SSP, Foothold Technology
- AHAR and CoC Grant Application reporting
- Annual and Quarterly CoC reports on basic, aggregate client demographics
- Creation, deletion and monitoring of user log-ins and passwords
- Daily helpdesk (work days) for standard helpdesk issues
- Evaluations and strategies for better use of the HMIS in regards to HUD reporting
- Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
- Monthly New User Trainings (in a group setting)
- Monthly user-groups on topics chosen with user-input
- Quarterly Advanced User Trainings (in a group setting)
- Remote access to all in-house trainings upon request
- Regular updates on HMIS policy, procedure and the database via a variety of mediums
- Rapid turn-around for addressing all help desk tickets (one business day)
- Ongoing CoC level data quality checks and follow-up
- Access to social networking for updates and networking among users and administrators

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

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

Training

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

be allowed to attend training prior to this verification, no active agency access will be given until the permission has been received and processed.

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

User Access to the Database

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

15-30 users total \$500 monthly

31-45 users total \$1000 monthly

46-60 users total \$1,500 monthly

61-75 users total \$2,000 monthly

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

**These fees are based on set costs from the software vendor. There is no intermediate category for additional 10-15 users and CARES, Inc. does not receive any administrative income from additional user fees.*



Agency Agreement

As an authorized representative of _____, I have reviewed the CARES Regional HMIS Policies and Procedures document and I agree to comply and adhere to the guidelines at an agency level as defined therein.

CARES, Inc. agrees to house, report on and safeguard all client information entered into the CRHMIS in accordance to HIPAA, HITECH, HUD and CARES, Inc. privacy and security policies and regulations.

Authorized Participating Agency
Representative (Print)

Authorized Participating Agency
Representative (Sign)

Date

Allyson Thiessen
Director of the HMIS Program and
Services Corporation for AIDS Research,
Education and Services, Inc. (CARES,
Inc.)

Date

Data Warehouse (OTDA) Share Agreement

I, _____,
(Name/Title – Please Print)

of _____
(Agency – Please Print)

AGREE

DO NOT AGREE

to the upload of full client information into the OTDA data warehouse upon CARES' discretion with the understanding that The New York State Office of Temporary and Disability Assistance (OTDA) will maintain a database of client information, as input in HMIS systems across New York State. The purpose of the database is to better understand characteristics, trends, and movement of persons who are homeless or at risk of or experiencing homelessness, as well as to analyze the utilization and effectiveness of services created to assist such persons. The database is constructed so that information that is considered personal protected information (name, social security number, date of birth) will not be shared, will not be seen by any employee of OTDA, and will never appear in any reports created out of the database.

(Signature)

(Date)

If applicable, list the programs eligible for upload in to the OTDA Data Warehouse:

Please write the number of approved programs (even if 0) and initial:

--

CoC Data Share Agreement

I, _____,
(Name/Title – Please Print)

of _____
(Agency – Please Print)

AGREE

DO NOT AGREE

to participate in client-level demographic data sharing as outlined in the CRHMIS 2015 Policies and Procedures Manual.

(Signature)

(Date)

User Agreement

I, _____ ,
(Name/Title – Please Print)

of _____
(Agency – Please Print)

have reviewed the CARES Regional HMIS Policies and Procedures document. I agree to comply and adhere to the guidelines as defined therein.

(Signature) (Date)

PROGRAM INFORMATION

Program Name: _____

Program Address: _____

Program Phone Number: _____

Program Fax Number: _____

Addendum A: Costs of Additional Services

Pricing Structure

Agency and Community level projects:

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

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

Continuum of Care inclusion in the CARES Regional HMIS

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

Non-Continuum of Care Agencies and Programs

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

Domestic Violence Dedicated Programs

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

Additional Users

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

- 15-30 users total \$500 monthly
- 31-45 users total \$1000 monthly
- 46-60 users total \$1,500 monthly
- 61-75 users total \$2,000 monthly
- 76+ users must separately contract with the vendor, Foothold Technology, and upload to the HMIS

Addendum B: Privacy Documentation

Consumer Privacy Notice:

All participating agencies MUST display a copy of the below sign at all intake locations. Any program participating in data sharing must also keep a signed copy of the consumer consent form in either paper or electronic form and have it available for review upon request of the CRHMIS Director of the HMIS Program and Services. Documents are available from the CARES, Inc. website at <http://www.caresny.org> or via e-mail request from hmis@caresny.org

This agency is part of a network of homeless services providers participating in the HMIS (Homeless Management Information System); a database that collects information for research and community planning.

Privacy Notice

Demographic information may be shared with community partners to better serve the homeless community. A copy of the Policy and Procedures manual is available from your intake worker or case manager and may also be found at www.caresny.org



Thank you for helping us with our goal to understand and eliminate homelessness in our community!

CARES Regional HMIS Consumer Information Consent Form



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

I UNDERSTAND THAT:

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

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

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

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

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

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

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

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

- I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.
- I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.
- I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted above.

Signature: _____ Date: _____

Printed Name: _____

Agency: _____ Program: _____



Expanded Consent and Client View Guide

AWARDS QUICK REFERENCE GUIDE

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

To view client details, complete the following steps:

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

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

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

The process of viewing client details is now complete.

CARES Regional HMIS Governance Charter

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

Planning and Software Selection

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

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

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

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

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

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

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

HMIS Management and Operations - Governance and Management

HMIS Governance Structure – CARES, Inc. ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency/grantee and the community planning body(ies). Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). CARES, Inc also regularly monitors the HMIS Lead/Grantee and the CoC HMIS Oversight entity on adherence to the agreement.

HMIS Oversight Inclusive Participation – The CoC ensures membership of the HMIS steering committee or advisory board is inclusive of decision makers representing the CoC and community.

HMIS Technical Support - CARES, Inc. provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS Software changes in response to the changing requirements of participating agencies; and, generally reviews and authorizes special issues brought to it by participating agencies.

HMIS Software Technical Support – CARES, Inc. provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.

HMIS IT Issue Tracking – CARES, Inc. maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.

HMIS IT Issue Monitoring (Community Level) - CARES, Inc. regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.

HMIS Staff Organization Chart – CARES, Inc. maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. This organization chart is available for review upon request to Nancy Chiarella, CARES, Inc. (518) 489-4130 x103 or nchiarella@caresny.org

HMIS Software Training - CARES, Inc. provides regular training on software usage, software and data security, and data entry techniques to participating agencies. Develops, updates, and disseminates data entry tools and training materials. Monitors and insures system.

HMIS User Feedback – CARES, Inc. manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups

System Operation and Maintenance - CARES, Inc. is responsible for the day to day operation and maintain of the HMIS System.

HMIS Management Issues - CARES, Inc. ensures that the HMIS is managed in accordance to CoC policies, protocols, and goals.

HMIS Program Milestones Monitoring - CARES, Inc. monitors milestones, notes variances, and reports variances to CoC membership.

Agency and Program HMIS Participation – CARES, Inc. regularly monitors program and agency-level participation in HMIS via comparison of point-in-time census of beds/slots versus

clients served and reports findings to CoC on a regular basis. Evidence of monitoring reports are available for review.

AHAR Participation – CARES, Inc. ensures participation in the AHAR (Annual Homeless Assessment report).

Client Consent - Each Participating Agency ensures the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols.

Data and System Security - CARES, Inc. ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and technical Standards.

Data Quality Standards - The CoC Data Quality Committee, in conjunction with CARES, Inc and the Advisory Committee's base standards, outlined in the Policy and Procedure manual, develops and enforces community level data quality plan and standards.

Universal Data Elements – CARES, Inc. ensures the collection of each data variable and corresponding response categories on all clients served by McKinney Vento funding.

Other

Program-Specific Data Elements – CARES, Inc. ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by McKinney Vento funding.

Data Quality Reports – CARES, Inc. regularly runs and disseminates data quality reports to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

Data Quality Reports – CARES, Inc. provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

Data Quality Reports – CARES, Inc. regularly runs and disseminates data quality reports The CoC Data Committee that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

Data Quality Reports - The CoC Data Committee regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

HMIS Policy Development and Oversight

Client Confidentiality and Privacy Training - CARES, Inc. provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. CARES, Inc. also ensures all agencies have sufficient privacy policies and protocols in place.

Performance Measurement Training - The CoC Lead Agency provides regular training and guidance on program performance measurement.

Community Planning Goals and Objectives Training - The CoC Lead Agency provides training and regularly reviews the progress of the Community Planning Goals and Objectives.

Business Practices Training - The CoC Lead Agency provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethnics, strategies for communication, etc.)

Program Funding Training and Orientation – The CoC Lead Agency ensures all required HMIS participants (McKinney-Vento funded programs such as ESG, SHP, S+C, SRO, and HOPWA projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento.

Participating Agency Documentation – CARES, Inc. maintains documentation of the number of participating agencies (utilizing the system) is up-to-date. A comparative analysis of planned versus actual deployments at the project level is maintained by The CoC Data Committee.

Participation Rates – The CoC Data Committee regularly reviews and monitors the HMIS coverage rates of the CoC. If coverage rates have not achieved a 75% level of participation, can provide an explanation for the barriers to implementation at specific agencies. Ensures that ongoing engagement activities and barrier resolution are occurring with nonparticipating agencies.

Participation Rates – CARES, Inc. provides regular reports on HMIS participation rates to CoC Subcommittee. The CoC Data Committee is encouraged to create and keep and up to date analysis of agency-specific barriers with potential solutions.

Policies and Procedures - CARES, Inc. ensures the existence and use of HMIS Policies and Procedures.

Agency Participation Agreement – CARES, Inc. ensures and maintains written agreements with participating agencies that describes the protocols for participation in the HMIS.

Data Sharing Agreements – There is currently no data sharing within the CARES Regional HMIS.

HMIS End-User Agreement – **CARES, Inc.** ensures and Maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.

Client Consent – **CARES, Inc.** ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client consent protocol for use as baseline practice among all participating HMIS users.

Data Release – **CARES, Inc.** ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.

Other Federal Requirements

Drug-Free Workplace – **CARES, Inc.** has adopted a drugfree workplace policy. The policy is posted and available for Review.

Homeless Client Participation – **The CoC** is responsible to ensure the participation of at least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.

Conflict of Interest – **CARES, Inc.** has adopted a conflict of interest policy for board members, staff, and volunteers.

Equal Opportunity and Non-Discrimination Policy – **CARES, Inc.** has adopted an equal opportunity and non-discrimination