1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: NY-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:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Legal Services	Yes	Yes

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

1. The CoC's Governance Charter details specific strategies to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. Strategies to solicit opinions include CoC planning and membership meetings to discuss pertinent homeless issues to both inform and receive input from a wide range of interested parties. All meetings are public and advertised through our membership and community list serves. The CoC board also conducts outreach to groups including Town Supervisor, Legislative committees, and Law Enforcement to inform on homeless trends and engage and solicit broader participation and input.
2. Specifically, the CoC solicits and considers opinions from a broad array of interested stakeholders including those with lived experience, housing providers, health/behavioral health organizations, law enforcement, faith-based orgs and government agencies. A community forum was held to conduct a needs analysis for our local strategic plan with a specific focus on families, chronic homeless, youth and Veterans. Other opportunities for input include committee, membership, and an annual meetings that are advertised and attended by a broader group. These meetings solicit public opinion and share information. The CoC publicizes dates of membership and annual meeting by posting in local papers, email list servers (both to CoC Membership and other membership organization's), and social media.
3. The CoC takes into consideration information gathered in public meetings and forums and uses it to develop new approaches to prevent and end homelessness. Meeting minutes are reviewed by the Board who uses the information to prioritize ideas and suggestions on system improvements. The board assigns research or tasks to one of three committees. Those providing input are encouraged to join committees. Committee meet quarterly and update the Board on findings and suggested next steps.

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

1. The NY-608, Ulster County Continuum of Care's transparent process is

detailed in the Governance Charter. As part of Section 1.6 Guiding Principles the charter outlines the following "Transparent Process: An open invitations process shall govern all board, membership and committee meetings which shall be open to the public. Notification of meetings shall be sent to the entire membership including, but not limited to, posting on the website."

2. Public invitations are posted and announced via the CoC's member list and community list serves. The CoC and the Collaborative applicant oversees the formal invitation process and conducts targeted outreach to important systems partners during point in time planning, strategic planning events, and membership meetings including an annual meeting.

3. Targeted outreach for membership formally occurs semi-annually in conjunction with an invitation process that includes emails and phone calls focused on outlining the responsibilities and benefits of CoC membership. Targeted outreach is focused on non-traditional systems partners including but not limited to hospitals, law enforcement, managed health care organizations, education and higher education institutions, and the business community.

4. The CoC board conducts specific outreach to ensure the voices of those with lived experience are included within the CoC and that homeless/formerly homeless persons are specifically encouraged to become members. As part of this outreach, CoC member agencies engage participants in their programs to provide input and encourage membership and participation.

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

1. The CoC notified the public that it will consider proposals from new organizations that have not previously received CoC funding through a publicly posted and transparent announcement and application process. The CoC provided an e-mail to membership and human service list serves on July 6th and posted the same information on the Ulster County Planning website. Specific phone outreach to agencies that had expressed interested in applying in the past was completed to encourage new applicants. Training webinars for new and renewal applicants were held on July 10th and July 18th that provided new applicants information on the application process and a tutorial on esnaps. Individual TA was also provided in new project development.

2. The CoC determines which projects will be included in the 2018 submission through the formal Rank and Review process detailed in attachment 1E. New projects are reviewed with a different ranking tool designed specifically for new projects which includes: program type, agency experience, proposed target population, and applicant eligibility as well as demonstrated program/fiscal capacity. The R&R team uses a preapproved ranking scale to score all projects and are then chosen based on rank. Membership and CoC board reviews scoring recommendations from the Rand and Review and provide final approval.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Funding Collaboratives	Yes
Private Foundations	No
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

The CoC does not receive a direct ESG allocation. Individual service providers are allowed to apply competitively for the balance of state program the Solutions to End Homelessness Program (STEHP). CoC providers were not successful in securing funds in 2014, and since the program has a five year

contractual period, applications for the next term will not be available until 2019. The funding is extremely competitive with over $14 million in applications for a $2.4 million program. The CoC has received a technical review on our previous application and has put a strategy in place to better position Ulster County in the next funding round.

Legal Services of the Hudson Valley consulted with the CoC when it received $14,000 for eviction prevention for Ulster County. Since prevention resources are so scarce and eviction is the number one cause of homelessness locally, it was fully supported by the CoC.

RUPCO also received an allocation of ESG leftover funds from the New York State Office of Temporary Disability (OTDA). A proposal was sent to the board on how best to allocate rapid re-housing funds. The CoC board approved the population served, the maximum amount of assistance, and the term of assistance. Since the county has seen a spike in the number of homeless families it was determined the funding will be used to rapidly re-housing homeless families living in emergency shelters, motels or the streets.

2. The CoC reviews at least annually the statistics of any ESG program and evaluates the success of the program by looking at exits to permanent housing destinations and the stability of the household to remain in permanent housing, similar to HUD program performance indicators. ESG service report annual statistics on the amount and number of households served to the CoC board.

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

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

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. The CoC provides individuals and families fleeing domestic violence access to
housing and trauma-informed, victim-centered services that prioritize the

survivor's safety needs, accommodates their unique circumstances, and maximizes client choice by; adopting an emergency transfer plan, the development of inclusive and confidential Coordinated Entry System, and ensuring CoC agencies utilize a trauma informed approach and services that are victim-centered. The CoC adopted emergency transfer plan that identifies tenant's eligibility and documentation required for a transfer; confidentiality protections; and how transfers may occur, while providing guidance for tenants on safety and security. The CoC took additional steps to prioritize safety and maximize client choice by approving DV specific protocol within the CE Policy and Procedure Manual.

All HUD funded agencies utilize a trauma informed approach. Agencies utilize trauma informed skills to help the participants feel comfortable, build trust, and progress with their own personal goals. Services are delivered based upon victim's priorities and needs. Agencies carefully addressing the individual circumstances that survivors face including: length of time since domestic violence occurred, frequency of offenses, level of trauma, proximity to abuser, shared children and custody arrangements, and orders of protection.

2. The Emergency Transfer Plan provides guidance on client choice and addresses safety and confidentiality of the client. The housing program is required to keep confidential any information that the tenant submits in requesting an emergency transfer, unless written permission releasing disclosure of information that is required by law or in the course of an eviction or termination proceeding. This includes keeping confidential the new location of the dwelling unit. Clients have the right to choose where they wish to relocate.

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

The CoC coordinates with victim services providers, like Family of Woodstock, to
provide trainings for CoC area project staff and for Coordinated Entry staff to address best practices in serving survivors of domestic violence, dating violence, sexual assault, and staking. The CoC as part of the agenda at the annual meeting last year focused on the effects of trauma and how they related to homelessness and the lack of ability to remain stably housed. Family of Woodstock facilitated a discussion that informed the CoC on the benefits of trauma informed care. There were also two formerly homeless persons that shared their life experiences and how trauma affected their ability to retain housing. There was follow up discussion at subsequent meetings between providers focused on best practices of trauma informed case management techniques and their effectiveness with the homeless including DV population. Family of Woodstock, the lead provider for DV services within the county, leads the coordinated entry case conferences and shares best practices staff with CE entry staff how to complete a CE assessment with survivors in a trauma informed manner that emphasizes safety planning and confidentiality. Coordinated Entry staff has been guided on how to complete the assessment

tool with sensitivity to those experiencing trauma the household and ensures that clients understand the housing options that are available and that client choice is honored. The inclusion of a regular exchange of information between victim services and mainstream housing providers has proven to be effect in providing services to the most vulnerable survivors.

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

The CoC collects information from variety of database sources that is de-identified to help assess the specialized needs related to DV, dating violence, sexual assault and stalking. Family of Woodstock's DV shelter and Non-Residential DV program utilize Apricot to maintain client data and reports information to the CoC in an aggregate de-identified manner. The 24 hour hotline and Family walk- in centers maintain a daily record of activities which is captured through entries and then translated into report form. Also, for those that provide consent at the time of entry into emergency shelter, DSS completes the CE intake that includes those whom reported to have domestic violence in their lives. The CoC also utilizes HMIS information from non DV CoC funded programs. The CoC utilizes this information to quantify the number of persons with histories of DV and identify additional housing and services that are required for this population.

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

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

SSO Coordinated Entry	X
RRH	
Joint TH/RRH	

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

1. The Ulster County CoC is currently providing permanent supportive housing to 14 households and the CoC is providing housing to other 16 households self-identified as survivors of domestic violence. There are 12 households in regular emergency shelter and 7 more in the shelter specialized for victims of DV. The Rapid Rehousing program for victims of Domestic Violence currently houses

four households that exited the DV shelter.
2.The CoC utilizes the data from the Coordinated Entry wait list, HMIS and
Apricot databases. The CoC collects data through HMIS that all non DV CoC
programs utilize (this includes all homeless individuals placed in emergency
shelters, or motels by the UCDSS). Additionally, DV clients accessing
emergency shelter can voluntarily consent to be added to the CE wait list. For
DV victims not accessing housing through UCDSS, participating CE agencies
enter assessments and vulnerability score into HMIS that is then aggregated
and sent to the CE as part of the CE wait list. Family of Woodstock utilizes the
information in Apricot for the victims of DV housed at the Domestic Violence
Shelter.
The CoC realizes that data from DV programs is not within HMIS and that
information needs to be exported. Aggregated data is manually added for the
CoC PIT and HIC through "Apricot". This has created a barrier prioritizing the
need for housing of these individuals. The CoC recognizes the need for a
specialized DV Coordinated Entry program that will run parallel with the existing
CE so that victims of DV are prioritized for RRH and PSH housing.
3. The data was collected from the both Apricot and HMIS databases. Family
ran a report of unduplicated individuals in HMIS which informed the CoC how
many heads of household were DV survivors of, and how many were fleeing a
DV situation on this day. The number of persons in the DV Rapid Re-Housing
program and the number of families housed at the Domestic Violence Shelter
were added manually in aggregate form.

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

1. The Washbourne House (DV Shelter), is the only shelter for victims fleeing
DV in Ulster County. The shelter is licensed to have 17 beds, which can
accommodate from 5 to 9 households at the time, and operates at full capacity
most of the year. Currently they are housing 7 households. Additionally, there
are 12 more individuals placed by the UCDSS emergency shelters. During
2017, the Washbourne House served 37 unduplicated households; Family's 24
hour hotline and four walk in centers, provided assistance to 1353 individuals
who identified themselves being in a domestic violence situation in Ulster
County; Family's Non-Residential DV program provided case management to
114 individuals; and 272 were assisted at Family Court with various petitions
including the issuing of 185 orders of protection.
2. Family of Woodstock's DV shelter and Non-Residential DV program utilize
Apricot to maintain client data. The 24 hour hotline and the walk in centers
maintain a daily record of activities captured by entries and then translated into
reporting forms.

3. The CoC collected data directly from the DV shelter and Non-Residential DV
program. The CE wait list maintains a priority list of homeless individuals and
identifies those who report a history of DV. Due to the limitations of adding data
for DV survivors into HMIS, the CoC currently does not assess the degree of
risk that these families might have. This supports the need for Family to create
a DV CE that will not just comply with the HUD requirements, but more

importantly, to prioritize the needs of the survivors by assessing the risk factors specific to DV. Assessments will be performed by individuals with the expertise in DV services who serve that population. A separate DV CE will maintain the confidentiality of the survivors, and reduce barriers in the provision of housing and services.

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

1. DV survivors, particularly those immediately exiting emergency shelter, face an enormous challenge in the search of affordable and safe housing. Our community, like many others, faces a significant shortage of affordable housing. Case manager spend hours searching online, on foot, and outreaching to landlords to find a rental unit within their budget. This challenge leads to questions of self-doubt, somewhat validating their abusers words that they may indeed not be able to survive without them. The CoC Rapid Re-Housing program for victims of DV provides a safety net survivors so they can locate stable and safe housing, maintain basic case management services to rebuild their lives coupled with specialized DV services the provides time to heal and become independent and financially self-sufficient. This program provides 12 months of rental assistance. Some individuals who experience DV suffer from deep trauma, as a result, many times that trauma began during their childhood through adverse experiences. For some, they need more time to work on their mental health issues through counseling and other supports like groups and case management taking more time before they are able to seek employment, and be independent. The lack of availability of adequate childcare is another barrier to self-sufficiency.
2. The CoC needs to have a specialized CE which understands the issues that encompass domestic violence. A DV CE would focus specifically on DV survivors and the specialized services required to serve this population. It would also protect the confidentiality and prioritize safe housing placements. Specialized case management is needed with expertise in the field of domestic violence to assess the level of trauma and the particular needs of these individuals and families. While services might be available they need to be delivered in a manner consistent with Trauma Informed Care. The DV Coordinated Entry can refer survivors to specialized workers who have that training.
3. The CoC utilized HMIS and Family of Woodstock data on the number of persons served in 2017 to quantify the unmet need for housing and services for DV survivors. The numbers tell the story. In 2017, the Washbourne House served 37 unduplicated households; Family provided assistance to 1353 individuals who identified themselves being in a DV situation; Family's Non-Residential DV program served 114 individuals; and 272 served at Family Court.
4. The CoC evaluated the numbers provided by Family as well as the programs

that are currently available which includes emergency shelter, rapid re-housing assistance, and other sources. The CoC used the numbers outside of what is available from HMIS listed above to determine a high unmet need of DV services.

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

The applicant will develop an addition to the currently utilized Vulnerability Scoring Tool that will serve as a Domestic Violence Safety Assessment Tool. This additional component will address the unmet needs of the current system by carefully addressing the circumstances that survivors face related to safety including: length of time since domestic violence occurred, frequency of offenses, level of trauma, proximity to abuser, shared children and custody arrangements, and orders of protection. Screening with such questions will allow for faster and more appropriate housing placements for survivors. Additionally it can begin and inform the safety planning process with their assigned case manager in the domestic violence program.
The project will provide intensive case management services to all participants. Through the assessment and service plan development process all participants will have the opportunity to address their prior unmet needs. In an ongoing, frequent delivery of service the applicant will utilize trauma informed skills to help the participants feel comfortable, build trust, and progress with their own personal goals. In addition to life skills, domestic violence services, case management services and referrals, provided by our agency, the County has a wide network of partner agencies in the community. This will assist our participants in their domestic violence specific needs as well as with their Mental and Physical Health, substance abuse disorders, and employment.
The project will coordinate with the established CE to ensure that every survivor of DV, regardless of the housing program or emergency housing where they might be, have access to all the DV specialty services offered

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

1. Every survivor will be referred to the DV Coordinated Entry Project; they will work together with all the CoC housing programs, and with the community housing authorities to place the DV survivors. While supportive housing is not available for all those that needed it, we will also work with landlords in the task of accommodating a minimum of 75% of survivors into permanent housing, and 100% of them will be offered supportive services.
2. We expect that 75% of the individuals and families served will retain housing for a minimum of 12 months. The Rapid Re-Housing Program that currently serves survivors of DV, has 100% success rate in retaining participants. While

this is a new program, it already has demonstrated the capacity to succeed by providing a specialized service worker which offers the support and services to the participants in the program.

3. The system will improve by maintaining a separate DV Coordinated Entry and database, so information among providers will be shared only on a need to know basis, reducing the risk of the survivors, and individual information will only be accessible to those providing direct services to that individual. The project will also improve the system by having open communication and coordination of housing availability with the existing CE, so they can easily refer individuals who have been identified within the CoC as having a history of DV for services; and facilitating the possibility of emergency transfers when needed for the survivors. The project will improve safety by prioritizing housing and services to survivors based on their risk assessment.

4. The DV CE plan to collaborate and refer participants to other agencies like Crime Victims who assists with counseling, and provides legal advice to victims of domestic and sexual violence in the county; the Hudson Valley Legal Services which can provide representation for the victims in the courts as needed. We will utilize Family of Woodstock which has a Family Court appointed worker who assists individuals to file Orders of Protection or Non Harassment; a worker at the Ulster County DSS that offers services to any DV survivor, that worker will assist in referring or providing services, advocating, and attaining documentation to fulfil the application requirements. Family will provide emergency food and clothing at no cost through the walk in centers; also will provide DV support groups in English and in Spanish who offer free child care, and provide a meal to the group participants and their children. Family will provide advocacy towards attaining any entitlements that the survivors may qualify for; will make referrals for physical, dental, and behavioral health as needed with providers that already have established a relationship with. The project can also refer and assess those who qualify to the Health Home program. Family can provide temporary shelter for pets when a victim is fleeing a DV situation, so they can be sheltered without having to worry about their pets.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Kingston Housing Authority	14.00%	No	No
Town of Saugerties PHA	31.00%	Yes-Public Housing	No
Ellenville Housing Authortiy	0.00%	No	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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

Within the Ulster County Continuum of Care there are three PHA administrators and one has a homeless admission preference in their admin plan. To encourage the other PHAs administrators to adopt such policies the CoC has engaged the other PHA's inviting them to CoC board meetings, and building relationships with the largest PHA, in the City of Kingston resulting in the Executive Director agreeing to serve on the CoC board. PHA representatives attended the CoC community forum when we developed our strategic plan and the CoC annual meeting. Through this process the CoC has been able to provide information on the number and needs of the homeless populations including the fact that many remain bottlenecked in motels due to a lack of affordable rental housing. Additionally, the CoC encourages the PHA administrators to create a homeless admission preference by sharing Point-in-Time and Homeless Management Information Systems data. The goal is to utilize data to update preferences (i.e. – create a homeless preference) to ensure that preferences are based on local community needs. Lastly, the CoC conducts outreach via the CoC board to ensure that all PHAs are members of the CoC. As a result of the outreach two out of the three are members.

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

Yes

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

Ulster County CoC has a Move On Strategy with representatives from the PHA and the Housing Choice Voucher administrator on the CoC board. The CoC specifically has partnerships with the Saugerties, Ellenville and Kingston PHA's, RUPCO Inc. that administers the Housing Choice Voucher program for Ulster County as well as a developer of affordable rental housing including special needs housing, and other affordable housing developers that include but are not limited to Joel Mandelbaum and Birchez Associates.   These partners notify agencies when wait lists open or when new housing is developed when application periods occur. CoC providers already systematically apply for all affordable housing opportunities on behalf of participants who no longer require and/or request intensive services for transition into an affordable unit. CoC providers also transition leases on units where participants have been living as

part of the PSH program and have established positive rental payment history and have evidenced "good neighbor behavior" as long as the unit is affordable.

The CoC ensures persons moving on (1) have demonstrated the ability to live stably and maintain and (3) understand the decision to move on from supportive housing is voluntary. The CoC's Move On Strategy recommends PH providers provide transition services that include living skills training, employment, and community integration supports - as well as follow up to ensure a successful transition over the long-term, and that all services are provided using strengths-based language and a recovery focused model. Although CoC agencies are already utilizing a Move On strategy when participants no longer require intensive services, in 2019, the CoC will adopt a Move On strategy as part of its written standards and will ensure CoC PH funded agencies will more formally create best practices for implementing this initiative.

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

The CoC addresses the needs of LGBT individuals and their families experiencing homelessness by ensuring all agencies comply with the EqualAccess to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Rule. The CoC board adopted monitoring procedures that incorporated the new regulation into the CoC monitoring process and ensures each funded agency has a program policy addressing equal access to housing and gender identity that meets the Final Rule. Additionally, we revised our PIT survey tool to account for additional gender identifications.

The Ulster County CoC has engaged the LGBTQ Center of the Hudson Valley to provide training to membership and CoC service providers. There is a CoC membership training scheduled for October 17th on how to effectively implement Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Equal Access in Accordance with an Individual's Gender Identity. The LGBTQ Center did provide on-site trainings for two CoC funded agencies within the past year. The program director of the LGBTQ Center chaired the committee and led the efforts for the 2018 youth count, which brought new focus on how to serve homeless LGBTQ youth. This resulted in new strategies and action steps for LGBYQ awareness which were included in our local strategic plan. LGBTQ staff joined the board in March of 2018. The CoC implemented a CoC wide anti-discrimination policy (documented within the Written Standards) on 9/20/17 to ensure all community programs (CoC and ESG) provide equal access to housing.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes

2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

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

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

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

1. The CoC made significant changes to update the coordinated entry process in accordance with the requirements of 24 CFR. The CE is a No Wrong Door system reaching homeless households within the entire CoC geographic area which includes the City of Kingston and Ulster County. The committee developed a new assessment tool with a vulnerability score to prioritize those with the highest service needs. The CoC decided to build the coordinated entry into HMIS as recommended by HUD. There was training for data entry and program staff and specifically for DSS staff that complete the majority of assessments. The CE launched on January 23, 2018.

2. The CE system reaches homeless individuals and families least likely to

access homelessness assistance in the absence of special outreach through a No Wrong Door approach. Homeless persons can access the CE and be assessed wherever they present needing emergency housing. The CE assessment is available in paper for outreach teams and through HMIS depending on where the person accesses the system. The assessment process prioritizes people most in need of assistance by using a vulnerability score which takes into consideration 16 risk criteria, three of which are indicators of Chronic Homelessness.

3. Coordinated Entry case conferences are held monthly. At the CE case conference agency representatives review the list, discuss client's special circumstances, including history of homelessness, vulnerability score and appropriate housing options. Participant prioritization is shown on the by name wait list which is ranked by vulnerability score and is exported through HMIS. Monthly case conferencing ensures prioritization based on vulnerability and that households are receiving assistance in a timely manner. The attached Standard Assessment tool and Policy and Procedure Manual demonstrates CoC's compliance with the requirement.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1. The CoC considered the following severity of needs and vulnerabilities when reviewing, ranking and rating projects including Chronic Homelessness (CH). Other vulnerable populations considered include homeless youth, families (especially those with 8 or more persons), households with little/no income, current or past substance abuse issues and those with histories in the criminal justice system. During the public comment period in the Rank and Review tool, the CoC was asked to look at scoring considerations for those projects receiving referrals from the Coordinated Entry with the highest vulnerability scores, with the understanding that it may affect project performance indicators.

2. The CoC takes the above noted needs and vulnerabilities into account during the review, rating and ranking process. The qualitative information was gathered during Rank & Review interviews for projects and the quantitative information which is documented in Attachment 1E-1, the Summary of Selection Criteria for Review and Ranking of CoC Projects. The CoC ensures that projects providing housing and services to the hardest to serve populations receive additional points in the Rank & Review Tool, understanding that

agencies are required to use the CE Prioritization Written standards admitting the most vulnerable populations. The Tool also provided bonus points during Ranking for applicants that scored over 150 out of 200 on HUD's Housing First assessment providing assurances to the CoC that HUD funded programs were not screening out the most vulnerable. Through discussion during interviews, projects have the opportunity to explain unique client needs/vulnerabilities (e.g., language barriers, mental health illness) and their impact on project performance. The CoC annually considers severity of needs and vulnerabilities to ensure effective prioritization of resources to meet the needs of the hardest to serve.

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

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

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

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.

(limit 2,000 characters)

1. The CoC considers reallocation an important tool to make strategic improvements to the homeless system and actively reviews performance of projects to ensure HUD funding is utilized for projects that meet priority needs within the community. For example, the CoC has prioritized rapid re-housing through reallocation to combat the increase in homeless in the PIT. Annually during the Rank and Review process the committee reviews the performance of existing CoC Program-funded projects and determines whether to recommend reallocation to the Board. The committee flags projects that demonstrate inadequate financial management, have a history of HUD recapture that could have been utilized for new programs, and/or projects that consistently demonstrate unsatisfactory project performance outcomes and rank low in scoring. The final decision to reallocate funding to create a new project is decided by the Board and approved by Membership. Funding is then provided to new project(s) that have been reviewed and ranked in priority order by the Rank and Review Committee and then approved by the Board and Membership.

2. Utilizing this process, between 2014-2018, a cumulative total of $200,283 has been reallocated; equaling 17.5 percent of the CoC's ARD. Reallocations have resulted in two new projects meaning the CoC was just $27,365 shy from making the 20% reallocation threshold.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

HMIS Policies and Procedures Manual pages 16-18

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

Yes

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

Foothold Technology

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

Regional (multiple CoC)

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	89	17	72	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	30	0	30	100.00%
Rapid Re-Housing (RRH) beds	8	8	0	0.00%
Permanent Supportive Housing (PSH) beds	138	8	138	106.15%
Other Permanent Housing (OPH) beds	20	0	20	100.00%

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

N/A

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?   12

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

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/29/2018

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

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

Instructions:

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

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

Over this past year, the CoC took specific actions that improved the accuracy of the PIT count. The CoC received quarterly provider data quality reports from the HMIS lead that improved the validity of the sheltered PIT count. In addition to the CoC board review of quarterly data quality reports broken down by provider, HMIS data quality training was offered at the staff level to help those inputting data to better understand the system and the importance of data quality. The HMIS lead organized and analyzed PIT data reports from HMIS and ensured data accuracy by comparing documented PII. This analysis allowed the HMIS lead to ensure de-duplication and an effective count of subpopulations. The HMIS lead also hosted individual calls with each provider to review analysis outcomes and ensure date accuracy. This did not lead to a reduction in the number of sheltered homeless, but validated the information that was collected as part of the PIT was accurate and without duplication.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

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

Beds Added:	69
Beds Removed:	0
Total:	69

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT No

count?

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

The CoC held two focus group/planning meetings with an expanded service provider network including youth and Veteran groups that resulted in additional service based and known locations as part of the unsheltered PIT. The participants reviewed and provided input on the survey tool and translated the survey tool into Spanish. The CA and agencies discussed the value and validity of engagement versus observation techniques during the unsheltered count. the CoC decided to encourage teams handling known location points to engage when possible in order to get the most accurate data. Safety was a consideration as to whether the team used observation or survey techniques. The CoC previously used observation forms to garner numbers of homeless served at food pantries. The PIT planning Committee determined the observation form was not providing an accurate count and that there could be duplication without utilizing the survey tool so we only offered food pantries the survey option, which reduced participation. The CoC believes the additional service based and known locations where unsheltered homeless were known to congregate provided by outreach teams provided a more accurate count of unsheltered homeless.
2. The results of the PIT unsheltered count were reduced by two persons from the previous year, with better coverage of the entire CoC geography ensuring there was less duplication due to the reduction of the use of the observation tool versus the survey.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your Yes

CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?

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

1. A task force was formed in January of 2017 with the following representation: McKinney Vento homeless liaison, RHY funded/youth focused agencies, the program director for the Runaway homeless shelter, representatives from Planned Parenthood peer consultants, and the program director for the LGBTQ center of the Hudson Valley. This steering committee reviewed HUD information on youth counts and consulted with a planning group that had instructed a number of communities in developing a process for a youth homeless count. The group developed a survey instrument and organized volunteers to conduct a youth count at the same time as the PIT in 2018 and provided incentives for youth that completed the survey.
2. The CoC board worked with the steering committee to develop a strategy and list of locations where homeless youth were most likely to congregate. Some examples outside of schools, were popular fast food restaurants, local parks and teen centers. The LGBTQ center sponsored two teen events and promoted the count on social media as well as developing an on-line survey for homeless youth to access on line or by cell phone.
3. Peer consultants from planned parenthood and LGBTQ staff provided support and went out to survey youth on the day of the PIT count in addition to the teams conducting known locations surveying.

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

1. The CoC took specific steps to improve its 2018 PIT count to better count the following subpopulations: persons experiencing CH, families w/children, and homeless Veterans. Actions included increased coordination with community partners and improved HMIS data analysis. Volunteer teams that included Veteran and Chronic Homeless housing providers were sent to known locations where chronically homeless have been identified. This year the CoC expanded both the number of known locations as well as an increase in the number of volunteers to survey street homeless. These teams work with chronic homeless and have experience in engaging this population. To improve the unsheltered PIT count of the CH, the teams identified and targeted known locations for the CH including a convenient store in close proximity to a homeless camp. The HMIS lead reviewed and analyzed sheltered PIT reports

to and provided individual provider TA to ensure accuracy in the CH designation.

2. Due to NYS's Right to Shelter legislation, it is rare for families with children in the CoC geography to be unsheltered. The CoC surveyed a number of service based locations such as People's Place, libraries, and the soup kitchen within the warming center where families with children are more likely to be located. Incentive gifts were provided that were family friendly to encourage participation for those taking the survey. For the Sheltered PIT, the CoC has designated HMIS Lead staff to input all intakes from placements from UCDSS, the main provider of ES services for families within the CoC. Bi-annual training of DSS staff is held to ensure data quality focused on ensuring accurate intake dates and family composition.

3. The CoC worked with Veteran service providers that receive SSVF grants to canvass known locations of Veteran's during the count. The SSVF providers coordinated with the VA HUD VASH outreach worker to identify known locations of homeless Veterans.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	271

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

1. The CoC determines risk factors used to identify persons becoming homeless for the first time through provider input and data analysis. The CoC understands risk factors for first time homelessness vary overtime and recognizes that while HMIS "cause of homelessness" does provide that information it is important to assess multiple data sources. The CoC coordinates with key stakeholders, such as prevention providers, emergency shelters, DSS, and the faith-based community to identify common factors contributing to first time homelessness. The HMIS Lead analyzes HMIS data, including demographic information, documented cause of homelessness, and disabling condition to confirm and/or supplement identified common factors. The CoC's goal is to decrease the number of persons becoming homeless for the first time.

2. One strategy that the CoC uses to reduce the number of first time homeless is to use prevention resources to keep people where they are, using its limited prevention resources to target funding and services earlier within a household's housing crisis. Earlier intervention will more effectively utilize prevention dollars to successfully prevent homelessness. The CoC focuses on coordinatiing prevention resources such as eviction prevention, emergency assistance, and advocacy with landlords. Service providers also prioritize limited prevention resources based upon the severity of the case. The third strategy is to increase the amount of prevention funding that is available within the community, understanding that prevention funding and services are essential to ensure households remain housed. The CoC advocates and applies for prevention funding through state, local, and private funding sources on an ongoing basis.

3. The party responsible for overseeing these strategies to reduce and end the

number of persons experiencing homelessness for the first time is the Strategic Planning committee.

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

1. The average length of time persons remained homeless is 89 nights, this a reduction from 96 in 2016 System Performance measures.

2. The CoC's strategies to reduce the average LOT homeless are to increase the amount of affordable rental housing, and to ensure CoC funded programs reduce barriers to connect persons with the longest LOTs homeless to housing. In order to increase the amount of affordable housing available the CoC advocates for and supports the increase of Rapid Rehousing programs, which strive to house clients within 30 days. The CoC is also creating flow in PSH units by implementing its Move On Strategy; ensuring PSH units are available for the most vulnerable and hardest to serve. The CoC encourages Housing First policies within all programs by prioritizing projects that adhere to the Housing First philosophy through the Rank and Review process. Alleviating barriers to housing for all programs reduces the LOT homeless for the hardest to serve.

3. The CE system works to reduce LOT homeless by prioritizing those with the longest LOT homeless and connecting them to the most appropriate housing. These strategies have successfully lowered the average LOT homeless in the community. The CoC identifies, prioritizes and houses individuals and persons in families with the longest LOT homeless through the CE system. During the monthly CE case conferencing meetings where emergency shelter and case managers discuss barriers to housing households who have the longest homeless episodes.

4. The Coordinated Entry Committee with CoC board oversight is responsible to oversee the strategy to reduce the length of time persons remain homeless.

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	67%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	87%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1. One CoC strategy to increase the rate of persons in emergency and transitional housing that move to permanent housing destinations is to monitor and review individual HUD funded program performance through HMIS data on exits to permanent destinations twice a year. The CoC utilizes a program level analysis of system performance measure on PSH permanent housing outcomes. Agencies with permanent housing outcomes of over 85% received a higher score during ranking. The CoC offers provider trainings hosted by our HMIS lead to ensure there is accurate reporting on exit destination data. The implementation of Coordinated Entry is also a critical strategy to identify permanent housing placement options to house homeless.
2. The CoC strategy to increase the rate of persons that retain permanent housing placement is to measure the length of time persons remain in permanent housing placement. HMIS data is used as a benchmark to measure the length of time in permanent housing and returns to homelessness. PSH Projects that have households return to homelessness lose up to 25 points in ranking. Additional strategies include case management and regular follow up with participants in PSH and RRH to identify issues that may jeopardize permanent or rapid re-housing placements. The CoC has added two new RRH programs over the past two years, and has secured a one time ESG allocation to rapidly re-housing homeless families that will help prepare homeless participant to be successful in permanent housing placements.

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

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

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is

responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)

1. The CoC identifies common factors of households who return to homelessness by analyzing HMIS data and using qualitative data collected from the community. Specifically, the CoC collaborates with the HMIS Lead to assess specific traits of those who return to homelessness utilizing HMIS documented information including: initial cause of homelessness, disability status and disabling condition. As part of the strategic planning efforts, a community needs assessment was held in the fall of 2017. Work groups were formed to look at common factors that impact persons returning to homeless for families, chronic homeless, youth, and Veterans.   HMIS data is cross-referenced to identify common factors. The CoC identified the majority of households who return to homelessness were in the community (i.e. not PSH or RRH).The leading factors are decompensating mental health, substance abuse, those that have experienced trauma affecting their ability to retain housing, loss of employment, and domestic violence.

2. The CoC strategy to reduce recidivism is to provide case management and advocacy to keep people housed. CoC providers provide regular follow up and touch points for those in permanent housing to quickly identify when problems arise before evictions occur. For those with mental health and substance abuse, they are respite housing options with 24/7 care to stabilize the individual so they may return to housing. In recognition that the majority of households who return to homelessness are coming from housing in the community, the CoC builds collaborations with system partners (ex: prevention, Legal Services, employment/education, benefits, health/behavioral health care, DV providers, other support services) around ways to provide necessary supports.

3. The CoC systems committee works across mainstream provider networks such as jails, hospitals, and other institutions to best coordinate appropriate placement so homeless are most likely to remain housed.

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1. The CoC's strategy to increase access to employment and non-employment cash sources includes systems level engagement. Specifically, the CoC engages and makes direct referrals to the following agencies to help households increase their cash income: Department of Social Services (DSS), Ulster County One Stop Career Center, Access VR, SUNY Ulster and HUD CoC providers. These agencies connect clients with necessary benefits (i.e. TANF, SSI/SSDI, SNAP) and provide free employment and/or education training. Case managers develop a support plan to meet the needs of the

individual including employment and a review of eligibility for non- cash benefits. For those that receive a denial for SSI, referrals are made to Legal Services for a review of the reason for denial. CoC providers build relationships with employers that contact agencies when positions are open. DSS has provides transportation to the Department of Labor for both job readiness and job search.

2. The CoC works with the Ulster County Office of Labor and Employment and ACCESS VR that offers free job readiness workshops, assists with job searches, and offers tuition for certifications. Through the CoC Strategic Plan, the CoC has committed to improve engagement with these mainstream benefits and employment organizations by increasing the number of organizations who are CoC members and increasing the number of formal MOUs.

3. The Strategic Planning committee is responsible to prioritize action steps and strategies in the local plan that oversees the CoC strategy to increase job and income growth from employment.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/31/2018

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	7
Total number of beds dedicated to individuals and families experiencing chronic homelessness	26
Total	33

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

Yes

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

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

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. Strategies the CoC has implemented to rapidly rehousing families with children within 30 days include prioritizing rapid rehousing resources to families. The CoC has two new rapid re-housing programs dedicated to families and has reallocated funding to support two new rapid re-housing projects. Other action steps include working with PHA's to establish a homeless preference for families, and utilizing HUD's move on strategy to transition families in current PSH units when they are ready to be independent.

2. The CoC recognizes that RRH programs meet the needs of a variety of participants. For those experiencing homelessness due to short-term financial crisis. The focus will include screening families for eligibility of mainstream cash and non-cash benefits (i.e. childcare, medical) as well as working with households to find affordable rental housing. For households who are traditionally perceived as more difficult to serve (i.e. those with limited or no income, survivors of DV, youth family households, and those with a disability), the strategy to rapidly rehouse vulnerable families include connecting families to PSH/RRH through CE; ensuring a Housing First approach among providers to reduce barriers to housing; and providing households with wrap-around services to address individual household needs (i.e. health/mental health, childcare, DV services). The CoC strategy to ensure stability after assistance ends includes provider check-ins and follow up. Services could include childcare, medical/mental health providers, financial literacy, and/or employment/ed training. For harder to serve families, the CoC ensures a warm hand-off to ongoing housing support service programs like Health Homes (a Medicaid-funded intensive case management program).

3. The position in charge of overseeing these strategies is the Coordinated Entry Committee who reports to the Board.

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

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

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

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

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

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

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

1. The CoC has outlined in its strategic plan ways to provide new resources and/or more effectively use existing resources to house and provide services for homeless youth by promoting services for youth which include; improving coordination and knowledge of McKinney Vento liaisons to more effectively use existing resources; increase education for homeless service and educational providers regarding equity of access to youth services; and utilizing creative funding to create new or expand existing youth programming. Specifically the plan calls for reallocating CoC funding for new rapid re-housing for youth aged 21-24; and seeking new funding to create a formal Life Skills training program tailored to youth. The plan also calls for ways to maximize the use of existing resources. Specifically, increasing utilization of Family House, a youth runaway shelter and a resource list of youth services to better for both McKinney Vento

and other school district personnel. The plan also includes linking foster care agencies to the Coordinated Entry system to increase awareness of those exiting foster care to find appropriate housing placements or identifying resources for incentives for youth to remain in foster care.

2. To increase the availability of housing and services for unsheltered youth, the CoC has established a committee through the strategic planning process to further the efforts to include youth, especially homeless youth in the planning efforts for the Point in Time Count. This will include better coordination between existing youth providers in gaining an understanding on locations where homeless youth congregate and develop better mechanisms to count homeless unsheltered youth. It will also engage youth volunteers to assist in surveying for the 2019 count.

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

1. In order to measure the noted strategies in question 3B-2.6 the CoC board will measure the increase in housing targeted to youth, specifically the creation of seven units of permanent supportive housing for homeless youth and pursuing additional funding for rapid rehousing for this population. The CoC currently tracks the amount of funding being applied for to create additional youth specific housing and services, conducts the annual Youth Point in Time Count, and tracks youth specific housing inventory data. The CoC will review the utilization rate of Family House to see if outreach efforts have been successful. The CoC will also evaluate the effectiveness and use of TextMeBack that is specifically designed to be a "youth friendly" way to learn about services that are available by measuring the usage of the tool.

2. The measures the CoC will use to calculate the effectiveness of both strategies in 3B-2.6 include: using HMIS and specific information collected during the Youth Point in Time count to measure changes in the number of homeless youth (both sheltered and unsheltered). To calculate the effectiveness of securing additional funding, every six months the CoC collaborates with the HMIS Lead to collect an accurate housing inventory of beds dedicated to homeless youth. The CoC analyzes overall changes in the number of homeless youth and composition of households presenting. Additional analysis focuses on housing stability, number of episodes homeless and recidivism. The CoC believes these measures are the most appropriate methods for determining the effectiveness of the current strategies to increase the amount of youth specific housing and services by ensuring continued collaboration between youth providers and nontraditional providers and providing real-time quantitative data on the amount of youth that are living on the streets or couch surfing at imminent risk of homelessness.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1a. The CoC collaborates with youth education providers through the Child Care Connection a program within Family of Woodstock. The program provides counseling services for Head Start households to inform on the availability of McKinney Vento services and information on other resources including child care subsidies.
1b. CoC agency representatives regularly attend SEA and LEA meetings. The CoC collaborates with school districts to identify person's eligible for both homeless and educational services Homeless School Liaison's participate in CoC meetings, assisted in the development of the strategic plan, and supports year round activities especially around the planning and execution of the youth PIT count.
1c. CoC funded agency Family of Woodstock has a contract with the Kingston City school district to provide case management services through McKinney Vento funding.
2a. The CoC recognizes partnerships play a vital role in ensuring efforts to identify eligible persons for both homeless and educational services are successful. There is a formal partnership between Family's Child Care Connection, Head Start and the CoC.
2b. The CoC identified new initiatives through its strategic plan process that will increase coordination of services for youth. Specifically, the strategic plan includes the following strategies: Work with McKinney Vento Liaisons to communicate resources available; create a resource list to assist McKinney Vento liaisons and other school officials to facilitate referrals to community resources; and Promoting the use of TextMeBack, a County-wide youth hotline at Family of Woodstock.
2c. The CoC also recognizes it needs to cultivate relationships with SEA, LEA and other school district staff. Family has a contractual relationship with the Kingston City School District and will identify ways to build relationships to inform other school personnel especially guidance counselors about housing and services for youth.

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

To inform individuals and families who become homeless of eligibility for education services the CoC developed and adopted policies and procedures within its Written Standards. These policies and procedures ensure all households are informed of their rights to access educational services and are supported in accessing these services. The CoC policy requires providers designate a specialized staff person to provide direct educational supports to families who move into permanent housing from shelter as well as staff to support families in shelter with ensuring there is no disruption in current

education services. The staff person is expected to connect and work with both families and schools/education programs to ensure the most appropriate educational services are made available to families and that families are able to overcome any barriers to accessing educational services, such as issues with transportation. For example, program staff, including DSS, are required to coordinate with McKinney-Vento Liaisons in families' existing school districts to coordinate transportation services and ongoing enrollment.

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

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

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

1. The CoC has taken actions to identify, assess, and refer Veterans experiencing homeless, who are eligible for VA services, to appropriate resources. The CoC collaborates with VA and VA-funded providers to improve identification of homeless veterans; supporting and collaborating with VA funded agencies within the Coordinated Entry system to develop a by-name list of homeless veterans; and to engage VA funded providers to participate in HMIS so the CoC has accurate information on the number and demographics of homeless vets. There are two CoC board members that represent Veteran agencies that provide information on resources and housing for homeless Veterans including the 8 bed emergency housing program, Patriots Place, created by Ulster County.

2. Veterans are assessed through the CE process when they enter the emergency shelter system. The CE refers all eligible Veteran's for SSVF

services including rapid re-housing services. CoC funded agencies work with SSVF and the VA homeless liaison in street outreach efforts to engage and assess veterans by street canvassing from referrals from other Veterans, in patient rehab facilities, and faith-based warming shelters. Non-VA funded agencies now are better informed about eligibility definitions that include questions about military service, not just veteran status upon intake.

3. Referrals are made to the UC Veteran Service Agency, Soldier On, WEST COP for review of potential benefits. Soldier On and WEST COP both SSVF sub recipients, are participants in the CE system and work with homeless service providers to create a by-name list of homeless veterans. All clients are assessed for SSVF service. If SSVF is not the most appropriate resource, SSVF funded agencies make a direct referral to the VA Healthcare for Homeless Veterans (HCHV) Program. Once referred, HCHV staff assess the veteran for a continuum of VA services including HUD-VASH and Grant and Per Diem.

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

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

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

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

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

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X

There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

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

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

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

Instructions:

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

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

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

1. The CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits by (1) conducting system level outreach to the Department of Social Service (UCDSS) and (2) promoting the SOAR model. Specifically, the CoC has hosted trainings on DSS services (i.e. Food Stamps, SSI, TANF) and processes for accessing those services. The CoC has engaged the DSS administration including the head of Temporary Assistance and the Commissioner, who serves on the CoC board, in brainstorming methods for better collaboration to ensure clients are able to apply for and receive mainstream benefits in an efficient and effective manner. CoC funded agencies assist participants in applying for HEAP, TANF, food stamps, Medicaid and Medicare on behalf of clients. The CoC also actively

promotes the SOAR model and increasing the number of SOAR's trained staff is part of the work plan actions in the local strategic plan implementation. The CoC has SOAR trained case managers available in the community to support clients in applying for and receiving SSI/SSDI.

2. Mainstream community providers are invited to attend CoC membership meetings to provide program parameters, increasing the breadth of knowledge of mainstream resources that can be used to serve their clients.

3. The name of the position in charge of overseeing the CoC's strategy for mainstream benefits is the Systems Committee who reports to the Board.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	10
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	9
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	90%

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

1. The CoC through its member agencies engage in street outreach by distributing information to those living in the streets and visits places where individuals experiencing homelessness might congregate. This may include but is not limited to parks & public spaces, faith-based organizations, boarding homes/motels, hospitals, community-based behavioral health crisis services, and local encampments. Outreach efforts to identify and engage street homeless includes community networking which establishes ties with providers on services for street homeless and builds relationships with agencies serving diverse populations help identify street homeless such as Veterans, HIV/AIDS, DV that assists us in targeting housing and services to those groups.
2. The CoC provides street outreach throughout the entirety of the CoC

geographic area but focuses within the populated areas of the county. Street outreach allows for quick identification and engagement of people experiencing unsheltered homelessness.
3. Street outreach is provided regularly through CoC funded agencies PEOPLe Inc., SSVF and VA homeless liaison as well as MHA's ACT Team and Mobile Mental Health Units. The ACT Team and Mobile Mental Health inform outreach agencies of the location of homeless so outreach staff engage and assess their immediate needs.
4. The CoC uses peer to peer outreach to tailor engagement to those least likely to request assistance. Staff makes contact with individuals on their terms – where they live – rather than in an agency settings; it involves developing sufficient trust to help people consider receiving services and the benefits they might accrue from them; and it may well mean developing rapport with people who, because of their experiences, have no expectation of a positive outcome. Peer staff will be able to use the mutuality of their shared lived experiences to foster these types of relationships quickly and effectively.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1. Strategies the CoC implements to further fair housing and to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability include the development of a marketing plan within the CoC's Coordinated Entry System detailing outreach to those least likely to apply for housing and services, educating programs about fair housing and the CoC's affirmative outreach polices, and monitoring ESG and CoC funded programs to ensure that marketing is conducted to those least likely to apply and that program participants understand their rights and how to address violations. The CoC adopted an Anti-discrimination Policy and has training scheduled for membership in October of 2018 on cultural competencies within the LGBTQ population. The CoC included as part of this year's on-site monitoring a review of each agencies Equal Access to HUD's Housing and Services policy to ensure agency compliance with the policy.
2. The CoC discusses which segments of the population are least likely to apply for housing without special outreach by considering current racial and ethnic composition of the geographic area as well as language barriers and income eligibility requirements. To communicate the fair housing strategies to persons with disabilities and limited English proficiency the CoC ensured that all programs can utilize language translation services, either through agency staff or MOU's or other formal agreements for hearing and vision impaired. The CoC does translate information in Spanish and offers larger type versions of applications for the vision impaired.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	2	12	10

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

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

Submission Summary

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

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