Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority
Listing, and all the CoC's project applications that were either approved and ranked, or rejected.
All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific
application and program requirements.
 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and
guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: NY-500 - Rochester, Irondequoit, Greece/Monroe County CoC

1A-2. Collaborative Applicant Name: Rochester/Monroe County Homeless Continuum of Care, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Rochester/Monroe County Homeless CoC, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No
Other homeless subpopulation advocates	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Business Community	Yes	Yes
Public Library	Yes	No
Faith Based Organizations	Yes	Yes

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

The CoC has a stakeholder group, the Homeless Services Network (HSN), a group of more than 60 organizations and individuals who provide housing and/or services to the homeless, represent other systems that regularly interact with the homeless system, i.e. - mental health, substance abuse, health care, etc., homeless/formerly homeless persons or community members who are interested in addressing issues of homelessness, housing and poverty. HSN meets monthly and elects two representatives to the CoC Board to ensure that HSN input, concerns and issues are brought to the CoC Board. Both the HSN and the CoC Board have standing agenda items for CoC Board and HSN reports respectively on a monthly basis that ensures ideas, opinions, needs/gaps, etc. are communicated.

HSN and the CoC Board develop annual community priorities that are utilized for planning purposes, and to guide funding decisions. This process drives the tasks of both the CoC and HSN working committees: Chronic Homeless, Housing and Health Care (H2), HMIS Advisory/Data Collection, STOMP (homeless youth leadership committee), Domestic Violence, Coordinated Entry, HSN Training, Project Homeless Connect, PIT Planning Committee, etc. Each committee reports back to HSN or CoC Board to report on progress, request assistance/direction as needed. Committee members are comprised of CoC Board members, HSN members and community members with specific knowledge and expertise to address various issues.

CoC and HSN leaders are also members of larger collaborations and task forces such as the Rochester/Monroe Anti-Poverty Initiative, Finger Lakes Regional Economic Development Council, Health Home and Managed Care Initiatives. They ensure that homeless and housing issues are included on these agendas that create new partnerships and can bring additional resources to the homeless system both funding and knowledge.

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

The CoC Board Annual Meeting occurs December of each year. The CoC Board has a Governance Committee that actively seeks out new CoC Board members that have knowledge and experience in homelessness, housing, services and systems that are interrelated with homelessness and organizational development. Special outreach efforts are made to recruit members from the community that are not currently represented or are under-represented on the CoC Board. This subject was addressed during our annual CoC Board Retreat. Specific systems/areas of expertise were identified to guide the Governance Committee in the recruitment of potential CoC Board members.

CoC Board and the Homeless Services Network (HSN) members are continuously soliciting people to attend meetings, join committees, etc. that ensure diverse representation and to draw people from the community both the public and private sector who can partner with the CoC and providers to accomplish goal of ending homelessness and improving performance outcomes. This outreach includes talking with housing developers, workforce and economic development organizations, landlords/property managers, the business community, local schools and universities, etc.

Outreach to organizations that work with sub-populations such as re-entry, persons with mental health &/or substance abuse issues, health homes, etc. to ensure their input is ongoing. The CoC and HSN encourage providers to support homeless or formerly homeless persons in joining work groups and committees to get their input as well as to join HSN.

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

Each year the CoC conducts a local process to receive, rate and rank project applications that is open, transparent, and equitable. The CoC released the 2018 Request for Proposals (RFP) for New and Renewal Project Applications for FY 2018 HUD CoC Program on June 14, 2018 by email to our CoC contact list of more than 260 organizations and individuals, and to the Homeless Services Network (HSN) email list of more than 350 organizations and individuals. The email requests that the receiver also send out the RFP to their email lists to spread the word to even more potential applicants. Also, on that date, the RFP and related materials were posted on the CoC Website, www.rochomeless.org, which has had more than 44,000 unique visitors in 2018. Throughout the year, the CoC Programs Coordinator conducted "Continuum of Care 101" workshops that provide an overview of the function and responsibilities of the CoC, including detailed information on the funding process to encourage organizations that have not historically received CoC funding to apply. The CoC was excited that two organizations new to CoC funding submitted applications for new projects this year. One of those applications was ranked in Tier 1 on the Project Priority List. CoC staff will offer to debrief with the program that was not ranked so future applications submitted could be successful.

An Applicant Workshop was held on June 19th for any organizations interested in applying for new projects. The workshop outlines the process for HUD funding, reviewed community priorities, local scoring criteria, local rating and ranking process, timeline, provided information on eligible program components, definitions, Bonus and DV Bonus Projects, eligible expenses, match requirements and budget. A similar workshop was held on June 18th for renewal project applicants. In addition to the applicant workshops, the CoC posted Local Application Process Q & A on the CoC website.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Not Applicable
Housing and service programs funded through other Federal resources	Not Applicable
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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

There are two ESG Recipients in the CoC, the City of Rochester and Monroe County. The CoC and ESG recipients work closely together in planning and coordinating of homeless housing and services. Both ESG recipients are represented on the CoC Board. CoC staff participate in review and rating of

ESG applications for funding and ESG recipients sit on the CoC Rating and Ranking Committee for CoC funding. CoC staff provides updated PIT and HIC data and narrative sections related to homelessness for both the City and County. Both ESG recipients and the Town of Greece, a Consolidated Plan jurisdiction are members of CoC Board and sit on various committees, so are actively involved in CoC strategic planning activities. In addition to the two ESG Recipients there are two other Consolidated Plan jurisdictions, Towns of Greece and Irondequoit. CoC provides the narrative homeless information for these con plan jurisdictions as well as PIT and HIC data.

This strong partnership between the CoC and ESG recipients resulted in the decision to move the majority of the funding for the Coordinated Entry project from ESG to CoC funding through reallocating CoC funds in the FY2017 funding round. This change resulted in freeing up ESG funds for eligible ESG actitivies such as emergency shelter, street outreach and homelessness prevention which have fewer resources available to them.

Many of the organizations/programs that recieve CoC funding also have ESG funding; so CoC and ESG recipient staff also jointly monitor projects. Monitoring process reviews performance measures based on HUD benchmarks and local benchmarks that have been incorporated into the community's written standards. Performance is the most highly weighted area in the scoring and rating of applications for funding.

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

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

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

The first question asked as part of coordinated entry is whether the person(s) is safe. If household is fleeing DV, they are immediately connected to the Willow Domestic Violence Center 24 Hotline where an assessment is conducted. Based on the DV assessment the household is either admitted into Willow's

licensed DV emergency shelter, placed in a DV shelter in a neighboring county if Willow's beds are full, to an emergency shelter in the CoC or diverted to another safe housing option. Initial safety planning is conducted and whether household enters shelter or not, info is provided on the non-residential programs and services that Willow offers. The CoC uses HMIS for Coordinated Entry. DV survivors referred to the Prioritization List through HMIS have the option of providing personal identifying information or being entered anonymously and assigned an unique ID with no info provided such as DOB, # of children, etc.

The CoC has implemented an emergency transfer plan in accordance with the Violence Against Women Act (VAWA). This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the Rochester/Monroe County Homeless Continuum of Care and CoC-funded programs are in compliance with VAWA. If a program participant becomes a victim of Domestic Violence and it is determined their safety is at risk if they stay in the unit; they will be transferred to another unit within the program if one is available or will go to the top of the prioritization list if they must transfer to another program.

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

The first question asked as part of coordinated entry is whether the person(s) is safe. If household is fleeing DV, they are immediately connected to the Willow Domestic Violence Center 24 Hotline where an assessment is conducted. Based on the DV assessment the household is either admitted into Willow's licensed DV emergency shelter, placed in a DV shelter in a neighboring county, to an emergency shelter in the CoC or diverted to another safe housing option. Initial safety planning is conducted and whether household enters shelter or not, info is provided on the non-residential programs and services that Willow offers. The CoC is increasing training in Trauma Informed Care (TIC) for all providers through H2 and HSN Training Committees, a best practice for working with DV victims and as well as homeless and other vulnerable populations. Shelter, coordinated entry, street outreach and community based organization staff that complete the VI-SPDAT assessment are all trained, and training includes using language when asking questions that are not re-traumatizing.

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

For projects that participate in HMIS, the CoC is able to track data on the numbers of persons entering the homeless system that are currently fleeing

domestic violence and those that have experinced domestic violence. Currently, there there is not a comparable database being used at this time, as there are no DV programs being funded by the CoC. Willow utilizes a web based software, Apricot for their data collection activities. Willow fully participates in the annual PIT count, provides data annually on total numbers served as requested by the CoC and through their annual report to the community. Staff from Willow attend Homeless Services Network meetings and participate in the Coordinated Entry workgroup. Though data is not fully integrated; Willow's participation in CoC and Homeless Services Network activities keep the CoC and the community informed and supportive of th meeting the needs for crisis housing, services and for permanent housing options for survivors. The CoC has facilitated opportunities for providers to partner with affordable housing developers. Willow partnered with PathStone Corporation in the recent development of their new emergency shelter which in addition to increasing the number of emergency beds for the community, also includes 10 units of permanent supportive housing, the first PSH units for survivors in the community. Willow has also recently partnered with the Rochester Cornerstone Group for a set-aside of 10 units for survivors in an affordable housing development that is currently being sumbitted for funding. Based on these needs the CoC is submitting a DV-RRH Bonus project that is in Tier 1.

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

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

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	

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

The prevalence of Domestic Violence in the CoC is disturbing. Willow Domestic Violence Center, the only licensed DV shelter in the CoC received 5,100 calls on their DV hotline in 2017; 52% from the City of Rochester, 48% from the surrounding suburbs in Monroe County. Rates of domestic violence in Monroe County are 1.5 times the statewide rates; in the City of Rochester rates are 2.8 times the statewide rates. Willow provides Court Advocacy services for 2,301 persons annually and their Counseling Center provided group and individual counseling to 446 persons. 13,228 persons participated in domestic violence prevention education programs in area schools, community organizations and groups, churches etc.

From 8/1/2017 – 7/31/2018 Willow provided emergency shelter to 413 persons (202 adults and 211 children). 52 households were placed in shelters in surrounding counties due to Willow's shelter being at capacity. During that same time period, CoC and ESG funded programs served 914 persons with a history of domestic violence. This represents 17% of all persons served in this period. Of these 914 persons, 355 (38.8%) were actively fleeing domestic violence at program entry. The data sources used are HMIS and Apricot (Willow's web-based data system). The CoC collected the data from CoC program APRs and were then combined with Willow data.

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

The need for shelter far exceeds the capacity of Willow's emergency shelter. Though Willow provided emergency shelter to 413 persons from 8/1/2017 - 7/31/2018, 50 - 75 households each month request and need emergency shelter.

Since 11/08/2017, 375 households with a history of domestic violence have sought housing in the CoC's geographic area through Coordinated Entry. This represents 23.8% of all households seeking housing through Coordinated Entry. The current average wait for DV survivors to be assigned to a provider through coordinated entry is 17.5 days. Of the 375 households with a history of domestic violence, 168 (44.8%) were actively fleeing domestic violence. This data is based on entries to the Coordinated Entry prioritization list in HMIS and Apricot. The CoC used ReportWriter, a reporting tool in HMIS to identify Coordinated Entry referrals with a history of domestic violence. These numbers include Willow's referrals that have been made to Coordinated Entry for RRH or PSH.

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

Although the YWCA and Willow Center for Domestic Violence currently provide a variety of victim centered services, they are specific to domestic violence issues. There currently are no available resources for on-going case management services for DV survivors exiting shelter and moving to permanent housing. The development of an RRH program for survivors will allow for a supportive transition from the safety of shelter to independent living that will

increase the likelihood of the survivor retaining housing and not returning to their abuser.

The CoC used data from Coordinated Entry to determine the unmet need. Of the 375 households fleeing DV who have sought housing through Coordinated Entry, 109 (29.1%) have either left shelter or are still waiting for housing determining the unmet need for permanent housing. The CoC used ReportWriter to identify Coordinated Entry referrals with a history of domestic violence and identify those who were not housed.

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

Willow and the YWCA staff are trained and utilize trauma informed and client centered practices in all areas of programming. Survivors of DV experienced significant trauma in their lifetime. Without properly addressing the impact of trauma, families are at risk of repeat homelessness and/or abuse. Given the complexities facing survivors of DV, it is not reasonable to expect that the needs of a homeless individual or family will be properly addressed during a short emergency shelter stay. Research has shown that an effective response to family homelessness includes affordable housing, housing families quickly, minimizing shelter stays and providing case management to build economic self-sufficiency; all of which are incorporated in the proposed DV-RRH project.

Survivors of DV have a variety of risk factors that, combined with their abuse, contribute to their homelessness. Providing survivors of domestic violence, especially those who have never been employed or lived independently, stable permanent housing and support services gives survivors an opportunity to acquire or strengthen the skills needed to live safely and independently and provides the safety and stability that is essential to breaking the cycle of violence. While safety is paramount, survivors of DV need trauma-based counseling; information, advocacy and referrals; assistance in securing safe affordable housing; help navigating the criminal justice system; support with child care issues; services for alcohol and substance abuse issues; medical and mental health services; and support to help achieve education and employment goals.

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

The YWCA RRH program served 11 survivors of DV in FY 2017. Of these, 10 (90.9%) exited to permanent housing. Of the 10 households which exited to permanent housing, only 1 (10%) returned to homelessness. The household

which did not exit to permanent housing exited to a substance abuse treatment facility and had not returned to homelessness since exiting. 85% of survivors in Willow's emergency shelter exit to permanent housing. There are currently few resources available to follow people after leaving shelter to ascertain housing retention. Willow is aware of housing retention for people who return to the Counseling Center, but with no resources for on-going case management follow up, it is difficult to track.

The YWCA PSH programs (21 units) served 29 households (69 persons) in this period. Of these, 16 survivors of domestic violence and 5 survivors were actively fleeing domestic violence at the time of program entry. The average length of stay for households in these programsis 973 days. Willow opened the first 10 units of permanent supportive housing for domestic violence survivors in January of 2017. There has been only one unit that has turned over during that time.

Participants in the Bonus DV-RRH program will have access to a lawyer specializing in domestic violence issues through our partnership with Legal Aid Society of Rochester. Lawyers will be able to help domestic violence survivors with restraining orders, divorce issues, child support and custody hearings, and other civil legal issues related to domestic violence. Case managers will assist clients with finding safe and affordable housing, and with making individualized safety plans for themselves and their children.

Participants will be assisted in Housing Search activities to ensure that potential locations are in safe neighborhoods that are not in close proximity to the abuser. Housing will be assessed for security features on windows and doors, lighting in entry areas and common areas, and proximity to police and responsiveness of police in the area. Rochester area police will be informed of the program.

The YWCA, Willow Center, and Legal Aid Society of Rochester will partner to ensure a survivor's immediate safety, emotional, and physical needs will be the first issue addressed. Delivery of RRH services will not occur until after the immediate crisis has been addressed. In addition to developing an individualized safety plan, the case managers will work to develop a service plan that includes goals for permanent housing, employment and/or education, and mental and physical health. Case managers will meet bi-weekly to discuss progress. In addition to rental assistance, program participants will be assisted in gaining access to mainstream income supports. Clients will also be referred to appropriate physical and mental health providers, including substance abuse counselors. Rochester Legal Aid Society will help with obtaining child support, and financial issues arising from eviction and/or bankruptcy.

The YWCA and Willow Center's program will provide a transition-in-place program that will help families stabilize their housing through rental assistance while continuing to work on the barriers that prevent many victims of domestic violence from sustaining permanent housing and end up returning to the shelter. Funding from this grant program will allow these agencies to hire a full-time RRH Housing Advocate housed at the YWCA. RRH Housing Advocates will work to address both the housing needs and the trauma related issues of victims of domestic violence. Linkages will be made as needed to community resources for consumer credit counseling, financial literacy, education and employment programs, mental health and/or substance abuse services, etc.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Rochester Housing Authority		No	No
Fairport Housing Authority		No	No

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

While RHA does not have a homeless preference, RHA is one of the original CoC members and has been an active participant in homelessness activities in this community since the mid-1980s. RHA is the applicant for multiple CoC funded rental assistance programs receiving more than $5 million to provide long term rental assistance to homeless households. In addition, RHA is initiating a new program that will dedicate 200 public housing units to households who are exiting emergency shelters in the community. Shelters must agree to provide short term case management services to ensure that the household is supported in the transition from homelessness to permanent housing. This will make RHA an even stronger CoC partner and add a significant number of affordable units for homeless populations.

There have been conversations with the Fairport Housing Authority to encourage a homeless preference. They did express interest in applying for a new project (PSH) but were not able to this year due to their involvement in a large RAD project.

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

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

The CoC is in process of finalizing a Move On strategy. The primary barrier for PSH participants "graduating", is the lack of affordable housing units. There are PSH participants who may no longer need the intensive support services provided in PSH who could move on if they had a rent subsidy. The following strategies are being implemented: PSH projects will assess participants continued need for the support services and the rent subsidy provided. For those who are in need of less intensive services, case managers will work with participants to identify other housing in the community that is safe and affordable to the household. This most often means housing that has rent subsidy or project based units which often have very long waiting lists. A lottery system is used for HCV in this community and is only open for a short time every 3 -4 years. CoC is very involved in community efforts to increase the supply of affordable housing and is currently involved in advocacy efforts to ensure that there are "affordable" units being developed that will reach very low income households, < than 30% of AMI. Availability of these units is the critical piece to a successful Move On strategy. The CoC is also involved in discussions with NYS Home and Community Renewal and NYS Homeless Housing Assistance Program to develop incentives to increase the number of units in affordable housing projects (i.e. - tax credit, HOME projects) that are affordable to households below 30% and 50% of AMI and serve homeless persons with high needs; and that tenants for units that recieve Empire State Supportive Housing Intitiative funding should come through Coordinated Entry.

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

All CoC and ESG funded programs must agree to follow the communities' written standards that include specific language that they are compliant with all fair housing regulations, that entry into their programs/services are available to all on a non-discriminatory basis, both protected classes and other groups/sub-populations that the community has identified as having difficulty in accessing housing and services. This document is reviewed annually during the CoC monitoring visit to each program. Fair Housing and Equal Access to Housing requirements must be included in each programs' written policies and procedures. All projects must have an internal grievance process for persons who are terminated or denied access to a program. LAWNY provides annual fair housing training for the community that providers attend and CoC provides additional training and information on implementing Equal Access to Housing regardless of sexual orientation or gender identity. Training includes Fair Housing requirements as well learning definitions and appropriate language.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

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

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

CE staff conduct ongoing outreach and training to providers outside the homeless system that serve homeless persons regardless of their location. RRH and the majority of the PSH programs provide tenant based rental assistance that allows participants choice in where they live throughout Monroe County. Prior to CE and by-name prioritization list it was unlikely that unsheltered homeless or persons staying in shelters that have limited or no case management services would be referred to PSH. This group is also the most likely to have higher vulnerability. Since CE, 142 individuals have been placed on the Prioritization List from these shelters or through focused Street

Outreach efforts across the County and case/care managers that are going to the shelters to conduct assessments and submit prioritization list referrals. CoC has adopted the VI-SPDAT tool (Individual, Family and TAY) to assess vulnerability for prioritization. It is administered at emergency shelters (within 72 hours of admission), during street outreach efforts, by care/case managers at community-based organizations and drop-in/meal sites. In addition to the VI-SPDAT a prioritization list application is completed for each person that asks additional questions. Length of time homeless, age (<18 or >60), chronic homelessness, disability and being unsheltered are also factors that affect placement on the prioritization list in addition to the VI-SPDAT score. A case conferencing process is in place to ensure appropriate referrals are being made and are expedited as quickly as possible. CE uses HMIS as its database and data collected will be used in CE monitoring reports to ensure that the system continues to cover the entire CoC area and prioritizes persons with the highest needs in a timely manner.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

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

The CoC develops a scoring rubric that is made available to all potential applicants during the local application process that is used to score applications. Programs that serve/propose to serve high need participants, utilize housing first priniciples so have few or no barriers to entry into the project, have high retention and exits to permanent housing, high percentage of persons connected to mainstream resources both cash and non-cash benefits. This data is collected from HMIS. Information is also shared how the program operates in practice; i.e. - does a project reject Coordinated Entry referrals of very high need individuals, does a project terminate participants immediately upon a violation rather than trying to resolve the situation. For new project applications, reviewers also look at the services provided to participants to ensure that the needs of participants will be met. The renewal application completed for the local process includes a question on mitigating factors that the applicant would like reviewers to be aware of. If applicable, they can discuss reasons why performance measures weren't met due to the difficult population(s) they serve or describe their participants in more detail, providing an opportunity for reviewers to increase their score.

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

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

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

Reallocation: Yes

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

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

(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

2A-3. HMIS Vender. What is the name of the HMIS software vendor?
Mediware/Service Point

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	555	49	324	64.03%
Safe Haven (SH) beds	13	0	13	100.00%
Transitional Housing (TH) beds	130	0	128	98.46%
Rapid Re-Housing (RRH) beds	576	0	576	100.00%
Permanent Supportive Housing (PSH) beds	1,726	0	1,725	99.94%
Other Permanent Housing (OPH) beds	0	0	0	

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

Though 100% of our ESG funded emergency shelter beds participate in HMIS, we have still not achieved at least 85% of bed participation for the total number of emergency shelter beds in the CoC. There has been a significant change in the inventory of ES beds in the CoC. Our largest faith based shelter, The House of Mercy moved into their new location that significantly increased their bed count; an increase in their year round beds from 19 with overflow beds to 82 with overflow beds. In April 2018 (after the 2018 PIT count), the House of Mercy began participating in HMIS which will increase the total beds participating in HMIS to 406, increasing the HMIS coverage rate to 73% for ES beds. The shelters that are not participating in HMIS are faith based shelters that do not have ESG funding or have per diem shelter contracts with our local county Dept. of Human Services. The CoC will continue to encourage non-participating programs to utilize HMIS, the CoC offers free licenses as an incentive to participate. The Open Door Mission has just been trained in HMIS and have agreed to begin entering data for a small TH program they have just opened with private funding and will use HMIS for new PSH project that has been submitted on the CoC Project Priority List. The CoC is hoping that once they begin using it for the TH program they will see the benefits and expand to their emergency shelter (40 beds).

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

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   04/27/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/27/2018

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

Instructions:

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

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

There were no changes in the methodology for the sheltered PIT count from 2017 - 2018. All ES, TH and SH programs in the CoC, regardless of their participation in HMIS participate in the annual PIT count. Programs that are using HMIS were sent regular reminders from November through January to update their program entry/exits in preparation for the PIT, to ensure an accurate count. Trained staff/volunteers conducted the surveys at the programs that do not participate in HMIS. The CoC is therefore confident that it is a complete and unduplicated count of the sheltered homeless in the geographic area covered by the CoC on 1/25/2018.

For beds added in 2C-2a are a result of the expansion of an existing emergency shelter (House of Mercy); that went from 19 beds (plus overflow) to 82 beds. They provided 2018 PIT data using shelter survey forms. Have recently begun participating in HMIS and will hopefully be using HMIS for PIT numbers in 2019.

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

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

Beds Added:	63
Beds Removed:	13
Total:	50

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

change to the CoC's 2018 sheltered PIT count?

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

For the first time the Unsheltered PIT survey could be accessed on-line. The questions remained the same as in prior years, but now volunteers are able to complete the survey on their phone/tablet which was quicker. In addition to personal care bags that have always been provided as an incentive to complete the survey, this year we were also able to provide small gift cards for local restaurants as an additional incentive. The data entered on-line went directly into an Excel database so the survey data did not have to be keystroked in which reduces potential errors. The additional incentives and the faster administration of the survey increased the number of surveys that had all questions completed because participants were more willing to answer all the questions and questions couldn't be skipped or wouldn't allow the survey to be submitted.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?   Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;

(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

All of the youth emergency shelters and transitional living programs participate in HMIS which insures that sheltered homeless youth are accurately counted in the PIT count.

The CoC Unsheltered PIT Planning Committee meets from Sept. - Feb. to plan, conduct and debrief for the annual unsheltered count. Homeless youth providers and homeless youth and STOMP, the CoC Youth Advisory Board fully participated in the PIT process; were part of the planning team, identified locations where homeless youth were likely to be found and volunteered to conduct the count. This included making and distributing posters and flyers inviting homeless youth to a drop-in event to complete surveys, the first time this was done in the CoC. Youth volunteered to conduct surveys at the central downtown Public Transit Center, rec centers and certain streets that are known to be "hot spots" where youth tend to congregate. As described in 2C-4A, the ability to do the unsheltered survey on line and additional incentives were helpful for getting more completed surveys.

A youth specific PIT survey was utilized in the unsheltered count that asked additional questions regarding school attendance, whether their current living situation is safe, how long has it been since they felt they were permanently housed, use of community services, history with foster care and criminal justice systems, etc. to gain more insight into the needs of unsheltered homeless youth.

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

Throughout the year, the CoC has been conducting additional HMIS training to improve data quality that included all data elements that must be completed to establish chronic homelessness, entering disability information, entering income correctly, entering housing move in dates and annual reviews. While these efforts were not just undertaken for the PIT count, the vast majority of the sheltered PIT is done from HMIS, so overall data quality improvement across the CoC ensures more accurate PIT numbers. The PIT count of chronically homeless persons decreased more than 50% from (184) to 2018 (90); sheltered chronic homeless from (137) to (80) and unsheltered chronic homeless from (47) to (10). The CoC attributes this to the opening of a new PSH Dedicated Chronic Housing First project that had successfully housed 70 households (mostly individuals).
There was additional training of volunteers to be sure they understood all components of the "Homeless" and "Chronic Homeless" definitions and that they completed all of those questions.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	4,085

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

From FY 2016 to FY 2017, the # of people entering ES, SH or TH experiencing homelessness for the 1st time increased by 133 persons; the # of persons entering ES, SH, TH and PH experiencing 1st time homelessness increased by 63 persons. HMIS data analysis can identify common indicators of persons who become homeless for first time; CoC will be looking at using other community data to determine risk factors based on the general population.
Coordinated entry process attempts to divert as many persons as possible to other safe and acceptable housing by linking to other services and support. Monroe County DHS the primary entry point into emergency shelter, as well as "211" does diversion assessment with all households requesting emergency shelter to determine if other safe housing is available until permanent housing is secured. Interventions might be landlord mediation, providing resources to the household such as food or linking to other community resources so that household could stay housed until they find their own housing. An ESG funded homelessness prevention program ($103,000) began operation last year and provides some additional resources for prevention services, but it a small amount of funding available does not come close to meeting the current need. Matthew Desmond author of the book "Evicted" spoke in Rochester this past Spring. His inspiring presentation on how eviction often spirals a family into homelessness and creates a huge barrier to securing housing in the future, sparked community interest in addressing the more than 9,000 eviction orders (3,000+ were granted) filed for in the City of Rochester. One strategy being developed is the creation of a Housing Court which would provide consistency in eviction proceedings, legal representation for the tenant and potentially the creation of a fund to provide rental arrears to prevent eviction. Coordinated Entry and CoC Staff is responsible for oversight of these strategies.

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

From FY2016 - FY 2017 the average number of days persons in ES and SH remained homeless decreased from 28 to 25 days (-3) and for persons in ES, SH and TH decreased from 36 to 32 (-4). Median # of days for persons in EH and SH decreased from 21 to 18 (-3) and in ES, SH and TH decreased from 23 days and 20 (-3) days respectively. The CoC employs several strategies to reduce length of time homeless; 1) emphasizing outreach and relationship building with landlords to create a sufficient stock of units available to move homeless households to PH as quickly as possible; 2) HMIS data is used to determine length of time homeless-persons who have been homeless the longest are prioritized higher on list and 3) Shelters that are required to conduct VSPDAT within 72 hours of entry for referral to the prioritization list, to ensure that housing plan is in place as quickly as possible.

To minimize length-of-time homeless, total number of months home is heavily weighted in coordinated entry prioritization, as is chronic homeless status. These variables account for approximately 25% of the prioritization score. Further, if individuals are prioritized as equally vulnerable, they are prioritized such that the individual with the longest current homeless event are referred first. This is intended to move individuals as quickly as possible from homelessness to permanent housing. Since beginning coordinated entry, the median length of stay on the Wait List is 12 days. CoC Data Analyst and Coordinated Entry staff are responsible for oversight of these strategies.

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	43%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	93%

3A-3a. Applicants must:

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

From FY 2016 to FY 2017, the % of persons in SO that exited to PH increased from 36% to 62%; the % of persons who exited ES, SH, TH and PH-RRH who exited to PH decreased from 48% to 43%; % of persons in PH who exited to or retained PH remained the same at 93%. PH programs have adopted the community written standards which include commitment to discharging a participant in only the most serious situations. CoC has been encouraging programs to utilize Housing First and harm reduction principles that reduce discharges due to relapse, behavioral health issues, etc. Reallocation of funding for adult TH housing programs to create a new joint TH-RRH is expected to increase discharges to PH and retention in PH. After analyzing VSPDAT scores, CoC is increasing RRH programs that are also expected to increase exits to PH from ES. CoC Staff, Coordinated Entry and RRH Partnership are responsible for overseeing these strategies. The CoC has also been focusing on diversion shortly after entering shelter. These efforts involve working with the family to explore if alternative housing could be secured with friends/family until PH is secured. While this strategy does shorten LOS in shelter; the destination at exit is then often temporary which could account for some of the decrease in exits to permenant housing. CoC Program Coordinator and Ranking/Monitoring Committee are responsible for oversight of these strategies.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	15%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

The CoC can identify common factors of persons returning to homelessness by using the detail report for the SysPM to create a report using HMIS data for those persons to look at factors such as type and number of disabling conditions; total number of homeless episodes; source of income, length of stay, and demographics such as age, gender, household type, etc. For FY 2017, 15% of persons who exited to PH from SO, ES, TH or PH to permanent

housing returned to homelessness over a six and twelve-month period; for FY 2016 the % was 19%; a reduction of 4%. The number of homeless episodes is used in prioritization of persons for RRH, TH and PSH programs. A primary strategy is increasing the number of RRH programs in the CoC, with the goal of providing RRH assistance to persons who score 4+ on VSPDAT. Investing resources in stabilizing people in permanent housing will reduce returns to homelessness. As CoC continues to fully implement and improve Coordinated Entry system, persons will be referred to the program that will meet their needs will also reduce returns to homelessness. The CoC is providing increased support to programs to adopt Housing First principles that will reduce terminations which often result in returns to homelessness.
When violations rise to the level where termination can't be prevented; programs are encouraged to provide assistance to the participant in securing other permanent housing or possible transfer to another program that could better meet the needs of the household. CoC Staff and the RRH Partnership will be responsible for oversight of these strategies.

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

The CoC continues to struggle meeting benchmarks for increasing income. For FY2017 11% of adults increased earned income and 34.3% of adults increased non-employment income. However 32% of adults had earned income and 68.5% of adults had unearned income, there just wasn't any increase. Funded programs are very successful in ensuring that participants are linked to mainstream resources for income and non-cash benefits - SNAP, health insurance, etc.: in FY2017 593 adults entered with no source of income, 132 exited with no income; 525 entered with no non-cash benefits, 120 exited without non-cash benefits; 353 entered with no health insurance, 65 exited with no health insurance.

CoC encourages programs to focus on employment goals, and recruits employment programs to attend HSN meetings, provide info about their programs and encourage referrals from homeless providers. CoC Coordinator assumed responsibility for SOAR activities in the community and will be increasing training for provider staff and tracking of SSI/SSD applications. Moving eligible people from public assistance to SSI/SSD nearly doubles their income and encourages employment. The CoC Coordinator and CoC Monitoring Committee is responsible for overseeing these strategies. The CoC continues to heavily weight performance in the rating and ranking process for renewal applications, meeting benchmarks for employment goals is scored and provides an additional incentive for programs to perform well in this area. CoC Program Coordinator and Ranking/Monitoring Commmittee are responsible for oversight of these strategies.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/14/2018

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	1,050
Total number of beds dedicated to individuals and families experiencing chronic homelessness	697
Total	1,747

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

Yes

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

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

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

The CoC is increasing the number of RRH programs as the primary strategy to rapidly rehouse families; two new RRH programs are just beginning operation now from FY 2017 awards and for FY 2018, (1) new RRH project, our DV-RRH projects is being submitted in Tier 1 to ensure we are able to sustain current efforts. A challenge to sustaining current efforts is rapidly increasing rents and scarcity of units that meet HQS. A second strategy is increased outreach and relation building with landlords to ensure that there is an adequate supply of affordable housing units that will pass inspection. A related CoC performance goal is to increase the percentage of families that exit from ES to PH. Increasing resources for RRH programs is also the primary strategy for achieving this goal. The RRH Partnership is responsible for oversight of these strategies. The CoC has also been focusing on diversion shortly after entering shelter. These efforts involve working with the family to explore if alternative housing could be secured with friends/family until PH is secured. While this strategy does shorten LOS in shelter; the destination at exit is then often temporary.
An analysis of VSPDAT scores in the CoC was conducted to see their relationship to housing placement. Availability of PSH units has decreased sharply once some new PSH programs reached full occupancy in the early part of 2018. Many individuals with high scores indicating a need for PSH were being referred through CE to RRH programs. Families who frequently have lower VSPDAT scores were not able to be reached for RRH and RRH programs whose focus was families were increasingly serving individuals. In May a decision was made to set aside 25% of RRH openings for households scoring in the 4 – 7 range, which will hopefully increase RRH referrals for families. This strategy will be evaluated in December to see if it is effective and will continue. The RRH Partnership is the responsible organization.

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

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

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

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

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

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

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

The CoC has applied for HUD Homeless Youth Demonstration funding for the last two rounds but unfortunately, we were not awarded. As part of that process a Youth Action Board (STOMP) has been formed and there is now a dedicated seat on the CoC Board for a representative from our public child welfare agency, Monroe County Dept. of Human Services (MCDHS). The CoC, Homeless Youth (HY) providers and organizations/systems that interact with homeless youth are committed to continuing planning efforts to develop new strategies to end Youth Homelessness. Our HY system provides a continuum of housing and services from street outreach, emergency shelter, transitional housing, and a dedicated RRH program for Transition Age Youth (18 - 24) recently ended its 2nd year of operation to improve access to permanent housing. HY providers work with homeless youth to connect to safe, supportive adults in the community who will continue to provide support to the youth after

exiting from programs. These programs are effective: 80% of participants exit to safe housing, youth are linked to mainstream benefits and community resources. Our CoC is committed to the goal of ending Youth and Family homelessness and will be convening a workgroup to review the new Federal Strategic Plan "Home, Together" to review objectives and determine appropriate strategies and goal for ending youth homelessness for our community.

The Center for Youth Services (CFY) is the leading agency in our CoC for serving unaccompanied minors and homeless young adults. The CFY has partnered with the CoC and other community funders to expand, enhance, and re-envision services for homeless youth in our county. These initiatives include:

•Innovative Models; New Beginning House is an independent living program for young men of color age 18 – 24 who have not been served well by other systems and are now homeless. Partnering with a private community foundation, this program allows each young man to tailor their services and supports to their unique needs and goals to stabilize in permanent housing.

•Expanding Transitional Housing; In 2017, The Center leveraged transitional housing funding from both HUD and HHS to increase the number of transitional housing beds from 10 to 16 while also expanding the services and supports delivered on site in a building completely occupied by the program.

•Enhancing Services to Vulnerable Youth; In 2018, The Center kicked off a campaign to partner with local funders and the City Courts to provide intensive, trauma-informed, low-barrier housing for LGBTQ and trafficked youth in our community. These youth often go unsheltered and are vulnerable targets for predatory adults. This new house will open in 2019.

The collaboration with the CoC around Coordinated Access, HMIS, and technical assistance, has allowed The Center to take on these initiatives knowing there was community support and expertise that can be drawn on as these programs evolve.

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

Measures (using HMIS data) used to track effectiveness include increasing exits to safe housing, reducing length of time homeless and repeat episodes of homelessness, increasing access to mainstream benefits and community resources. For FY2017, 408 participants (199) Homeless Youth and (209)Transitional Age Youth (18-24) were served in programs exclusively serving youth. 323 Youth exited programs; 60% had successful exits - 130 went to permanent housing and 54 exited to other safe housing opportunitie.

Homeless youth are a very transient population so it is very common for a shelter or TH participant to not return because they have found another friend or familiy member to take them in.

The Center for Youth is just beginning its 2nd full year of operation of a Transitional Age Youth RRH program that is proving to be successful and serving a much higher number of youth than their projected number to be served. Moving forward there is consideration being given to serving less participants and providing case management and rental assistance for a longer period of time.

The Center for Youth (CFY) and CoC staff have spoken with the Jim Casey Initiative in partnership with A Way Home America and the America Bar Association that is looking at improving housing and services for homeless youth under the age of 18. We are excited that we were invited to Washington, DC on 9/25/2018 to participate in a day long session that will hear about current best practices being used across the country, what is known now about minor youth homelessness and strategize how to prevent minor youth homelessness. A formerly homeless youth from a CFY program will also be attending that will add lived experience to the discussion in DC. Hope to bring back some new ideas and possible next steps that could possibly lead to some new funding.

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

The RCSD, the largest school district in the CoC and the CFY New Beginnings School (alternative educational program), are members of HSN, and members of the HSN Steering Committee, to ensure ongoing communication around educational needs of homeless children in the shelter system who are with their parent(s) and unaccompanied youth. All CoC projects that serve families with children have designated staff that is responsible to ensure that educational needs of the children are met in a timely manner. ES and TH programs that serve unaccompanied youth and young adults have effective relationships with the McKinney-Vento Liaisons at both City and suburban school districts and community college and university staff, and have policies and procedures detailing how youth in their programs are to remain and/or be connected to educational services. There is at least one annual training per year for homeless providers and McKinney-Vento contacts to review processes and to learn what services homeless families can request.

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

For all CoC and ESG funded programs that serve persons less than 19 years of

age or less than 22 if they have/had an Individualized Education Plan (IEP), CoC Written Standards require that the programs identify a staff person(s) whose reponsibility is to inform participants of their eligibility for educational services; assist as needed with obtaining school supplies and/or clothing that are needed to return/stay in school, assist as needed with providing/coordinating transportation so that students miss the least number of days as possible at both entry into program and at exit. Transportation also includes any after school programs/activities that the student participated in prior to becoming homeless. The two providers of Head Start and Early Head Start are members of the Homeless Services Network and provide information on their programs to the membership.

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

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

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

The CoC currently has (2) Transitional Housing and (3) permanent supportive housing projects (includes VASH program) and (1) SSVF program that are dedicated exclusively to veterans and their families. The Veterans Outreach Center in partnership with Conifer Development will soon be breaking ground on a new affordable housing project that has a set aside of 10 PSH units for veterans and the remaining (30) units will have a veteran's preference that is funded with tax credits, other NYS capital funding sources and supportive service and operating funding through Empire State Supportive Housing Initiative. CoC achieved functional zero for Homeless Veterans in 2015 and have been successful ensuring that veteran beds and services are immediately

available to any veteran facing homelessness. The PIT Veterans count increased from (63) in 2016 to (73) in 2017. This was initially very concerning; however after reviewing data, the veterans counted during the PIT count were known to the VA Homeless Team. The CoC and the VA work closely together to ensure veterans access housing and services quickly. VA Case Managers visit emergency shelters weekly and participate in street outreach activities to identify homeless veterans eligible for housing and/or services through the VA as well as participate in Street Outreach activities to identify unsheltered veterans. Veterans who access VA services at the VA Walk-In Center or the Welcome Center at Veterans Outreach Center may enter VA programs such as GPD, VASH or SSVF or may be referred to dedicated veteran beds in the CoC. Veterans not eligible through the VA are referred to the Veterans Outreach Center who can serve veterans who are less than honorably discharged.

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

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

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

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

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

People of different races or ethnicities are more or less likely to receive homeless assistance.	
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	
There are no racial disparities in the provision or outcome of homeless assistance.	X
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

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

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

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

Instructions:

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

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

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

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

All CoC programs provide participants with assistance in accessing mainstream benefits. A single application is utilized for SNAP, TANF, Medicaid and other public benefits; case managers throughout the CoC are SOAR trained to assist with SSI/SSD applications and/or appeals; and Legal Assistance of WNY (LAWNY) is a crucial CoC partner that provides legal services for persons unable to access benefits for which they are eligible. MCDHS provides annual DHS101 Training for community-based case managers that provides detailed training on the public assistance process and regulations. This training has proven to be invaluable for Case Managers in their advocacy efforts to get people linked to cash and non-cash mainstream benefits as quickly as possible. Case managers and Health Home Care Managers ensure that linkages are

made as needed to other community-based resources such as Mental Health, Substance programs. The CoC H2 (Health & Housing Committee) is currently working on activities that increase collaboration between homeless providers and Health Home Care Managers to insure that health care benefits are maintained and that health care services are coordinated for those with behavioral health and chronic health conditions. The Homeless Services Network (HSN) is the primary vehicle for keeping program staff up to date on changes or new services that are available and has a Training Committee that schedules DHS 101 and other skills-based trainings as needed throughout the year. The Steering Committee invites new programs and services to present info to the membership and there is time for new program announcements at each meeting.

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	50
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	46
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	92%

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

CoC Street Outreach (SO) activities cover 100% of the CoC's geographic area. SO programs have increased from one volunteer group that went out monthly to known locations to six outreach programs that are out multiple times per week. Outreach teams continue to go to known locations, as well as to specific locations as requested where there is concern that there may be persons living in uninhabitable locations, and learn of new locations from homeless participants. VSPDAT assessments are conducted as soon as possible which will prioritize unsheltered homeless for entering PH programs. SO workers attend monthly chronic homeless meetings to share information about new locations, to gain information on where a person they have may have lost contact with is staying, case conferencing, etc. SO teams try to identify

abandoned houses/buildings or remote locations where people are living who are isolated and are extremely resistant to efforts to assist them in accessing housing. Street Outreach programs have sumbitted 199 Prioritization List applications, 115 (57.8%) were referred to openings and 46 (23%) are still active on the list. SO programs are serving persons with high needs and who are least likely to request assistance as they are not often connected to case management services that can assist them in navigating services.

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

CoC and ESG funded programs are required to have Anti-Discrimination policies and conduct fair housing outreach efforts to inform those least likely to apply about their housing and services. Annual CoC monitoring visits review policies to ensure compliance. Community written standards require that programs have an internal appeals process for participants who are discharged or denied entry into their program(s). The CoC is establishing an external Appeal process for participants unsatisfied with results of program level appeal. CoC encourages all organizations that serve persons with disabilities, refugees, and other sub-populations to participate in CoC activities so they are aware of homeless housing and services that can benefit their consumers. Most programs have bi-lingual staff (Spanish) and access to translation services. The two entry points into the homeless system, MCDHS and "211" as well as DV and Homeless Youth hotlines have TTY and translation services as well.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	456	576	120

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

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

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/13/2018
2B. PIT Count	09/13/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
Submission Summary	No Input Required