

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed) NY-501 - Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC

Collaborative Applicant Name: Institute for Human Services, Inc.

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: NY-501 Regional Continuum of Care

How often does the CoC conduct open meetings? Quarterly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

**If 'Yes', what is the invitation process?
(limit 750 characters)**

The CoC General Membership meetings are widely publicized to local service providers and other units of the general community within the continuum. The CoC Lead Agency, as well as the existing membership actively markets the benefits of membership within the CoC, and encourages organizations and individuals to join.

At any public meeting, and upon open request, a copy of the NY-501 Regional Continuum of Care membership form is made available to interested parties. This form may be completed immediately, and approved for General Membership within a week. There is no fee, and the only requirement for CoC membership is an interest in alleviating homelessness within the geographic extent of the continuum.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Volunteer

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	No

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

The NY-501 CoC has already created a Coordinated Assessment working committee, and engaged HUD Tier I Technical Assistance through the TA provider Corporation for Supportive Housing. Presently, the committee is examining several intake portal models, and CSH is conducting an evaluation of intake forms utilized by various service providers. It is expected that TA will escalate to Tier II, and develop a comprehensive coordinated assessment system to be deployed throughout the continuum.

In late January 2013, the CoC will continue a dialog with the City of Elmira (a HUD Participating Jurisdiction) to determine roles and monitoring protocols for programs based upon best practices and the guidelines set forth in the ESG Rule, and the CoC Program Interim Rule, as well as any requirements set forth in NOFA language for program funding under these rules.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

For all NY-501 Regional CoC meetings (Board, General Membership, or committee), an agenda is prepared prior to the meeting and disseminated electronically to all regular members and invited guests. A copy of the agenda is available for any guests that may attend. The historic agendas are also available for public inspection along with minutes of each meeting.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
NY-501 CoC Board Committee	The CoC Board works with the Lead Agency to coordinate CoC planning activities. Key responsibilities include: overseeing the operation of the CoC; coordinating the annual CoC application; reviewing CoC operating policies; leading 10-year planning efforts; assessing and recommending prioritization of projects to the full CoC body; and evaluating project performance.	quarterly (once each quarter)
HMIS/STEPS Advisory Committee	The HMIS/STEPS Advisory Committee oversees the continuing development of a regional HMIS system, including training of agency personnel, monitoring of data entry/management, AHAR participation, and system integrity.	quarterly (once each quarter)
NY-501 PIT/HIC Committee	The Point-in-Time Committee plans and implements an annual point-in-time study in partnership with numerous regional agencies, and also analyzes and reports study findings.	semi-annually (twice a year)
NY-501 Corrections Discharge Committee	The Corrections Discharge Committee reviews the CoC discharge planning protocols to increase communication and services between state, county, and local correction facilities and local homeless and social service providers.	annually (every year)
NY-501 Mental Health Discharge Committee	The Mental Health Discharge Committee reviews the CoC discharge planning protocols to increase communication and services between mental health facilities and local homeless and social service providers.	annually (every year)

If any group meets less than quarterly, please explain (limit 750 characters)

The PIT/HIC Committee meets twice a year, once to prepare for the counts, and once again to review the results and the completed PIT Count study. Mental Health and Corrections Discharge Committees meet annually to review plans, but members communicate through other Continuum networking opportunities throughout the year. Due to the very large five county geographic nature of the CoC, much communication is accomplished electronically through email and conference calls. The Lead Agency also communicates regularly with committee stakeholders.

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Public Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	4	7	3	3	15	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	2	1	2	3	6	0
Substance abuse	0	2	2	3	6	0
Veterans	0	2	0	0	0	0
HIV/AIDS	0	0	0	0	1	0

Domestic violence	0	1	1	0	7	0
Children (under age 18)	1	1	1	0	6	0
Unaccompanied youth (ages 18 to 24)	1	0	0	0	4	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	3	7	3	3	13	0
Authoring agency for consolidated plan	0	0	0	0	1	0
Attend consolidated plan planning meetings during past 12 months	0	1	0	0	3	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	1	0	0	0	1	0
Lead agency for 10-year plan	0	0	0	0	1	0
Attend 10-year planning meetings during past 12 months	0	0	0	0	2	0
Primary decision making group	1	1	0	0	5	0

1D. Continuum of Care (CoC) Member Organizations Detail

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Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Total Number	2	11	1	0	7	1	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	3	12	0	0	1	2	0
Substance abuse	3	4	0	0	0	1	0
Veterans	0	2	0	0	0	0	1
HIV/AIDS	0	3	0	0	0	0	0
Domestic violence	2	5	0	0	0	0	0
Children (under age 18)	0	3	1	0	7	0	0
Unaccompanied youth (ages 18 to 24)	0	0	1	0	1	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	3	10	1	0	8	1	3
Authoring agency for consolidated plan	0	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	1	4	0	0	0	0	1
Attend consolidated plan focus groups/public forums during past 12 months	0	7	0	0	0	0	0

Lead agency for 10-year plan	0	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	7	0	0	0	0	0
Primary decision making group	1	5	0	0	0	0	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual

Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	4	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0

Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	4	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	0	0

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

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): k. Assess Cost Effectiveness, g. Site Visit(s), j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, p. Review Match, r. Review HMIS participation status, e. Review HUD APR for Performance Results

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

A committee of the CoC Board serves as the Rating and Review group. The group is presented with a summary of each application. Prior to this, each project proposal has been assessed (if renewal) through the results of quarterly performance review which includes population served/cost, direct monitoring, LOCCS funding draw-down rates.

These metrics are factored against the latest APR benchmarks. New applications are also weighed on applicant capacity, HMIS participation, and confirmation of match and leverage. These latter indicators are also applied to renewal projects. Renewal projects then rank first in performance order, followed by new gaps need projects, then HMIS operations, followed by general new and planning cost projects.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes

Voting/Decision-Making Method(s) (select all that apply): b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

Throughout the year, the CoC Lead Agency assesses housing and supportive service gaps throughout the continuum, and networks with existing and prospective member agencies to encourage new applications. Organizations which are not members are invited to attend CoC meetings and participate in various workgroups. Those that apply for membership are apprised of the application process and timeline and offered technical assistance in their development of initiatives that meet CoC Program funding guidelines and fulfill local gap needs.

The application and ranking process along with submission and review timeline is distributed annually to all CoC member organizations. The lead agency also provides a liaison service between the prospective applicant and HUD for further technical assistance.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

Not Applicable

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters)

NY-501 CoC gained a total of 46 voucher beds in the period between January 2011 and January 2012. This increase is accounted for by 9 to Allegany County Division of Social Services; 13 to Catholic Charities of Chemung/Schuyler in their Second Place East and OTDA Demonstration Project; 21 to Livingston County Division of Social Services; and 3 to Steuben County Division of Social Services. All vouchers were an expansion to existing programs, and represented motel client placement.

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)

The CoC does not include HPRP beds applicable to the HIC

Safe Haven: Not Applicable

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters)

The CoC does not operate any Safe Haven beds within the Continuum

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

Catholic Charities of Chemung/Schuyler reported a reduction of 1 (one) unit between the 2011 & 2012 HIC in its Residential Stabilization Program.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

The Continuum experienced a sizable expansion of PSH units in the period of interest. In all, 95 new units were created as expansions of existing programs. These include: 1 bed to SCAP (Arbor Development in its Mental Health Supportive Housing program, and 7 additional beds to their Shelter Plus Care Program.

Catholic Charities of Chemung & Schuyler Counties account for the largest gains. These are: 26 beds to the Homeless Supportive Housing Program (HSH); 1 bed to the HSH Expansion Program; 32 beds for the Shelter Plus Care Program; 21 beds to the Supportive Housing Program; and 9 beds for the Schuyler County Supportive Housing Program.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply): HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS

Must specify other:
Not Applicable

Indicate the type of data or method(s) used to determine unmet need (select all that apply): Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion

Specify "other" data types:
Not Applicable

If more than one method was selected, describe how these methods were used together (limit 750 characters)

The CoC structure includes a homelessness & housing coalition in each county that monitors emerging needs and develops county specific strategies. The CoC Administrator attends each of these meetings and shares the results of the Annual PIT Count Study and obtains feedback from stakeholders on that as well as county level housing planning information.

Homeless/housing agencies and street level volunteers provide data during the annual PIT study relating to their inventory and need, and this information is integrated into the aforementioned discussions to compare concrete data with anecdotal evidence. This information is then fed back to inform the gaps analysis and strategic planning process for the Continuum.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Single CoC

Select the CoC(s) covered by the HMIS (select all that apply): NY-501 - Elmira/Steuben, Allegany, Livingston, Chemung, Schuyler Counties CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Not Applicable

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: AWARDS

What is the name of the HMIS software company? Foothold Technology, Inc.

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 10/21/2007

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

Not Applicable

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The dearth of participation by non-HUD funded providers is being addressed through several initiatives of both the CoC Lead Agency and HMIS Agency. These include:

- * Networking agencies through community/regional meetings
- * Integrating HMIS data with PIT and other community data in a "state of the region" campaign to increase the awareness of the HMIS
- * Conducting individual meetings with targeted public and private providers
- * Identifying funding for additional licenses and other incentives to reduce the cost of participation
- * Development of educational presentations for groups and collaboratives that highlight the importance of participating in the HMIS and its impact of regional planning and funding stream development.
- * Networking with other state continua and examining national evidence based models to develop other effective local strategies to build participation

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	January	2013
Operating End Month/Year	December	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$153,426
ESG	\$0
CDGB	\$0
HOPWA	\$0
HPRP	\$0
Federal - HUD - Total Amount	\$153,426

Funding Type: Other Federal

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

Funding Type: State and Local

Funding Source	Funding Amount
City	\$7,430
County	\$5,231
State	\$13,670
State and Local - Total Amount	\$26,331

Funding Type: Private

Funding Source	Funding Amount
Individual	\$0
Organization	\$12,025
Private - Total Amount	\$12,025

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	\$0

Total Budget for Operating Year	\$191,782
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Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

Not Applicable

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain (limit 750 characters)

Not Applicable

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

* Emergency Shelter (ES) beds	86%+
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	76-85%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

Not Applicable

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	0%
Rapid Re-Housing	100%
Supportive Services	100%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	6
Safe Haven	0

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	4%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	0%
Residence prior to program entry	0%	0%
Zip Code of last permanent address	0%	0%
Housing status	1%	0%
Destination	2%	5%
Head of household	2%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

HMIS staff have developed and deployed several data quality reports which are regularly run to inform the program staff of the data quality issues, as well as the need to fix them. The HMIS staff have also written documents and presentations showing users how to avoid and correct data quality errors. The HMIS staff also conducted several trainings on the best HMIS practices and data quality for HMIS users, and continually use this information when revising procedures and educating users.

How frequently does the CoC review the quality of client level data? At least Monthly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Not Applicable

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

- Integrating or warehousing data to generate unduplicated counts:** At least Monthly
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Monthly
- Integration of HMIS data with data from mainstream resources:** Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS policy and procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Semi-annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? Never

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review
or update by CoC:** 06/27/2012

**If 'Yes', does the manual include a glossary of
terms?** Yes

**If 'No', indicate when development of manual
will be completed (mm/dd/yyyy):**

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

* Privacy/Ethics training	At least Annually
* Data security training	At least Annually
* Data quality training	At least Annually
* Using data locally	Never
* Using HMIS data for assessing program performance	Never
* Basic computer skills training	Never
* HMIS software training	At least Annually
* Policy and procedures	At least Annually
* Training	At least Annually
* HMIS data collection requirements	At least Annually

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Not Applicable

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	3%	0%	97%
Transitional Housing	0%	2%	0%	98%
Safe Havens	0%	0%	0%	0%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The Continuum only saw a 2.6% increase in the total number of homeless residing in emergency and transitional housing from the 2011 count. The most dramatic changes were a 19% reduction in emergency housing utilization, and a 14% increase in transitional housing occupancy.

From a practical standpoint, the total sheltered change was too statistically insignificant to attribute to any definitive social process, although other indicators in the PIT establish a trend toward more families experiencing homelessness due to economic changes and a decline of unsheltered chronic homeless. The shift from emergency to transitional housing is best explained by additional permanent housing resources created in 2011, and case management being able to place clients immediately whilst they await permanent housing opportunities.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	The availability of transitional to permanent housing options ranked as the #2 need identified by survey respondents. This reflects a general lack in the continuum of quality affordable housing for those that are below the 50% HUD Area Median Income Level. This dearth is created by exceedingly high property values in the area, and a lack of private investment in affordable housing.
* Services	Transportation ranked as the #1 concern of those surveyed, remaining in the top four from the previous year. The cost of food and meals ranked as #4, as national economic changes have driven the cost of commodities and retail groceries higher.
* Mainstream Resources	Financial assistance ranked at #3 of the top needs--reflecting increased costs of living not commensurately covered by social assistance programs. Also, whilst medical care did not rank in the top 4, 8% of respondents noted an increased need of affordable services. Most notably, 10.4% called for increased availability of affordable dental services.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Not Applicable

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

The CoC's 2012 Point-in-Time study was facilitated by nearly 100 agency staff and community volunteers. In the community, volunteers conducted a service based count at food pantries, churches, parks, or other known locations where at-risk clients typically seek services or congregate.

Through the survey interviews, the location of where the individual spent the evening was obtained and recorded, serving as the determining information for their housing/homeless status. In the region's shelter and housing programs, agency staff completed survey forms on each client who was in the program during the survey night, either through personal interview or using qualifying HMIS information.

For both community and agency based surveys, participating agency staff and volunteers received training prior to the event, and also had access to 24 hour technical assistance through the region's 2-1-1 Helpline information and referral system. All surveys included unique identifying codes of each client, ensuring that the CoC's sheltered counts were unduplicated.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

	HMIS	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
	Sample strategy:	<input type="checkbox"/>
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:		<input checked="" type="checkbox"/>
	None:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

If Other, specify:

Not Applicable

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

The region's shelter/housing providers completed survey forms on each of their clients during the Point-in-Time study, either through personal interview or using qualifying HMIS information. Participating agency staff recorded sub-population data on each client, utilizing the CoC's established Point in Time survey form. As possible, agencies that provide services for specific sub-populations were asked to participate in the study, and their staff completed surveys with their client base, including programs that are not included in the HMIS.

Community volunteers also used the CoC's survey form to interview at-risk individuals through a service-based count, carefully recording all participant responses regarding the qualifying for one or more targeted sub-populations. All participating agency staff and volunteers received training prior to the event, including instruction on the various sub-populations and instruction to record only the responses of the participant, and not to assume that participants do or do not qualify for subpopulations. Additionally, the survey form utilized a unique identifying code for each client, ensuring that the subpopulation counts are unduplicated.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

If Other, specify:

Not Applicable

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

All agency staff and community volunteers who participated in the Point in Time count used a standardized survey form that was developed specifically for the 2012 study. Through the consistent use of the survey form, all individuals surveyed, both sheltered and community-based, provided first name/last initial/birth month/birth year information, which was used to create participant codes. Surveys that did not include this information were considered invalid and were not counted in the survey results.

All surveys were entered in an online survey system that did not allow a form to be recorded if a form with the same coding information had already been entered, thus eliminating potential duplication. After the closing date for the survey period, the survey administrator reviewed the survey results to identify any potentially duplicate codes, such as the use of proper and common names (r.e. Robert/Bob).

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The CoC's Board and lead agency have committed to the accurate recording of all survey data, including the sheltered homeless subpopulations, and have developed instructional and training materials to promote accurate documentation. The CoC Administrator conducted a series of workshops for agency staff and community volunteers throughout the region within the 7 days prior to survey date.

For those unable to attend, individualized training packets with detailed instructions were provided, and all agency staff and volunteer were required to either attend a training session or complete a training packet. The accurate recording of subpopulations was specifically addressed through the training sessions and packet. Additionally, 24-hour technical assistance was available throughout the survey period through the region's 2-1-1 Helpline information system, and the CoC Administrator frequently provided email or phone updates to promote accurate use of the surveys throughout the targeted period.

Agencies that participate in the CoC's HMIS utilized the HMIS data to complete and/or verify survey information for each client, including that which qualified the individual for targeted subpopulations. Additionally, the de-duplication coding system of the survey form (first name/last initial/birth month & year), and the use of an electronic survey recording/data program, ensured the accurate and unduplicated recording of data on the region's sheltered subpopulations.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Not Applicable

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The difference between the 2011 and 2012 unsheltered count only represented an increase of 3 individuals. No inferences could be drawn from this small number.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Not Applicable

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Following participating in a required training, community volunteers utilized a standardized survey form to interview potentially at-risk individuals both at service-based locations (food pantries, soup kitchens, etc...) and in public places (parks, bus stations, etc...). All of those surveyed were asked where they spent the night of the Point-in-Time study, and the volunteers recorded their responses by selecting no more than one of multiple possible answers that included a variety of sheltered and non-sheltered options.

Those identified as unsheltered included only those who met the qualifying options, including "Car, boat, other vehicle" or "Street, Woods, Unimproved Building". The number reported as unsheltered is an unduplicated count, and included only individuals who were interviewed on the night of January 25, and following up at interviews at other locations on the next two days, with no sampling or extrapolation.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

Not Applicable

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

If Other, specify:

Not Applicable

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

All agency staff and community volunteers who conducted surveys for the Point-in-Time study were trained either by participating in a survey training session or completing a self-paced training packet. In either case, staff and volunteers developed an understanding of the expectation, reasons, and techniques for conducting an accurate unduplicated count of unsheltered homeless persons. All surveys were conducted through an interview process using a standardized survey form that asked for each participant's first name, last initial, birth month, and birth year. Codes created with this information (r.e., "RobertM0484"), were used to identify duplicate surveys, and completed surveys that were missing this information were considered invalid, and not included in survey results. The surveys were completed through the interview format with the specific questions being asked by trained staff and volunteers. Surveys were not completed by the participants themselves.

To facilitate the compilation and analysis of the results, and as a further deduplication technique, all completed surveys were entered into an on-line survey data management program, and this program would not permit a survey to be entered if a record with a duplicate code already existed. The CoC Administrator also utilized the survey data program to review the survey records, in order to identify and address any possible data quality/duplication issues.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

The CoC has continued to target the inclusion of school homeless liaisons to the CoC activities as a primary strategy for identifying unsheltered homeless households with dependent children. Outreach efforts have included engaging the liaisons in county-level Homeless Coalitions to establish communication links between the liaisons and the communities' homeless service providers.

Additionally, several CoC member agencies operate supportive services programs targeted at children or teens, and actively include housing/homeless information in their strategies and materials to assist these children and their families. Other community-based programs for children and families are specifically identified through broader collaborative efforts, such as through meetings of United Way agencies or ecumenical "Council of Churches".

The region also has a fully operational 2-1-1 Helpline telephone/online information and referral system with 24-hour referral information, operated by the CoC Lead Agency. The 2-1-1 system is promoted and advertised throughout the CoC region, including faith-based, public, and private agencies, and the general public, and can place families in need with specific agencies who can assist them. If no other emergency housing options are available, the departments of social services in each participating county provide overflow housing vouchers, ensuring that all households with dependent children have access to emergency housing.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

Faith-based providers are often at the forefront of targeting the neediest individuals and connecting them to available services in the community through a collaborative referral network. Various churches and other faith-based programs provide free community meals that are frequented by long-term homeless persons, and make a variety of supportive services available through these meals, including information on homeless/housing services.

CoC agencies also collaborate with local law enforcement agencies to identify known locations where homeless persons congregate, and collaborate with the local Veterans Administration (VA) Medical Center to actively participate in the VA's Operation Stand Downs or other efforts to target homeless Veterans such as the SSVF Outreach Program.

Once a homeless person is identified, the 2-1-1 Helpline telephone/online information and referral system is integral in linking them to services that are available in the community. County specific homeless coalitions foster communication between the service providers and the 2-1-1 program to ensure that the referral services are known and most conveniently accessible.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

- How many permanent housing beds are currently in place for chronically homeless persons?** 29
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 32
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 33
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 37

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

Two agencies have proposed the development of a combined additional beds in Livingston County. It is anticipated that these beds will become available in mid to late 2013. Given the decrease in chronic homelessness in the region in favor of family homelessness as a result of economic downturns, this expansion is viewed as adequate to Continuum needs during the 2013 year.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)

The projected number of 37 beds has been predicated on the premise of a fairly stable percentage of individuals and families entering the system that meet the new criteria of chronic homelessness. The NY-501 CoC is a predominantly rural continuum, and as such does not experience the same prevalence of issues with chronic homelessness as those operating programs in densely populated suburban or metropolitan areas. In an area such as NY-501, it is eminently possible to provide adequate case management and supportive services early in the experience of homelessness and abrogate the path into chronic status.

The Lead Agency, CoC Board, and the CoC Administrator will continue to collaborate with county specific homeless and housing coalition teams to assess emerging gaps in services and affordable housing, and to rapidly adapt to future changes through possible reallocation of existing beds and the initiation of new projects to meet any unexpected demands.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

The number of chronically homeless individuals remains fairly stable throughout the CoC due to its rural nature. Those placed into permanent housing tend to remain housed and not re-experience homelessness. A majority of new chronic homeless entering the local provider network represent a very small number of transients who have arrived to access healthcare, recovery, or psychiatric programs. Their primary qualifying experience of chronic homelessness has been experienced elsewhere.

The projected increase in permanent chronic housing units, development of new housing by private investment--combined with development of homeless housing by the VA, an increase in VASH vouchers for conventional housing, and increased efficiencies in case management and benefit provision which financially stabilize clients are presently seen as sufficient to serve the needs of the Continuum and to quickly absorb any new chronic homeless into the network of "Housing First/Rapid Rehousing" services.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 78%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 82%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC's plan to continue the successful attainment of this national objective in the next 12 months primarily includes up-to-date performance data and ongoing staff education. All of the CoC funded permanent housing projects are included in the CoC's HMIS, and the development of the HMIS has included investment in report generation capabilities.

The HMIS Administrator will generate performance reports for review of the Lead Agency, Board and program providers on at least a quarterly basis. In addition, the provider agencies will provide specific training for front line staff, regarding the importance of, and effective strategies for, extending length of stay. The CoC Administrator will also research and provide best practice strategies to assist provider agencies.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

In addition to reviewing HMIS performance data reports on a quarterly basis and program APR's on an annual basis, the CoC Lead Agency and Board will review QPR's at each quarterly meeting to analyze performance data and provide feedback and strategies. Programs that fail to meet project goals for two consecutive QPR's will seek technical assistance to develop corrective action plans that include specific strategies to achieve performance objectives.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 74%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 77%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 78%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

To continue to meet and exceed this national objective, each operating agency will submit their QPR's to the CoC Lead Agency. The CoC Administrator and the CoC Board will review these reports quarterly and will consult with a specific agency should a performance concern arise.

Additionally, the transitional housing providers will continue to provide case management and other support services to ensure that households are prepared to successfully transition to permanent housing. These agencies will also continue to work through county-specific homeless and housing teams to maintain collaborative relationships with all permanent housing programs, in order to identify the best options for successfully transitioning each household.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The agencies that operate transitional housing programs within the CoC will continue efforts to exceed the national objective through ongoing analysis of the needs of households in transitional programs, and developing or adapting initiatives to meet emerging needs.

As many of the participants in the transitional housing programs represent difficult populations to achieve stability within, e.g., domestic violence, substance abuse, and mental health issues it is not uncommon for them to suddenly depart programs and leave case management services. Agencies will work to formulate effective retention and transition strategies with these special populations.

In addition, agencies within the Continuum will continue to develop collaborative relationships and internal technical assistance resources regarding successful strategies for transitioning individuals and families to permanent housing, as coordinated by the CoC Lead Agency and Administrator.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 29%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 30%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 32%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)

Across the next year, program staff will further strengthen the relationship between the housing programs and the "one-stop" career centers in the region and take advantage of pre-employment skill training programs and sheltered workshops that are available. The CoC Lead Agency, the Institute for Human Services, Inc., will again coordinate training sessions for housing program front-line staff regarding the services that are available through the career centers.

This includes with support from the region's Workforce Investment Board (WIB), CSS Workforce New York. The CoC Administrator, Board and housing providers will also review quarterly HMIS performance reports to monitor performance and address any performance concerns. The Lead Agency will also work to facilitate incorporation of new evidence based models into CoC Program funded initiatives.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

CoC member agencies will continue to create community-based volunteer opportunities that will improve the skills and work experiences of clients in housing programs, improving their ability to secure employment. The CoC Lead Agency has developed a regional volunteer matching program in conjunction with its 2-1-1 information and referral program and the local United Way. Additionally, the CoC Administrator will identify new training and placement programs as they emerge in the region and provide agency staff updates and networking services to couple clients into these programs.

This will assist housing programs with utilization of this initiative to benefit housing clients. The CoC Board will continue to review quarterly HMIS performance reports and QPR's to monitor program performance, and projects that fail to meet performance objectives for two consecutive quarters will provide corrective action plans that include specific strategies to reach targeted objectives

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 33%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 34%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 36%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 40%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

In 2013, program staff will further strengthen the case management relationship between the housing programs and the county social services offices and programs that are available. As a substantial number of transitional housing participants are utilizing domestic violence shelters, enrollment in programs becomes a given as most do not have jobs—nor were they allowed to have them. This lends opportunity for other mainline assistance in retraining, such as educational grants and student loans to supplement individual and/or family incomes.

Additionally, implementation of the SAMHSA SOAR model of disability insurance filing by provider agencies will expedite the approval of benefits to the client in under the time they typically spend as a program participant. Enrollment of appropriate clients in SSI/SSDI benefits also allows participation in other sustainability programs not otherwise open to the client.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

As a substantial number of clients entering the CoC network are emerging from an environment below the 50% HUD Annual Median Income , they will already be enrolled in the most utilized mainline sources such as SNAP and Medicaid. The addition of newly homeless families will also result in benefit application prior to entry. With the deployment of a Coordinated Assessment Plan across the continuum in 2013-14, case managers will be able to more quickly recognize benefit gaps, and accelerate the application process.

Given high performance currently seen by programs in the CoC, the primary goal of case management will be to identify gaps, and expedite client sustainability for transition to permanent housing and possible preparation for new earned income opportunities. CoC member agencies will continue to work to establish maximum opportunities for client participation in mainstream programs, and performance strategies assessed on a regular basis by the Lead Agency and CoC Board.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 25%
- In 12 months, what will be the total number of homeless households with children?** 20%
- In 5 years, what will be the total number of homeless households with children?** 12%
- In 10 years, what will be the total number of homeless households with children?** 0%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC has identified homeless families an increasing subpopulation within the Continuum. Growth of this population is due to local and national economic trends, most notably the de-industrialization of the region. Provider agencies will assess current housing allocations and work collaboratively to ensure a rapid transition from homelessness to permanent housing, along with case management to ensure that the family becomes financially sustainable.

Also, the CoC Lead Agency, Board, and providers will collaborate with homeless student liaisons in the regional school districts to enhance identification of homeless students and create opportunities for such families and youth to enter supportive and housing programs.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)

The CoC Lead Agency will continue to organize policy and training meetings for homeless school liaisons within the region and its school districts, providing current information about housing and mainstream programs that students and their families may qualify for. The Board, through the Lead Agency shall continue to participate in county-level homeless and housing team meetings.

The product of these meetings will be utilized at least annually in combination with HMIS, APR, and other local metrics to update strategic planning for the Continuum, provide technical assistance to service and housing providers, and advocate for the development of affordable housing throughout the continuum region. The Lead agency will also facilitate an annual Homeless Coalition of regional stakeholders to focus on family homelessness and its reduction through the Housing First model.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 0

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

Not Applicable

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

Not Applicable

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

In August 2009, the New York State Office of Children & Family Services issued an Administrative Directive to the Commissioner of each county's Department of Social Services (DSS) that outlined "Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care". Included in the directive were the requirements that, "The transition plan must include specific options on housing, health insurance, education...(and others)".

The CoC has improved communication between discharging agencies and housing stakeholders, including the promotion of the region's 2-1-1 Helpline information and referral system.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

In Fall 2010, the CoC body adopted the state's requirements as the CoC's protocols for discharging from Foster Care and similar programs.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Key agencies involved in transitioning youth include DSS staff, non-profit youth case management programs (TASA, Community Action, others), and property owners/state housing programs. The SHP-TH program for transitioning Foster Care youth is operated by Catholic Charities of Chemung/Schuyler.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Counties in the CoC vary in the typical locations to which targeted youth are discharged. Generally, DSS staff work with community-based case management programs to discharge youth to apartments or state funded housing options, ensuring that the youth have the supports necessary for successful transition.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

To guide health care facilities in transition planning, the New York State Department of Health (NYSDOH) has issued a Patient Bill of Rights that includes recommended strategies to address the housing of discharged patients. Until regional health care discharge protocols are finalized, the CoC full body has voted and endorsed these strategies, and has also promoted the regional 2-1-1 information and referral system as a primary strategy in the referral process.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The five-county CoC region includes a U.S. VA Medical Center and at least eight hospitals. The CoC lead agency has worked with healthcare facilities to promote the successful discharge of patients to appropriate destinations, and has also involved public and private long term healthcare facilities (nursing homes/supported living), and individual landlords. Case managers of healthcare agencies begin working with local housing providers prior to discharge to ensure that discharge is made to an appropriate environment.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Healthcare discharge staff frequently target family members of the person being discharged as primary housing destinations. If family members are not available or willing to receive the discharged person, caseworkers may explore long-term or permanent care facilities for which the individual may qualify, including the VA Medical Center for Veterans, or county healthcare facilities. "Senior Housing" complexes frequently also include residents who meet disability eligibility, regardless of age.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

A CoC Mental Health Discharge Committee has developed regional mental health discharge protocols that have been voted and approved by the full CoC body. The committee meets annually and through electronic communications to review and update the protocols as necessary to make sure that they meet all federal, state, and local guidelines.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The CoC Mental Health Discharge Committee includes representation from each participating county's mental health clinics and the state's regional psychiatric center, as well as public and private providers of homeless and supportive services. These agencies have actively participated in ongoing efforts to ensure that services best meet the needs of participants with mental health concerns, and that these individuals are not discharged into homelessness. The committee continually seeks to identify additional community stakeholders.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The five-county region includes a U.S. Veterans Administration Medical Center and a state-operated regional psychiatric center, both of which are significant service providers in the region. Clients are often discharged to a private residence, although each participating county has additional options, such as private or state funded residential programs.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Not Applicable

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

A CoC Corrections Discharge Committee has developed regional corrections discharge protocols that have been voted and approved by the full CoC body. The committee meets annually and through electronic communications to review and update the protocols as necessary to make sure that they meet all federal, state, and local guidelines. Additionally, the SOAR Initiative undertaken by the Continuum will develop protocols to work with regional correctional facilities to identify inmates prior to release to begin establishing SSI/SSDI benefits for those who are eligible to ensure that they are financially sustainable upon release.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

Not Applicable

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The Corrections Discharge Committee includes representation from the division of state parole, each county jail, and homeless/support service providers representing both public and private agencies. A large component in this system is the 2-1-1 Helpline 24-hour information/referral call center, which is operated by the CoC Lead Agency, and which the corrections representatives have incorporated into their discharge planning.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The majority of released individuals are discharged to their private residences, though a few small private transition programs are operated throughout the region. Coordination between the correction facilities and the county Departments of Social Services often results in individuals being discharged into motels or other facilities to meet short-term needs until more appropriate locations can be secured, including forensic apartment programs.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan: In Fall, 2010, the full CoC body voted and approved the implementation of an Education Assurances Policy, which outlines the CoC's commitment to homeless students in the region. The policy includes the expectations that the CoC is to work with designated Homeless School Liaisons, that all housing agencies continually work to identify homeless students, and that public and private agencies prioritize the educational needs of homeless students. This policy is assessed annually and updated as required. Additionally, the policy stipulates that the homeless student liaison designees meet on a periodic basis and share experiences and receive updates on homeless services programs within their districts.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

The characteristics of the target population of the former HPRP initiative represent one of the emerging subpopulations in the Continuum do to economic trends and deindustrialization of the region. To compensate for the needs of this segment mainline agencies from across the state have combined programs for high-risk homelessness prevention and rapid rehousing. One such example is the STEHP initiative, which combines state homelessness funds with HUD ESG allocations. County level social service agencies are members of the CoC Board, and advise the Continuum of programmatic opportunities.

Also, the establishment of a Coordinated Assessment System will provide opportunities during the screening and intake process to identify high priority service candidates and get them immediately into benefits application and housing service case management that can prevent homelessness or begin the process of rapidly rehousing the client.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

The regional CoC area (NY-501) includes the Bath VA Medical Center (VAMC), which is an active participant in several CoC working committees, including the Mental Health Discharge Committee, the Point in Time Committee, and the Steuben County Homeless Coalition. The VA's Healthcare for Homeless Veterans Program Coordinator manages the utilization of 25 VASH vouchers, for which housing is supplied by Continuum member housing initiatives. The Coordinator is active with the CoC, and coordinates with various community partners.

In addition, the CoC Administrator is an active participant in the VA's Community Services Partnership meeting, and facilitates communication between the VA and the CoC partner agencies, including information on VA programs and outreach supportive services. The VA Grant and Per Diem program has been added to the CoC's Housing Inventory Count (HIC) in September, 2011 through the HUD/VA Reconciliation process, and has begun to integrate into the CoC's HMIS and planning efforts. CoC member agencies are also working with VA contracted addictions recovery program to identify and refer homeless veterans to a permanent housing project that is under development.

As to ESG, participation may take several forms. The City of Elmira (a HUD Participating Jurisdiction) contracts out provision of the ESG funded shelter and housing services to CoC member agencies, and participates in the regional HMIS initiative. State apportioned ESG funds are combined with other funds and distributed through Office of Temporary Disability Assistance STEHP—which is administered locally by Division of Social Services offices. These funds support housing and homelessness prevention programs operated by CoC member agencies, as well as privately held affordable housing stock. The Lead Agency regularly consults with all stakeholders—and local agencies form the core of the Board leadership of the CoC.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place: In Fall, 2010, the full CoC body voted and approved the implementation of an Education Assurances Policy, which outlines the CoC's commitment to homeless students in the region. The policy includes the expectations that the CoC is to work with designated Homeless School Liaisons, that all housing agencies continually work to identify homeless students, and that public and private agencies prioritize the educational needs of homeless students. This policy is assessed annually and updated as required. Additionally, the policy stipulates that the homeless student liaison designees meet on a periodic basis and share experiences and updates on homeless services programs within their districts.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The CoC and its Lead Agency has actively reached out and engaged designated homeless student liaisons from districts across the five-county CoC region. These liaisons participate in county-specific homeless coalitions, thus linking the districts, and more importantly the families, with the McKinney-Vento homeless and supportive services in the region. As participating CoC partners, the districts have full voting powers in CoC decisions.

Additionally, the CoC and Lead Agency collaborate with the New York State Technical & Education Assistance Center for Homeless Students (NYS-TEACHS) to further promote the identification of homeless families and the utilization of homeless/supportive services for these families, primarily by disseminating information and strengthening the link between the designated school liaisons and service providers. The Lead Agency is also working with several school districts to fill vacancies that exist in school liaison personnel.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC Board leadership is comprised of senior administrators that represent the service and housing agencies that provide these services across the 5 county region. The CoC, its Lead Agency, and the Board believe that stabilization client families is best accomplished in a holistic fashion—with the least amount of continuing disruption to the family unit once entry to the care system has begun.

As such, CoC leadership and their programs strive to maintain familial structures, ensure that children are enrolled in the public school systems, and that service provision which leads to permanent housing and stabilization include preservation of the family unit in housing and services wherever possible. The CoC Lead Agency also works to identify best practice models of family preservation and stabilization, and communicate these resources to CoC member agency programs.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The regional CoC includes the Bath VA Medical Center (VAMC), an integral agency in identifying and addressing the needs of Veterans throughout the region. The VA's Healthcare for Homeless Veterans Program [HCHV] Coordinator is an active participant in CoC subcommittees, and coordinates the use of HUD VASH vouchers and VA supported housing vouchers in with several CoC provider agencies. The CoC also supports We Soldier On and local programs in extending case management and the benefits of the VA Supportive Services for Veteran's Families Program [SSVF] to local veterans.

Specifically, these efforts support the CoC's strategic plan goals to increase the percentage of transitional housing participants who move into permanent housing, and to increase the average participation in permanent housing programs to at least six months. This supports the CoC's goal to increase options for chronically homeless individuals, as a significant portion of chronically homeless in the region are Veterans. Advocacy of supportive services also provide prevention to eliminate homelessness in at-risk individuals and their families.

The integration of the VA's efforts for homeless Veterans and the CoC's regional planning initiatives continues to be a priority for both entities. The CoC will continue to actively support the VA's efforts to increase resources for homeless Veterans, including the Loyola Recovery's development of a homeless shelter and permanent housing on the VA grounds.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

Of the two categories of youth, those under 18 do not present often as unaccompanied. In rural areas those who are unaccompanied are usually transient runaways migrating to urban areas. There are a rising number of individuals in the 18 to 24 category however. These youth are generally from other areas and have come to the continuum to participate in substance abuse and mental health programs. A percentage of those that abruptly leave programs, or complete them will remain in the area. These youth are a primary target of service agencies for support, subsidy, and housing. Catholic Charities Schuyler, Pro Action, Catholic Charities of Steuben, ACCORD, Catholic Charities of Chemung, and various faith based organizations.

Efforts to serve this population align with CoC strategic planning to rapidly stabilize and re-house all homeless clients upon intake. Special emphasis is given to participation in job training and educational program enrollment for self sufficiency. These efforts directly contribute to the CoC's strategic plan goal of reducing the number of homeless households with children, as well as the goal of increasing the employment of homeless participants through job training and placement services for participating youth.

**Has the CoC established a centralized or No
coordinated assessment system?**

**If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)**

Although the CoC has not yet implemented a Coordinated Assessment System, it took steps in September of 2012 to develop the system. The CoC is currently engaged in Tier I direct technical assistance with a HUD TA provider.

**Describe how the CoC consults with the ESG jurisdiction(s) to determine
how ESG funds are allocated each program year
(limit 1000 characters)**

The City of Elmira annually forwards a survey of needs for federal programs to stakeholders including the CoC. Later in the year the PJ convenes focus groups and collaborative meetings to discuss the survey results, and garner additional input. The CoC annually discusses the continuum strategic plan and gaps with the PJ Community Development Director to assure consistency with the PJ consolidated plan.

Additionally, the City Community Development Director participates on several CoC Committees. The PJ also contracts out supportive, emergency and transitional housing services to CoC leadership member agencies, ensuring a consistent feedback loop for cross jurisdiction need planning and funding allocation.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

CoC member agencies which provide supportive services and housing comply with all requirements of the Fair Housing Act, Equal Access to Housing, Economic Opportunities for Low and Very Low income Persons, and Compliance with Fair Housing and Civil Rights provisions as stipulated in the NOFA. The CoC maintains a Section 504 Grievance and Resolution policy, and also has adopted each of these aforementioned acts as internal policy and a compliance requirement for new CoC members.

Individual agencies and the Lead Agency regularly communicate service program availability and housing opportunity through networking with faith based organizations, rural health collaboratives, and public education. All stakeholders are engaged in a continuing process of outreach and communication targeting the most diverse and needy populations—as well as collaborative efforts to improve outreach and program effectiveness.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The framework of the CoC structure, policies, and strategic planning contain all of the components of a specific plan to coordinate supportive and homelessness services for CoC members across the Continuum. NY-501 CoC will be engaged in a comprehensive reevaluation of its overall strategies, goals, and newly identified needs and gaps during the 2013 year. This effort will update the current 10 Year Plan and priority goal population service concentration.

Combined with the deployment of a Coordinated Assessment Plan system, the CoC anticipates tighter integration of collaborative services to meet current and emerging needs, and a specific outcome based plan to evaluate and provide performance metrics as to the effectiveness of the Service Delivery Plan. This will be accomplished through the use of regular plan working groups and the efforts of the Lead Agency and Board.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

As part of its mandated process, the CoC annually generates population and service performance metrics through the PIT Count and HIC Inventory, AHAR, HMIS System, and CoC Checkup process. Agency level data is accrued through the provision of program APR documents, and quarterly evaluation of performance. From this mass of data pertinent reports are created and shared with stakeholders and consolidated plan steering bodies.

The Lead Agency and CoC administrator regularly share this information county level planning groups, and participate annually in consolidated plan sessions. In addition, the CoC Lead Agency and HMIS Lead Agency supply specialized information reports to planning entities upon request.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The 10 Year Plan has only been reviewed and updated every two years since its inception in 2007. The last full review with the PJ was in 2010. As part of the strategic planning initiative to update the CoC structure in light of regulatory changes under the HEARTH Act, CoC Interim Rule, and ESG Program Rule, the City of Elmira will be a participant in the evaluation and planning process. Also at this time the CoC and PJ will negotiate monitoring and consultation requirements newly set forth under the ESG Rule and NOFA and integrate those agreements into the new 1, 5, and 10 Year Plans—along with the CoC’s operating policy and general strategic planning process.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The NY-501 Regional CoC has fully embraced the concept of the four major goals set forth in the USICH Opening Doors plan. This has been integrated into CoC practice by approaching chronic homelessness through the Housing First case management paradigm; Veteran homelessness by collaboration with VA supportive and subsidy programs to rapidly and permanently re-house veterans; to connect families and youth with stabilization, rapid rehousing, and access to transformative mainline benefit, jobs training, and educational advancement for long-term stability and growth; planning and advocacy for programs and development which increase the available stock of affordable, permanent housing in the region.

By combining these measures along with increased collaboration and leveraging of regional social service and other resources, the CoC is anticipating to continue on a path of effective service provision that eventually the majority of service approach required will be centered upon continuing support of special needs populations, prevention, and affordable housing development.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG): Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

While the primary decision making process for ESG funding expenditures is vested within the City of Elmira's (PJ) Community Development Office, processes discussed previously such as participation in planning and monitoring efforts, strategic & consolidated plan consultation, and City contract of service and housing projects to CoC member provider agencies delivers a firm networking environment to assure consistency with overall CoC and county-specific utilization of ESG funding solutions. This process will be further accentuated in 2013 as the CoC and PJ begin to work even closer to establish required monitoring and consultation requirements.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval? No

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

Not Applicable

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

Not Applicable

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system? No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	29	Beds	29	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	%	78	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	71	%	74	%
Increase the percentage of homeless persons employed at exit to at least 20%	14	%	29	%
Decrease the number of homeless households with children	15	Households	25	Households
HEARTH FY2012 CoC Consolidated Application		Page 77	01/17/2013	

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The increase in the number of homeless households with children is attributable to the downturn in national economic health, and most specifically--the rapid de-industrialization of the NY-501 Continuum of Care region. Factory closures and business downsizing in the past two years has created a new wave of disenfranchised citizen--for which the general community is attempting to respond in the longer term. Along with this was seen an increase in the number of women seeking domestic violence transitional shelter.

Overall though, an increase of 10 families over the previous year does not indicate a failure of CoC policy or agency response. In fact given that 6 of the 10 increase were housed in temporary DV shelter programs and the remainder in other TH programs--it reflects the Continuum's ability to quickly adapt to crisis driven homelessness and respond with appropriate supportive and shelter services.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC Lead Agency and its Administrator evaluate and set benchmarks based upon program application data, HMIS performance, quarterly report, LOCCS data and other HUD reporting, and APR statements. A summary report of each program's performance is delivered to the CoC Board at each Quarterly meeting.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

As a result of the CoC monitoring and evaluation process the Lead Agency regularly communicates evidence based, best practice models which are appropriate to the service and direct or HUD requested technical assistance to program administrators and staff.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

If a program were to be identified across two quarters as under-performing, the CoC Administrator would work with senior program staff to develop a plan that would include varying levels of technical assistance to solve and overcome issues.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	NA	\$0
	Total	\$0

**What steps has the CoC taken to track the length of time individuals and families remain homeless?
(limit 1000 characters)**

The primary tracking mechanism is the Continuum’s HMIS reporting system. Non-HMIS shelter and transitional housing such as domestic violence track in internal database systems and APR reporting, and faith based programs report independently to the CoC Administrator.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

This level of tracking is a function of the HMIS system reporting capability. Individual agencies may also discover a pattern during case management, and such trends anonymously reported back to the CoC and other stakeholders.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

Individual agencies and the CoC Lead Agency have provided regular public information and education to individuals, the community, and faith based organizations. Communications to expand outreach have also been extended into the school systems, businesses frequented by low to low-low income populations, and public libraries and healthcare facilities.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The CoC Board and Lead Agency have recently developed several new strategies to stabilize clients prior to homelessness. The first is incorporation of the SAMHSA SOAR initiative, to get eligible clientele to benefits quickly. This stabilizes the client and family and creates a sustainable environment. Veterans have also been specially targeted by partnering with the case management aspects of the VA SSVF Program through We Soldier On. Additional strategies for rapid response and referral are being considered for implementation of the Coordinated Assessment Plan and System in late 2013.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

Not Applicable

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

Not Applicable

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	5	25
2011	20	27
2012	34	29

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

The CoC utilizes the current 2012 HUD definition of chronic homelessness, in that the individual or family has been homeless for a year; or has experienced 4 bouts of homelessness in 3 years. This information is revealed by intake survey of the client or previous service evidence in HMIS.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

The increase in the number of chronically homeless is attributable to the growth of the CoC, which added a fifth county over the past year. The 2010 figure reflected the 4 counties that were in the CoC in 2009-2010, but the 2011-12 figures are five counties. Livingston County has little transitional or permanent housing available, and the county's DSS has primarily utilized emergency motel vouchers as a primary means of housing its homeless, including those that meet the definition of chronically homeless. Several of the new chronics are attributable to transients to the area remaining after completing medical care at the regional VA facility.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$5,032	\$0	\$0
Operations	\$0	\$0	\$15,294	\$0	\$0
Total	\$0	\$0	\$20,326	\$0	\$0

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	120
b. Number of participants who did not leave the project(s)	236
c. Number of participants who exited after staying 6 months or longer	96
d. Number of participants who did not exit after staying 6 months or longer	166
e. Number of participants who did not exit and were enrolled for less than 6 months	67
TOTAL PH (%)	74

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	32
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	15
TOTAL TH (%)	47

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 182

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	17	9%
Unemployment insurance	0	0%
SSI	22	12%
SSDI	23	13%
Veteran's disability	1	1%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	4	2%
General assistance	24	13%
Retirement (Social Security)	0	0%
Veteran's pension	3	2%
Pension from former job	0	0%
Child support	6	3%
Alimony (Spousal support)	1	1%
Other source	2	1%
No sources (from Q25a2.)	79	43%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 182

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	98	54%
MEDICAID health insurance	79	43%
MEDICARE health insurance	5	3%
State children's health insurance	0	0%
WIC	2	1%
VA medical services	4	2%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	2	1%
Section 8, public housing, rental assistance	0	0%
Other source	0	0%
No sources (from Q26a2.)	49	27%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting \$200,000 or more? No

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

Information and metrics from project APR reports are compared to quarterly project reports that are submitted to the CoC Lead Agency. Programs are evaluated for performance and benchmark goals for self sufficiency. Identified gaps are reported directly to the particular agency. Strategies for improving participation are discussed with the General Membership as it meets three times per year.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

The General Membership meetings also serve as the gaps and services oversight committee for the CoC. This group meets three times per year. The 2012 dates are as follows:

- * 4/9/2012
- * 5/15/2012
- * 12/21/2012

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Not Applicable

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

If 'Yes', specify the frequency of the training: quarterly (once each quarter)

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

WIC, Food Stamps, public assistance, Medicaid, energy assistance (HEAP), Social Security benefits, Veterans benefits.

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

The CoC received a SAMHSA SOAR Technical Assistance Grant in June, 2012. The Continuum is deploying a regional initiative to train social service agencies in all 5 counties in 2013. Two training and facilitation events have occurred to date. Two trainer of trainers attended the week-long SOAR TOT Training held in Denver in November, 2013. Regional stakeholders and government representatives attended a day-long training and planning session November 28, 2012. A two day SOAR process training session for Livingston & Allegany Counties is being held February 26-27, 2013. This will also be attended by national SOAR Technical Assistance personnel. Two additional trainings are scheduled for 2013.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Needs are identified at in-take, and staff assist clients to set appointments and to complete applications for mainstream benefits. In some agencies, referrals are made through co-located welfare examiners and case managers. Staff from most agencies also use an on-line "benefits calculator" available through New York State, to identify services for which clients are eligible.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Temporary Assistance, Food Stamps, Medicaid, Heating & Energy Assistance Program (HEAP), Daycare, Employment assistance	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received: 4a. Describe the follow-up process:	100%
Follow-up services are provided by HUD/CoC-funded and non-HUD/CoC-funded case management staff. Case management responsibilities in most agencies include follow-up for up to one year after discharge. Through these contacts, including interviews and phone calls, case managers assess each participant's needs and refer them to the appropriate community services needed.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area? No

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area? No

What experience does the CoC have with managing federal funding, excluding HMIS experience? (limit 1500 characters)

Not Applicable

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Not Applicable

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

Not Applicable

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects? (limit 1500 characters)

Not Applicable

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD. (limit 1500 characters)

Not Applicable

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Consistency with ...	01/17/2013
CoC-HMIS Governance Agreement	No		
Other	No		

Attachment Details

Document Description: Consistency with Consolidated Plans

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/09/2013
1C. Committees	01/07/2013
1D. Member Organizations	01/12/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/17/2013
1G. e-HIC Sources and Methods	01/17/2013
2A. HMIS Implementation	01/17/2013
2B. HMIS Funding Sources	01/12/2013
2C. HMIS Bed Coverage	01/10/2013
2D. HMIS Data Quality	01/10/2013
2E. HMIS Data Usage	01/10/2013
2F. HMIS Data and Technical Standards	01/17/2013
2G. HMIS Training	01/11/2013
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	01/14/2013
2J. Sheltered Data - Collections	01/17/2013
2K. Sheltered Data - Quality	01/14/2013
2L. Unsheltered PIT	01/17/2013
2M. Unsheltered Data - Methods	01/14/2013
2N. Unsheltered Data - Coverage	01/14/2013
2O. Unsheltered Data - Quality	01/14/2013
Objective 1	01/15/2013
Objective 2	01/15/2013
Objective 3	01/15/2013
Objective 4	01/15/2013

Objective 5	01/15/2013
Objective 6	01/15/2013
Objective 7	01/14/2013
3B. Discharge Planning: Foster Care	01/14/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/14/2013
3B. CoC Discharge Planning: Corrections	01/14/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/16/2013
4A. FY2011 CoC Achievements	01/17/2013
4B. Chronic Homeless Progress	01/17/2013
4C. Housing Performance	01/17/2013
4D. CoC Cash Income Information	01/17/2013
4E. CoC Non-Cash Benefits	01/17/2013
4F. Section 3 Employment Policy Detail	01/16/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/16/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

NY-501 Regional Continuum of Care
City of Elmira, Steuben, Allegany, Livingston, Chemung & Schuyler Counties

2012 HUD Continuum of Care Program Collaborative Application

LISTING OF SUBMITTED PROJECTS
Consolidated Plan Certification

JURISDICTION: Allegany County, New York		
PROJECT	TYPE	APPLICANT
ACCORD Supportive Housing Program 2013	Renewal SHP-TH	ACCORD Corp.
ACCORD Transitional Housing Program 2013	New SHP-TH	ACCORD Corp.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: ACCORD Corporation

Project Name: ACCORD Supportive Housing (Renew), Transitional Housing (New)

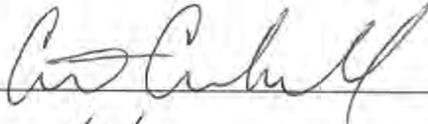
Location of the Project: Scattered Sites throughout Allegany County

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Allegany County

Certifying Official of the Jurisdiction Name: Curtis W. Crandall

Title: Chairman, Allegany County Board of Legislators

Signature: 

Date: 1/9/13

NY-501 Regional Continuum of Care
City of Elmira, Steuben, Allegany, Livingston, Chemung & Schuyler Counties

2012 HUD Continuum of Care Program Collaborative Application

LISTING OF SUBMITTED PROJECTS
Consolidated Plan Certification

JURISDICTION: City of Elmira, New York		
PROJECT	TYPE	APPLICANT
HMIS	Renewal SHP-HMIS	Catholic Charities of Chemung/Schuyler
New HMIS	Renewal SHP-HMIS	Catholic Charities of Chemung/Schuyler
OMH/Gateways 2012	Renewal SRA	NYS Office of Mental Health, Applicant--Catholic Charities of Chemung/Schuyler, Sponsor
HSH (Homeless Supportive Housing)	Renewal SHP-PH	Catholic Charities of Chemung/Schuyler
Project SHARE	Renewal SHP-TA	Catholic Charities of Chemung/Schuyler
PHP (Permanent Housing Program)	Renewal SHP-PH	Catholic Charities of Chemung/Schuyler

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

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(Type or clearly print the following information:)

Applicant Name: Catholic Charities of Chemung/Schuyler Counties

Project Name: HMIS, OMH/Gateways, HSH, SHARE, SHP PHP (All Renewals)

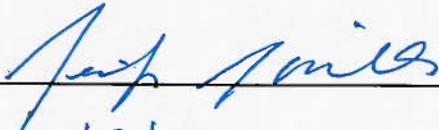
Location of the Project: 215 East Church Street
Elmira, New York 14901

Name of the Federal Program to which the applicant is applying: Continuum of Care

Name of Certifying Jurisdiction: City of Elmira

Certifying Official of the Jurisdiction Name: Jennifer Miller

Title: Community Development Director

Signature: 

Date: 1/9/13

NY-501 Regional Continuum of Care
City of Elmira, Steuben, Allegany, Livingston, Chemung & Schuyler Counties

2012 HUD Continuum of Care Program Collaborative Application

LISTING OF SUBMITTED PROJECTS
Consolidated Plan Certification

JURISDICTION: Steuben County, New York		
PROJECT	TYPE	APPLICANT
CoC S+C	Renewal TRA	Steuben County
Transitionals to Permanent Supportive Housing	Renewal SHP-TH	Steuben Churchpeople Against Poverty, Inc. dba Arbor Housing & Development
CoC Planning Grant 2012	New CoC Program NOFA	Institute for Human Services, Inc.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Steuben County (1 Project), SCAP dba Arbor Housing (1 Project)

Project Name: Steuben Co. CoC S+C, Transitionals to PSH (SCAP)

Location of the Project: Various -- Steuben County, New York

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Program

Name of Certifying Jurisdiction: Steuben County

Certifying Official of the Jurisdiction Name: Jack Wheeler

Title: Steuben County Deputy Administrator

Signature: 

Date: 1/16/2013