Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

As the Collaborative Applicant, you are responsible for reviewing the following:
1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments
Questions requiring attachments to receive points state, "You must upload the [Specific Attachment Name] attachment to the 4A. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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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 Continuum of Care

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/12/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's local competition:	
1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform the applicants why their projects were rejected or reduced?	No
3.	If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	09/13/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	Reduction in the Number of First Time Homeless–Risk Factors.	
	Special NOFO Section VII.B.2.b.	

	Describe in the field below:
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,500 characters)

1. The CoC used HMIS and StellaP to gather information about households that entered the system for the first time during the reporting period. Using data from HMIS, the CoC analyzed the prior living situations of households that had no HMIS entries within the 24 months prior. Analysis showed that households that had no history of homelessness reported 'Eviction by Primary Tenant' and 'Family Dysfunction/Conflict' were the two most common reasons for entry into the homelessness system (21% and 11%, respectively). 'Recent Release from Jail/Prison' and 'Domestic Violence Victim' were the third and fourth most cited reasons at 10% each.
2. Utilizing the HMIS data analysis of reasons for homelessness for households who experience homelessness for the first time, the CoC strategies used to decrease first time homelessness are: to continue to partner with the local Department of Human Services (DHS) and '211'; the agencies most likely to screen households for potential entry into the homelessness system. The primary strategy is to increase resources for prevention/diversion to direct appropriate resources to households at risk for homelessness. The funds will address circumstances that households find themselves in prior to entering homelessness. For example, a household that is residing with a friend or family member in their residence might require funds to pay for a security deposit toward a new residence, whereas the only other option would be to have the primary tenant's housing in jeopardy due to violating the lease stipulation against having long-term guests. The CoC will also continue ongoing dialogue with the local jail, hospitals, etc. to efforts made to divert those who might enter the homeless system into other housing options. Additionally, the CoC will work with the local Victim Service Provider to enrich the diversion/prevention services offered to the DV population to prevent entrance into the homelessness system. There were ESG and ESG-CV funded prevention programs, including a prevention program that is operating at the local housing court. The program provided Right to Counsel for all in Housing Court, access to rent arrears assistance.
3. Monroe County DHS and CoC staff oversee the strategies to reduce the number of first time homeless households.

2A-2.	Length of Time Homeless–Strategy to Reduce. (All Applicants)
	Special NOFO Section VII.B.2.c.

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1.The CoC's strategies to reduce the length of time homeless (LOT) include increasing the efficiency of Coordinated Entry (CE), engaging landlords to increase housing supply, advocating with property managers to decrease barriers to entering housing, and increasing capacity for homeless housing programs. CE convened a Training Workgroup during the reporting period to connect CE users to identify and rectify aspects of CE that increase a household's LOT. To reduce the prevalence of declined referrals to housing programs, the CE workgroup devised program information sheets that are distributed to case managers who have clients selected for housing program. The case managers can then have informed conversations with clients about the program and the participant can accept or decline the referral prior to scheduling an intake. The CE Landlord Engagement Committee has created a free website for landlords to post units that are only available to case managers within the homeless system. Non CoC-funded housing units often have strict requirements for entry; in this community New York state funds supportive housing units that have set-aside units with homeless preference and who utilize CE prioritization list.. Providers informed CE staff that the regulatory requirements were presenting barriers to participants being accepted quickly. CE staff was able to identify this problem and advocate with the property managers to implement change. A new ESSG-CV funded Rapid Rehousing Program was created to increase PH supply. Though resources increased, the LOT was unchanged due to the NYS Eviction Moratorium being extended and market rate rents that have skyrocketed.
2. The CoC utilizes StellaP to analyze the Average Days Homeless (ADH) of households within the homelessness system. StellaP allows the CoC to identify the household type and pathway that has the greatest effect on the system's ADH. Program staff who participate in CE provide input in real time to the CE Training Workgroup and CE Oversight Committee about the barriers their clients encounter which allows policies and procedures to be updated without delay. CE staff track the average LOT homeless on a rolling basis and can request case conferences for households that exceed the community average. All the case conference, barriers are discussed and solutions are brainstormed.
3. CoC and CE staff oversee these strategies to reduce LOT.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,500 characters)

1. New York's eviction moratorium was in place until 1/15/22 and available affordable housing units were scarce. CoC and Coordinated Entry (CE) staff were participants in community meetings and frequently heard of the difficulties finding suitable housing. Landlords have tightened the screening process for potential applicants and have stated the eviction moratorium made it difficult to generate revenue from units where households were not paying rent and who were not able to access Housing court. As a result, there is now less flexibility when negotiating with landlords. A review HMIS and StellaP data informs the CoC's strategy for increasing exits to PH. Households that are homeless for the first time in ES have the lowest exit to permanent housing, which suggests that these households require additional support. Households with a disabled member were also less likely to exit PH which points to the need for added support. The primary strategy to address this is for the CoC to continue to support the development of affordable housing throughout the CoC. The ES system has encountered a staffing crisis. ES are chronically understaffed and the staff that is present is new to the homeless service system. As a result, the CoC and CE have increased outreach to ES leadership to engage their staff for training, both to help build skills to better serve their clients and also to ensure accurate client information regarding exit destination is entered into HMIS. CE training ensures that the households who are eligible for housing intervention receive the services they are entitled to. The lead CE agency has hired a Housing Recruitment Specialist who is dedicated to the Landlord Engagement efforts to increase the supply of housing units.
2. The CoC has a Moving On toolkit which assists housing programs in assessing a household's readiness to move to market rate housing and provides case workers guidance for how to do so. Programs are encouraged to use the toolkit for every client in their programs. Th CoC has piloted a housing mediation program that convenes landlord/tenant/case manager to address housing instability and increase housing retention. Weekly case conferences for at-risk households in PSH or RRH convene providers to develop solutions such as program transfer prevent program termination and loss of housing.

2A-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1. The CoC utilizes StellaP to acquire information about households that return to homelessness (RTH). StellaP provides information to determine the pathways and household types that have the highest RTH. As part of the Coordinated Entry (CE) process, households are routinely screened for prior homeless episodes. Households that have project exit dates within the previous 6-12 months and who have reappeared at a CE entry point have a case conference scheduled with the current service providers who share information about the household's barriers to maintaining housing and brainstorm ideas or strategies to achieve stability.
2. The CoC's strategy for preventing RTH centers around building robust support systems, ensuring the household remains engaged with service providers to create stability upon program entry, and employing retention strategies when tenancy is at risk. The CoC audits case notes monthly for households that are enrolled in PH programs. This is a quality assurance measure to verify that households are receiving adequate services to achieve housing stability. The CoC has data that shows the audit process has increased the frequency and quality of contacts with participants and program staff. The CoC also audits the use of the community-created Supportive Hosing Toolkit, which is used to track a client's housing stability. Each household in a PH program must complete this within the first year of enrollment and it must be updated yearly. Training is provided to ES staff to link households who are not entering CoC funded programs to health home care management or peer support programs to support households transitioning to PH that has no supportive services. The CoC has piloted a mediation program (housing retention conference) that is targeted to households in supportive housing programs and brings together landlord/tenant/service provider to develop a written agreement designed to avoid eviction. Parties must agree to a plan that spells out the steps the tenant and service provider will take to avoid a return to homelessness, such as a program transfer, in the event the mediation agreement is breached. Local landlords and property managers participated in the planning of this mediation pilot program.
3. Staff at CoC, CE, CE Oversight Committee, and CE Landlord Engagement Workgroup are responsible for this strategy.

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase employment cash sources;
2.	how your 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 your CoC’s strategy to increase income from employment.

(limit 2,500 characters)

1. The CoC and its partner agencies believe that household income is imperative for achieving and maintaining housing stability. Project outcomes related to income/employment are assessed monthly and projects receive monthly progress reports that document their progress toward achieving the community goal of having 20% of a project's participants increase earned income during the project year. Within the geographic area of the CoC, there are a number of employment, career counseling and vocational training service centers that offer services free of charge for residents. The largest of these agencies is RochesterWorks, which is a member of the American Job Center Network and administers Federal workforce development funds on behalf of Monroe County. RochesterWorks is a member of the Homeless Services Network (HSN), which is the CoC stakeholders' group, and keeps the HSN member organizations aware of employment initiatives that may benefit program participants.
2. The program participants in the CoC-funded programs have opportunities to learn valuable 'soft' skills that lead to increased employment income in addition to the usual support that is offered to those entering entering the workforce, such as assistance with transportation, acquiring a uniform/work equipment , or arranging daycare.

2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC's strategy to increase non-employment cash income centers around ensuring that all households are receiving the cash benefits they are entitled to receive. In the CoC's geographic area, this includes TANF, GA and SSA income. Each month, all CoC funded programs receive reports that have details about the project's outcome. Included within the reports are the percentage of participants that have $0 monthly income as reported in HMIS. During the past year, the CoC applied for and received an ESG-CV grant to operate a SOAR program. As the program was rolled out, programs received a by name list of households that have $0 income with instructions to review the list and submit a referral to the SOAR program for households that are eligible. The SOAR program is still in operation. The local agency that allocates public assistance benefits is the Monroe County Department of Human Services (DHS).
2. The CoC partnered with DHS to create a training curriculum tailored specifically for staff in homeless housing programs. The focus of the training is centered around making the benefits application process as easy to navigate as possible. The training is hosted on the CoC's Learning Management System (LMS) and the CoC enrolls new staff people as they are hired. The CoC tracks the progress of the learners and can provide program management with the names of staff who have or have not completed the training. In order to document the increases in non-employment cash income it is necessary for program staff to capture the information in HMIS. There is an exception that case notes for households with $0 income, will indicate that programs area assisting participants with accessing entitlement cash benefits. Program staff are reminded to update in HMIS any increase in cash benefits in the household's annual assessment.
3. The CoC, HMIS Administer and DHS are the primary responsible parties for overseeing the strategy to increase non-employment income.

2B. Coordination and Engagement–Inclusive Structure and Participation

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)
	Special NOFO Sections VII.B.3.a.(1)

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	Yes	Yes	Yes
15.	LGBTQ+ Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	No
18.	Mental Health Service Organizations	Yes	Yes	Yes
19.	Mental Illness Advocates	Yes	Yes	Yes

20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Reentry Task Force	Yes	Yes	Yes
34.	Faith Based Organizations	Yes	Yes	Yes

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, other People of Color, persons with disabilities).

(limit 2,500 characters)

1. The two main entities of the CoC are the CoC Board and its stakeholder group, the Homeless Services Network (HSN). New members may join HSN at any point throughout the year and can participate fully in all activities immediately upon joining, including voting privileges. 80+ members attend the monthly HSN meetings. HSN elects two of its members to the CoC Board. HSN and CoC bylaws are publicly available on the CoC website, that spell out membership eligibility and the parameters of their activities. Annually the CoC Governance Committee actively seeks out new CoC Board members who have experience and expertise in areas related to homelessness. Homeless service providers, health and behavioral health providers, housing developers, finance and legal professionals are also recruited. Special outreach is made to recruit members of the community that are underrepresented in current membership. Membership is encouraged via the 400+ email list and current members are encouraged to share the invitation to join with their peers, colleagues and networks they participate in.
2. All HSN activities are accessible for individuals of all abilities and disabilities. Communication is sent via email and meetings are held via Zoom or in accessible locations. Persons with limited vision or hearing can view meetings with closed captioning or dial into meetings using phones. Sign language interpreters are available on an as-needed basis.
3. Providers of homeless housing and services are encouraged to have program participants who are currently or formerly homeless participate in project planning and policy and procedure design and in all CoC activities. The CoC has created a Person with Lived Experience workgroup who has reviewed and approved this application. The CoC intends to expand the functionality of this workgroup to all aspects of CoC activities.
4. Among the member representatives of HSN are agencies that are led by staff and service BIPOC persons within the geographic area. The Coordinated Entry Oversight Committee has formed a Diversity, Equity and Inclusion workgroup to ensure that there is equity in accessing housing and services and in program outcomes and diversity within our partner agencies.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. Homelessness is a complex issue that involves many sectors of the community. The CoC office is centrally located in a high poverty urban area and frequently receives visitors who inquire about the availability of housing and services as they are or know someone who is homeless or at risk of homelessness. Others are looking for how they can play a role in assisting those experiencing homelessness. They are informed of the CoC and its stakeholder group, the Homeless Services Network and receive information about how to join. The CoC convenes and participates in meetings with representatives who have diverse viewpoints about homelessness. Such groups include: Persons with Lived Experience, Chronically Homeless Workgroup. Unsheltered Homeless, Homeless Services Network (HSN, the stakeholder organization for the CoC), Community Health Improvement Workgroup (with Emergency Room staff, physicians, Public Health Leadership, behavioral health professionals), Neighborhood & Business Development, local and national Landlord Associations, and law enforcement. CoC and Coordinated Entry staff convene regular weekly/biweekly meetings with homeless service staff, including frontline staff and supervisors, peers, persons with lived experience and local landlords. Opinions are solicited in these meeting to gain input on current practices, policies and procedures.
2.CoC and Homeless Services Network (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 the homeless and housing issues are included on these agendas that create new partnerships and can bring additional resources. Via the HSN and the CoC weekly newsletter, the CoC keeps constituents informed of activities and receives public feedback.
3.HSN annually solicits information for the purpose of developing Community Priorities. Based on input from HSN membership 2022 priorities include: creating a landlord/tenant/case worker mediation pilot program to improve communication between all parties and provide an opportunity to address housing retention in the event housing stability is jeopardized, to advocate with the County Dept. of Mental Health to address increased Mental Health needs of homeless and to bring Mental Health services on-site to shelters, strategizing how to address staffing shortages within homeless programs.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)
	Special NOFO Section VII.B.3.a.(4)

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

(limit 2,500 characters)

1. The CoC notified the general public that the local application process was opened and accepting applications by issuing a Request for Proposals (RFP) for new project applications. Notification of the release of the RFP was distributed via the CoC weekly newsletter to 400+ organizations and individuals and the Homeless Services Network (HSN) email ListServ to 300+ organizations and individuals. The RFP and application materials and instructions were posted on the CoC website.
2. The CoC Local Application process is widely advertised throughout all sectors of the community. Notification of the local application process is sent by email to the HSN membership email list (250+persons), via the CoC weekly newsletter (400+persons); it is announced at all HSN and CoC meetings, committee meetings and workgroups. The CoC encourages members to also share the information with other networks they belong to and/or post on their websites. The vast majority of organizations the information is shared with do not currently receive CoC funding.
3. The CoC Local Application process is open and transparent to all members of the community. All materials related to applications are published on the CoC website and all interested parties are encouraged to apply. In addition to public postings, the CoC stakeholders, Homeless Services Network (HSN) will allot time during the public meetings to allow the CoC to reiterate the funding announcement. HSN is comprised of members across all sectors of the community who have an interest in homeless issues. The CoC publishes the announcement in its weekly newsletter that is also sent to the 400+ interested parties via email. Project applicants must submit their project applications via email. Potential applicants are instructed to contact the CoC if they are not able to electronically submit.
4.The impartial Review and Ranking Committee reviews all renewal and new project applications. Once those applications have been received and scored, the full ranked project list is produced. Individual letters are sent to organizations that submitted applications informing them of their score and ranking. The final project ranking is also posted to the CoC website.
5. The CoC communicates with people of all abilities and utilizes email, phone, TTY and upon request ASL translation. All documents are produced using Office and Adobe and are reviewed for accessibility issues and documents are posted in pdf format.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

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- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)
	Special NOFO Section VII.B.3.b.

	In the chart below:
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.	Police, schools, legal services provider, 211 lifeline, behavioral health providers	Yes

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)
	Special NOFO Section VII.B.3.b.

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. There are two ESG Recipients in the CoC, the City of Rochester and Monroe County. The City and County combine their ESG allocations and issue a joint RFP annually and chose to do the same with the ESG-CV funding. The CoC and ESG recipients work closely together throughout the year in planning and coordinating homeless housing and services. Both ESG recipients are on the CoC Board and participate on various CoC and Homeless Services Network (HSN) committees. Once ESG-CV funding allocations were announced, planning meetings were held to identify where the greatest needs were and strategized how ESG-CV funding and other COVID related funding would be used in the most effective and efficient way to ensure that crisis response services remained operational for the duration of the pandemic.
2. CoC staff participate in the review and rating of both ESG and ESG-CV applications and ESG recipients sit on the CoC Review and Ranking Committee. The HMIS Lead works with ESG recipients and sub-recipients to ensure that CAPERS which report on performance and complete, accurate, and submitted on time into SAGE. Performance reports using HMIS data are provided for individual projects and reporting groups, i.e., emergency shelters, street outreach, etc.
3. The CoC provides PIT and HIC data to the Consolidated Plan jurisdictions in the CoC geographic area which includes the City of Rochester, Monroe County, and the towns of Greece and Irondequoit
4. The CoC provides the narrative for the Homeless sections of the Consolidated Plan and the annual Action Plans for each of the jurisdictions in the CoC.

2C-3.	Discharge Planning Coordination. (All Applicants)
	Special NOFO Section VII.B.3.c.

	Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.	
1.	Foster Care	Yes
2.	Health Care	Yes
3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)	
	Special NOFO Section VII.B.3.d.	
	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)
	Special NOFO Section VII.B.3.d.
	Describe in the field below:
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1. To ensure ongoing communication around educational needs of homeless children in the shelter system who are with their parent(s)/guardian(s) and unaccompanied youth, all CoC and ESG funded projects that serve unaccompanied youth and families with school age children have designated staff that are responsible to ensure that the educational needs of the children are met in a timely manner. These programs have effective relationships with the McKinney Vento liaisons at both the Rochester and suburban school districts, Head Start and Universal Pre-K programs and support staff at local community colleges and universities to ensure educational needs of homeless youth are being met. Programs have policies and procedures detailing how youth should be encouraged to remain and/or be connected to educational services.
2. The Rochester City School District (RCSD) and the Greece School District are the two largest school districts in the CoC. The RCSD McKinney Vento liaison is a member of the Homeless Services Network (HSN), the stakeholder group for the CoC, as well as sits on the HSN Steering Committee and is a member of the CoC Review and Ranking Committee. The RCSD and Greece School District homeless liaisons are also both members of the Homeless Youth Workgroup, a working committee of HSN. The Homeless Youth Workgroup is focusing on the need for additional funding for Homeless Youth programs due to a recent loss of federal Runaway/Homeless Youth funds which resulted in the closing of an emergency housing program dedicated to Transition Age Youth. The workgroup is also planning training for the adult shelters in the community so they can better meet the unique needs of homeless young adults that are in their programs.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)
	Special NOFO Section VII.B.3.d.

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services

(limit 2,500 characters)

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), the CoC Written Standards require that the programs identify a staff person(s) whose responsibility is to inform participant of their eligibility for educational services; assist as needed with obtaining school supplies, clothing, or other items that are needed to return/stay in school, assist as needed with providing/coordinating transportation so that students miss the fewest number of days as possible at both entry into program and 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.

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)
	Special NOFO Section VII.B.3.e.

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

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

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)
	Special NOFO Section VII.B.3.e.

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;

	2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
	3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
	4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1.The local county Department of Human Services (DHS), created a training curriculum designed specifically for frontline staff of homeless housing, emergency shelter, and street outreach programs. The training contains explicit information about eligibility and application for mainstream benefits that are administered via DHS, which includes SNAP, TANF, General Assistance, Emergency Housing, employment/vocational training, transportation assistance, substance use treatment and mental health support. The training is hosted on the CoC Learning Management System (LMS). The curriculum is assigned to all staff of the CoC-funded programs and CoC tracks participation, with the expectation that 100% of staff enroll and pass.
2. The CoC collaborated with Fidelis Care, a New York based health insurance company, to provide insurance navigations services to ensure all participants in CoC-funded programs have access to healthcare benefits, which include enrollment in mental health and substance use services. Fidelis Care has assigned benefit specialists to serve the CoC, and staff of all CoC-funded programs can call their direct phone numbers with their participants and get enrolled in coverage over the phone. Fidelis does not direct participants to select a specific health coverage plan, but instead learns what services the participant needs and finds a plan that meets the requested criteria.
3. Training provided as described in 1. includes both accessing mainstream benefits and supporting partiicipants to fully utilize the benefits they are eligible for. Provider staff assist participants with utilizing Medicaid and other benefits to their fullest extent. Provider staff or Health Home Care Managers assist participants with linking to a Primary Care Physician (PCP) to ensure that all health needs are addressed. Program staff are trained to ensure that all benefits a participant is eligible for are accessed and used. Programs are notified through the CoC weekly newsletter the eligibility criteria and start up dates of other benefits such as HEAP, Child Tax and Earned Income Tax benefits, etc.
4. The CoC applied for and received ESG-CV funding for a SOAR program. A staff member at the CoC is the SOAR Local Lead for the geographic area and administers technical assistance to homeless program staff who wish to earn their SOAR certification. The CoC tracks how many staff people are SOAR certified, and works to ensure each project has at least 1 SOAR certified staff person.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)
	Special NOFO Section VII.C.
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.
	If you answered yes to question 3B-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

4A. Attachments Screen For All Application Questions

	Please read the following guidance to help you successfully upload attachments and get maximum points:
1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either. - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). - We must be able to read everything you want us to consider in any attachment.
7.	Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	Local Competition...	10/20/2022
1B-2. Local Competition Scoring Tool	Yes	Local Competition...	10/20/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/20/2022
1B-3a. Notification of Projects Accepted	Yes	Notification of P...	10/20/2022
1B-4. Special NOFO CoC Consolidated Application	Yes	Special NOFO CoC ...	10/20/2022
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No		
P-1a. PHA Commitment	No	PHA Commitment	10/20/2022
P-3. Healthcare Leveraging Commitment	No	Healthcare Levera...	10/20/2022
P-9c. Lived Experience Support Letter	No	Lived Experience ...	10/20/2022
Plan. CoC Plan	Yes	CoC Plan	10/20/2022

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Special NOFO CoC Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Commitment

Attachment Details

Document Description: Healthcare Leveraging Commitment

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: CoC Plan

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/16/2022
1B. Project Review, Ranking and Selection	10/20/2022
2A. System Performance	10/20/2022
2B. Coordination and Engagement	10/18/2022
2C. Coordination and Engagement–Con't.	10/20/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	09/26/2022
4A. Attachments Screen	10/20/2022
Submission Summary	No Input Required

1B-1 Posting CoC Local Competition Deadline

FY2022

FY2022 NOFO Information postings

- Consolidated App FY2022 9-28-2022
- Final Ranking with Scores and Funding for CoC NY500 Posted on (9-13-22)
- 2022 Announcement of New Project and Supplemental Applications – Local NOFO
- 2022 Community Priorities
- 2022 Appeals Process
- Nofa 2022 New Application Powerpoint 8-12-2022

FY22 COC Funding New Project Application Materials

- New-Project-Application 22
- 2022 Budget Workbook 8-11-2022
- Scoring Matrix 2022 New App 8-11-222022
- CoC Funding NOFO
- FY 2022 COC NOFO New Project Funding Video workshop

FY22 Supplemental NOFO New Project Application Materials

- FY222 Supplemental NOFO-New Project Application 8-11-22
- 2022 Supplemental New Budget Workbook 8-12-22
- Scoring Matrix 2022 Supp App 8-11-22
- 2022 Supplemental NOFO
- FY 2022 NOFO Supplemental Funding Video workshop

Local NOFO Renewal Project Application Materials

- 2022 Announcement of Local Application Process
- 2022 Appeals Process
- Renewal ranking criteria sheet 2022 (Updated 6-7-22)
- 2022 Budget Workbook 5-31-2022
- 2022 Reallocation Process
- Answer sheet for renewal ranking criteria
- CoC Local Application Time Line 2022
- Nofo 2022 Renewal Project Application Powerpoint
- Local NOFO Workshop Training Zoom Meeting 6-7-22

Partners Ending Homelessness
560 West Main Street
Rochester, New York 14608
585-319-5091

To: All CoC Funded Program Providers, CoC Stakeholders, and Community
From: Partners Ending Homelessness
Re: FY2022 New Project and Supplemental New Project Application - Local NOFO
Date: August 11, 2022

With the release of the 2022 HUD CoC Program NOFO and Supplemental NOFO, the Partners Ending Homelessness is beginning the local application process for new projects.

2022 Local information

Annual Renewal Demand (ARD) – $13,201,987
Tier One funding 95% of ARD – $12,541,888
Tier two funding 5% of ARD -$660,099

Bonus Project Funding

- $660,099 Bonus Project funding is 5% of FPRN
- $859,150 DV Bonus Project funding
- Project(s) approved for bonus funds will be scored and placed in Tier 2 in ranked order

Eligible Projects for Bonus funding:

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Joint Transitional Housing and Rapid Rehousing (TH-RRH)
- Domestic Violence Bonus Project (DV-RRH)
- PSH or RRH Expansion Grants
- Healthcare Partnership PSH or RRH
- Housing Partnership PSH or RRH

Supplemental Project Funding

- $10,056,048 available funding for CoC NY500
- Grant terms are for three years
- Project(s) approved for supplemental funds will be scored and placed ranked order of ranking

Eligible Supplemental Projects for funding:

- Permanent Supportive Housing (PSH)
- Rapid Rehousing (RRH)
- Joint Transitional Housing and Rapid Rehousing (TH-RRH)
- Support Services Only (SSO)
- Healthcare Partnership PSH or RRH
- Housing Partnership PSH or RRH

Further details about new project applications will be addressed in the New Project Application training. PowerPoint from the training will be posted to the website on August 12. Please see the time, date, and link for the Zoom presentation below.

Friday, August 12th, 1 pm to 2:30 pm

Join Zoom Meeting

https://us02web.zoom.us/j/87161190201?pwd=Q3ZiekxtcnNEdUVCbTZlcDAveTBhQT09

Meeting ID: 871 6119 0201

Passcode: 633164

2022 New Project and Supplemental Application Timeline

- **August 11 Thursday** – Release of application materials
- **August 12 Friday** – 1 pm to 2:30 pm Applicants Workshop via Zoom
- **August 29 Monday**– Noon New and Supplemental Applications due
- **September 6 and 7** – Presentation of New Projects
- **September 13 Tuesday** – Applicants Notified of Final Project Rankings and Posted to Website

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All materials are available on PEH Website once released to the community
https://letsendhomelessness.org/about/funding/

Direct questions to Charles Bollinger III – CoC Programs Coordinator
(email only) cbollinger@letsendhomelessness.org

1B-2 Project Review and Ranking Process

Supplemental New Project Applications						
Program		**Project Name**			**Project type**	**PSH**
Scoring Matrix					**Reviewers Scoring**	
Section 1	Q1/2		3	What homeless sub-populations are proposed to be served		
	Q3		2	Will your program provide or make linkages to employment services?		
Section 2	Q 1		5	Please provide a general description of the program and a rationale for why the program should be funded.		
	Q2		5	What is the organization's experience engaging and servicing unsheltered persons?		
	Q 3	Provides MOU with partners or information about partners, describes prior experience	5	Program works with other community based organizations; has prior experience with homeless and grants management		
	Q 4		5	What is the vision of your health care or housing partnership?		
	Q 5		5	Explain how this project will ensure that households with Severe Service Needs remain engaged with program staff to reduce utilization of crisis or emergency services?		
	Q 6		5	Households with Severe Service Needs often have barriers that prevent them from achieving housing stability, leading to discharge from the program and a possible return to homelessness.		
	Q 7		5	What will be your strategy for participants to remain stably housed or complete the program successfully?		
	Q 8		5	Reason for requesting funding this grant year.		
Section 3	Q 1	100%=3 points; <100% = 0 points	3	What percentage of your program participants will be coming through the Coordinated Entry system?		
	Q 2	0 -3 points	3	Response indicates that program demonstrates a thorough understanding of coordinated entry.		
Section 4	Q 1	1 point each committee (max of 2 points)	2	Which CoC/HSN activities does your program/project staff participate in?		
	Q 2		2	2.How does this project align with Community Priorities?		

Section 5	Q 1		2	Please list eligibility criteria as they will appear in your program policies and procedures	
	Q 2		2	Attach the agency's termination policy for all participants in the future project	
	Q 3		2	What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for denial into the program.	
	Q 4		2	Response demonstrates an understanding of Housing First and Person Centered principles	
Section 6	Q 1	Yes	0	Is the project going to fully participate in HMIS?	
	Q 2	Yes	0	Project agrees to share data and assessments	
	Q 3	(2.5 points for successfully discussing each component)	5	Response indicates that they are familiar with HMIS or other database and describes a logical work flow	
	Q 4		5	Describe what your process will be for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meeting with the client(s), what system will be in place to monitor documentation and timeliness of documentation	
	Q 5		2	What elements should be included in case notes?	
Section 7	Q 1	equal or > than benchmark = 1	1	Benchmark: 85% participants access non-cash benefits	
	Q 2	equal or > than benchmark = 1	1	Benchmark: 20% of participants will have employment income	
	Q 3	equal or > than benchmark = 1	1	Benchmark: 85% participants access cash from sources other than employment	
	Q 4	equal or > than benchmark = 1	1	Benchmark: 92% of participants exit to permanent housing	
	Q 5		1	Please briefly describe how you plan to achieve these HUD CoC community outcomes?	
	Q 6		2	Prior experience in managing federal or other grants?	
	Q 7		5	Please explain how this project recruits landlords to rent their property to participants, explain the services offered to participants, and communicate with landlords if a participant does not adhere to the lease	

	Q 8		5	Will this project be staffed by case workers who have lived homelessness experience in the project design? (	
Budget			8	Costs are all eligible expenses = 2; Staffing - details provided = 3; Budget - complete, reasonable and accurate = 3	
Total Points			**100**		
Presentation			5(+/-)	Presentation for reviewers can award up to 5 positive points or down to 5 negative points	
	Presentation		**0**	Presentation	

Presentation

100

Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
Phone: 585-319-5091; Fax: 585-319-5488

Partners Ending Homelessness (PEH)
2022 New Supplemental Project Application

Organization Name:	
Project Name:	

Contact Person	
Phone Number	
Email	

Project Type (check correct box)	
Permanent Supportive Housing (PSH)	☐
Rapid Re-Housing (RRH)	☐
Transitional Housing/Rapid Re-Housing Hybrid (TH/RRH)	☐
Support Services Only	☐
Healthcare Partnership PSH	☐
Healthcare Partnership RRH	☐
Non-CoC Funded Housing Partnership PSH	☐
Non-CoC Funded Housing Partnership RRH	☐

Section 1	**1. Homeless Sub-Populations** 3 **points**	
LOCAL PRIORITIES/ Strategically Allocate Resources	What % of the population served is Chronic Homeless	
	What % of the population served are Households with Children	
	What % of the population served are Youth/Parenting Youth (< 18 years or Transition Age Youth (18 – 24)	
	What % of the population served are Re-entry	
	What % of the population served are Veterans	
	What % of the population are fleeing Domestic Violence	
	What % of the population were unsheltered prior to entering	
	What % of the population are single Adults	
	2. Special Needs	
	What % of the population served will have a mental health condition	

	What % of the population served will have a substance abuse condition		
	What % of the population served will have a chronic health condition or physical disability		
	What % of the population served to have HIV/AIDS		
	What % of the population will have a developmental disability		
	3. Will your program provide or make linkages to employment services? (If Yes, please provide a narrative attachment named 1-1) 2 points	Y	N

All Projects

Program Participants	**Projected Number of Households to be Served Annually in Application**		Yes	No
		Single Site		
		Scattered Site		
Individuals				
Households with Children		**# Units**		
Households with Only Children		**# Beds**		

Section 2 / **Narrative**	**QUESTION**	**MAX POINT VALUE**
All Applicants	**1. Please provide a general description of the program and a rationale for why the program should be funded.** *(Narrative should address, at a minimum, each of the following: the intended target population(s), experience working with the intended target population(s), services and activities that will be provided (ensure they address the core components of the type of project you are proposing), best practices that will be utilized how the applicant collaborates/coordinates with other partners in the community.)*	**5 points**

	2. What is the organization's experience engaging and servicing unsheltered persons?	**5 points**
	3. Describe how you will work with other community-based organizations to ensure that the service needs of your program participants are met. Please include if your organization had any prior experience managing grants that have dealt with homeless housing or case management. If yes, please give a brief description of the program and how successful it has been.	**5 points**
	4. What is the vision of your health care or housing partnership?	**5 Points**
	5. Explain how this project will *ensure* that households with Severe Service Needs remain engaged with program staff to reduce utilization of crisis or emergency services, such as emergency rooms, psychiatric facilities, and in- or out-patient substance use treatment facilities. In your answer, please describe the project's policy or process for engaging with households that demonstrate an inability to maintain regular contact with program staff *and* how the project will ensure that the household follows through with service planning and referrals to community providers. (Please attach as 2-5)	**5 Points**
–	**6. Households with Severe Service Needs often have barriers that prevent them from achieving housing stability, leading to discharge from the program and a possible return to homelessness. Explain *how* this project will support households to build the skills necessary to achieve the highest stability and independence possible, given the underlying barriers. In your answer, please describe the skills the project will assist with building and how they will encourage the household's participation *and* prevent a return to homelessness. (Please attach as 2-6)**	**5 Points**
	7. What will be your strategy for participants to remain stably housed or complete the program successfully?	**5 Points**
	8. Please answer B or C **(A.) Has any of your CoC projects been reallocated in the past three years? If yes, please explain what happened and why your program is seeking new project funding. In addition, please describe action steps not to repeat past performances.** **(B.) Please answer if your agency never applied for CoC funding in the past. Why are you choosing to apply for a new project?** **(Please attach as 2-8)**	**5 Points**

Section	Question	Points
Section 3 Coordinated Entry	**1. What percentage of your program participants will come through the Coordinated Entry system?**	3 points %
	2. What policies and procedures will be in place to ensure the program complies with Coordinated Entry requirements	3 points
Section 4 Community Engagement	**1. Which of the following does your program/project staff participate in these CoC/HSN?** ☐ HSN Meetings ☐ HSN Committees ☐ HMIS Advisory Committee ☐ Coordinated Entry workgroup ☐ Chronic Homeless Committee ☐ Point in Time Planning Committee and/or Volunteer ☐ Rochester/Monroe Anti-Poverty Initiative (RMAPI) ☐ Project Homeless Connect ☐ Landlord Engagement Workgroup	2 points
	2. How does this project align with Community Priorities? (Please attach as 4-2)	2 points

Section	Question	Points
Section 5 **Housing First Principles** **All Programs**	**1. Please list eligibility criteria as they will appear in your program policies and procedures. (Please attach as 5-1)**	2 points
	2. Attach the agency's termination policy for all participants in the future project. (Please attach as 5-2)	2 points
	3. What are possible reasons as they will appear in your program policies and procedures and/or requirements of the property manager that would be grounds for denial into the program. (Please attach as 5-3)	2 points
	4. Please attach the housing-first policy for the project (Please attach as 5-4)	2 points

Section	Question	Yes	No	Points
Section 6 **Data Collection**	**1. Is the project going to participate in HMIS fully? (i.e., enter all required HUD data elements on time)**			0 points

All Programs	**2. Does the project intend to share all HUD Data Standards and VSPDAT assessments in HMIS with other providers?**			**0 points**
	3. Describe what your Data Collection process will be. Include information on data entry, ongoing monitoring of data quality, timeliness of data entry, and how it will meet requirements for data collection for Coordinated Entry (5 points)			
	4. Describe your process for documenting interactions with the client(s). Include information on where documentation will be recorded, how often the case manager will meet with the client(s), and what system will be in place to monitor the timeliness of documentation. (5 points)			
	5. What elements should be included in case notes? (Please attach name 7-5) (2 points)			
Section 7 **Projected Program Outcomes** **All Programs**	**1. What percentage of your participants will access/maintain non-cash resources?**	________%		**1 point**
	2. What percentage of your participants will access/maintain employment income?	________%		**1 point**
	3. What percentage of your participants will access/maintain income from sources other than employment?	________%		**1 point**
	4. What percentage of participants will either exit or remain in permanent housing?	________%		**1 point**
	5. Please briefly describe how you plan to achieve these HUD CoC community outcomes? Please include how long it will take for your project to achieve these outcomes? (Please attach as 7-5) (1 points)			
	6. Does your organization have prior experience managing federal or other grants? *(Briefly describe your organization's process for managing grant funds, existing finance infrastructure, internal monitoring process, etc.)* **(2 points)**			
	7. The relationship between tenants and landlords deteriorated during Covid due to many complex and co-occurring factors. As a result, landlords have responded by tightening their rental requirements and have been more likely to commence eviction proceedings against tenants who violate their lease. Please explain how this project recruits landlords to rent their property to participants, explain the services offered to participants, and communicate with landlords if a participant does not adhere to the lease. (Please attach as 7-7) (5 points)			
	8. Will this project be staffed by case workers who have lived homelessness experience in the project design? (unsheltered lived experience is preferred.) **a. If so, *how* will this project utilize the lived experience in the delivery of services to participants? (Please attach as 7-8) (5 points)**			

Presentation	5 (+/-) Points
TOTAL	________out of

Application Checklist:

______ Completed Application
______ Completed Budget Workbook **(8 points)**
_______Attachments as applicable for this project
______ Documentation of non-profit status (IRS Determination Letter)
______ Copy of your organization's most recent audited financial statement
______ Other attachments as applicable to your project, i.e., proof of site control, Zoning Compliance, documentation of other funding sources, MOU(s)

Applicant Assurances

To the best of my knowledge and belief, all information in this application is true and correct. Therefore, the applicant has duly authorized this document, and the applicant will comply with the following:

- The applicant will complete the HUD Project Application forms in Esnaps with the same information contained in this application unless the Project Selection Committee adjusts (s) during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter that will be sent to each applicant
- Applicant agrees to participate fully in Homeless Management Information System (HMIS), including case notes.
- Applicant agrees to abide by all CoC Written Standards applicable to the project that funding is being requested for
- Applicant agrees that the program will fully participate in the Coordinated Entry System, which includes using a Common Assessment tool.
- Applicant aggress to participate in monthly report meetings and monthly housing meetings for PSH and RRH projects
- Applicant must date and accurate rent or roster at least once a month to match with HMIS.
- Applicant understands that HUD CoC-funded homeless projects are monitored annually by the RMHCoC
  Applicant agrees to pay the RMHCoC Administrative Fee if successfully awarded funding by HUD. The fee is based on a billing rate (0.002707937) of the total HUD grant awarded.

- If awarded funding, the applicant agrees to inform PEH when the following occur:
  - ✓ **The organization has staff vacancies for a duration of time that could affect the projected number of participants served or result in HUD funds not being fully expended.**
  - ✓ **There are changes to an existing project that are significantly different than what the funds were initially approved for, including any budget amendments/modifications submitted to HUD.**
  - ✓ **An increase/decrease in other funding to the project could affect the projected number of participants served, services provided, performance, ability to meet match requirements, etc.**
  - ✓ **There are significant delays in the start-up of a new project.**

Name: (please type)	
Title:	
Phone:	

Email:	
Signature: (if the application is scanned)	
Electronic signature authorization:	☐ I agree that checking this box is the legal equivalent of my manual signature on this agreement.
Date:	

1B-3 Projects Rejected/ Reduced

There were no projects that were Rejected or Reduced

1B-3a Projects Accepted – Notification Outside of Esnaps

Partners Ending Homelessness

560 West Main Street
Rochester, New York 14608
cbollinger@letsendhomelessness.org

Via email transmission:

October 6, 2022

Housing Advocacy PSH Supplemental:

Partners Ending Homelessness (Rochester/Monroe County Homeless CoC) has completed the rating and ranking of the Unsheltered Supplemental NOFO FY2022 for New Projects applications for HUD CoC funding. The applications were scored based on the matrix available to the community and posted on the Partners Ending Homelessness website: www.letsendhomelessness.org.

- Supplemental Funding for three-year grant terms - $10,056,048

Below you will find the Funding Requested, funding approved, and your points from the scoring rubric new for your new project(s). Please be sure that the amount in the Final Funding Award is used in your budget submitted through Esnaps.

Please note the following changes will need to be made to your application and/or budget when it is entered into Esnaps:

Ranking 2 Project Score 71.44	Housing Advocacy	Housing Advocacy PSH Supplemental	$720,848

<u>*Note:*</u> *Please start submitting your application to the* Special NOFO CoC Application FY2022 *list on the ESNAPS website for the FY2022 funding year. Please submit this application by October 17, 2022.*

Congratulations! We look forward to working with you in our continued efforts to end homelessness in Monroe County!

Sincerely,

Charles Bollinger
CoC Progams Coordinator

560 West Main Street
Rochester, New York 14608
cbollinger@letsendhomelessness.org

Via email transmission:

October 6, 2022

VOA's Healthcare Partnership Permanent Supportive Housing:

Partners Ending Homelessness (Rochester/Monroe County Homeless CoC) has completed the rating and ranking of the Unsheltered Supplemental NOFO FY2022 for New Projects applications for HUD CoC funding. The applications were scored based on the matrix available to the community and posted on the Partners Ending Homelessness website: www.letsendhomelessness.org.

- Supplemental Funding for three-year grant terms - $10,056,048

Below you will find the Funding Requested, funding approved, and your points from the scoring rubric new for your new project(s). Please be sure that the amount in the Final Funding Award is used in your budget submitted through Esnaps.

Please note the following changes will need to be made to your application and/or budget when it is entered into Esnaps:

Ranking 1 Project Score 93.56	Volunteers of America of Western New York, Inc.	VOA's Healthcare Partnership Permanent Supportive Housing	$3,663,554

Note: Please start submitting your application to the Special NOFO CoC Application FY2022 *list on the ESNAPS website for the FY2022 funding year. Please submit this application by October 17, 2022.*

Congratulations! We look forward to working with you in our continued efforts to end homelessness in Monroe County!

Sincerely,

Charles Bollinger
CoC Progams Coordinator

1B-4 Posting of CoC Approved Special NOFO CoC Consolidated Application

FY2022

FY2022 Unsheltered Supplemental NOFO Information postings

FY 2022 Supplemental NOFO Application

FY2022 NOFO Information postings

Consolidated App FY2022 9-28-2022

Final Ranking with Scores and Funding for CoC NY500 Posted on (9-13-22)

2022 Announcement of New Project and Supplemental Applications – Local NOFO

2022 Community Priorities

2022 Appeals Process

Nofa 2022 New Application Powerpoint 8-12-2022

FY22 COC Funding New Project Application Materials

- New-Project-Application 22
- 2022 Budget Workbook 8-11-2022
- Scoring Matrix 2022 New App 8-11-222022
- CoC Funding NOFO
- FY 2022 COC NOFO New Project Funding Video workshop

FY22 Supplemental NOFO New Project Application Materials

- FY22 Supplemental NOFO-New Project Application 8-11-22
- FY 2022 CoC Program and Supplemental NOFO – New Project Application Workshop
- 2022 Supplemental New Budget Workbook 8-12-22
- Scoring Matrix 2022 Supp App 8-11-22
- 2022 Supplemental NOFO
- FY 2022 NOFO Supplemental Funding Video workshop

Local NOFO Renewal Project Application Materials

- 2022 Announcement of Local Application Process
- 2022 Appeals Process
- Renewal ranking criteria sheet 2022 (Updated 6-7-22)
- 2022 Budget Workbook 5-31-2022
- 2022 Reallocation Process
- Answer sheet for renewal ranking criteria
- CoC Local Application Time Line 2022
- Nofo 2022 Renewal Project Application Powerpoint
- Local NOFO Workshop Training Zoom Meeting 6-7-22

Connie Sanderson

From:	Connie Sanderson
Sent:	Tuesday, October 18, 2022 6:14 PM
To:	Aimee Cosimano; Kim Martin; pdrake@voaupny.org; drhodes@delphirise.org; vdouglas@centerforyouth.net; ttcvrysler@ywcarochester.org; Charise Watson; Sharon Castronovo; DGranger@dor.org; heather.briggs@housingadvocacyservices.org; Torsha Hawkins; Brenden Lloyd; Alex Smith; Mary Phyllis Lukenbill; calbanese@pcho.org; Jeanell Coleman-Grimes MPA, CASAC-2; mdedee@voaupny.org; Anna Valeria-Iseman; alec.andrest@vocroc.org; Alex Turner; Robert Cain; Wesley.Aikens@USE.SalvationArmy.Org; Wendy Dettmer; Lamonze Hunter; kim@fpgroc.org; Neilia Kelly (nkelly@ccsi.org); rmcintosh@ccsi.org; Jenifer Higgins (jeniferhi@homeleasing.net); jennifer.martinez@dfa.state.ny.us; monica@mmdevelopmentadvisors.com; Oster, John; 'JohnFLightfootSr@monroecounty.gov'; Read, Denise (DFA); amanda.westbay-rood@va.gov; Mike Rood (mrood5@naz.edu); Pam Smith; Ann Graham; Andy Carey; Nick Coulter; Sara Volz-Rogers; Deborah Turner; Lauren Wiener; Tree Clemonds; Carol Wheeler; Carrie Michel-Wynne (cmichelwynne@ywcarochester.org); Chanh Quach; Charles Bollinger; Craig Johnson; Dan Sturgis; David Fluellen; dpeartree@healthmanagement.com; lcasilio@greeceny.gov; Jason Dunn; Jennifer Sahrle; Jim Smith; ljprizel@dimitri-house.org; Lynne Gigliotti; Miglioratti, Rebecca (DFA); Mrz. Cooper; Nikisha Johnson; sburr@rochesterhousing.org; t.depps@yahoo.com; Theodora Finn; Tisha M. Smith (tishasmith@monroecounty.gov)
Subject:	FY2022 Supplemental NOFO Applicaion

Hello!

The FY2022 Supplemental NOFO Application is now available for review on the Partners Ending Homelessness website
https://letsendhomelessness.org/about/funding/

Please review and let us know if you have any questions or comments.

Thank you!

Connie Sanderson
Executive Director
560 W. Main Street, Rochester, NY 14608
585.319.5029 | LetsEndHomelessness.org

In case you missed it, Rochester/Monroe County Homeless CoC
is now Partners Ending Homelessness. Find out more here.

P-1a PHA Commitment

Executive Offices
675 West Main Street
Rochester, NY 14611
585-697-3602
Fax 585-697-6191

October 20, 2022

Connie Sanderson
Executive Director
Partners Ending Homelessness
560 W. Main Street
Rochester, NY 14608

Dear Connie,

This is a letter of commitment from the Rochester Housing Authority (RHA). RHA is willing to collaborate with the Rochester/Monroe County Homeless Continuum of Care DBA Partners Ending Homelessness, the lead agency for CoC NY-500 in the administration of a potential allocation of Stability Vouchers.

RHA will partner with the CoC to pair CoC funded supportive services with the Stability Vouchers and work with the CoC and stakeholders to develop a prioritization plan for the Stability Vouchers.

Thank you!

Sincerely,

Shawn Burr
Executive Director

P-3 Healthcare Leveraging Commitment

Memorandum of Understanding

Between

Volunteers of America of Western New York And
Jordan Health

This Memorandum of Understanding (MOU) outlines the terms and understanding between: Volunteers of America of Western New York (VOAWNY) and Jordan Health.

Grant Name: TBD (Health Care Partnership Proposed Program)
Grant Number: TBD
Contract Year: TBD

Recitals

VOAWNY offers housing assistance and support services to homeless and formerly homeless individuals and families with a disability with grant funding from the US Department of Housing and Urban Development, the Rochester/Monroe County CoC, and other state and local sources.

Whereas, each household in the VOAWNY programs will have specific goals identified throughout their participation to ensure housing stability and increased self-sufficiency. VOAWNY will require the assistance of third party providers to help achieve the goals of each household and prevent repeat episodes of homelessness.

Whereas, funding sources for the VOAWNY programs require a written document with third party providers that establishes a commitment to the services they are willing and able to provide and to the estimated number of households that could be assisted over the grant term.

Whereas, Jordan Health plans to provide services for individuals and families as referred by the VOAWNY program ("Referrals"). Services to be provided include behavioral health, dentistry, primary care, care coordination, peer support and dietitian. Other services may be provided dependent on the needs of the client. Estimated services to be provided are 87 Primary Care Visits at $150 per visit for a total of $13050. 173 Behavioral Health Visits at $150 per visit for a total of $25,920. 58 Dental Visits at $100 for a total of 5800. Combined total of estimated services provided equals $44,770.

Now, therefore, the two parties agree:

1. VOAWNY will refer individuals and households to Jordan Health for medical and behavioral health services for the purposes of this match requirement
2. VOAWNY will track total referrals for match purposes
3. VOAWNY will verify with Jordan Health, upon appropriate release of information, if services were provided for sake of verifying match requirements.

This MOU shall become effective upon execution and will end on the grant completion date of TBD.

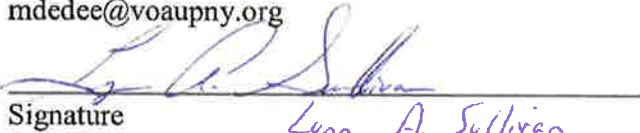
5/25/21

This MOU is at-will and a request to modify or terminate this agreement may be made by either party at any time.

This MOU is not a commitment of funds by either party.

Contact Information:

Volunteers of America of Western New York
Mike Dedee
Regional VP of Housing Services
175 Ward St.
Rochester NY 14605
585-402-7411
mdedee@voaupny.org



Signature Lynn A. Sullivan, President, Chief Executive Officer

8/26/2022
Date

Contact Information:
Jordan Health

Signature

8/26/2022
Date

Memorandum of Understanding

Between

Volunteers of America of Western New York And
Huther Doyle

This Memorandum of Understanding (MOU) outlines the terms and understanding between: Volunteers of America of Western New York (VOAWNY) and Huther Doyle.

Grant Name: TBD (Health Care Partnership Proposed Program)

Grant Number: TBD

Contract Year: TBD

Recitals

VOAWNY offers housing assistance and support services to homeless and formerly homeless individuals and families with a disability with grant funding from the US Department of Housing and Urban Development, the Rochester/Monroe County CoC, and other state and local sources.

Whereas, each household in the VOAWNY programs will have specific goals identified throughout their participation to ensure housing stability and increased self-sufficiency. VOAWNY will require the assistance of third party providers to help achieve the goals of each household and prevent repeat episodes of homelessness.

Whereas, funding sources for the VOAWNY programs require a written document with third party providers that establishes a commitment to the services they are willing and able to provide and to the estimated number of households that could be assisted over the grant term.

Whereas, Huther Doyle estimates serving approximately 10 participants annually for Substance Use Treatment. Estimated at $5000 per client for the year for a total of $50,000. Huther Doyle estimates serving 5 clients with severe mental illness in health homes, valued at $750/month for 12 months for a total of $45,600. Combined In-Kind match total is estimated at $95,600.

Now, therefore, the two parties agree:

1. VOAWNY will refer individuals and households to Huther Doyle for health home and behavioral health services for the purposes of this match requirement
2. VOAWNY will track total referrals for match purposes
3. VOAWNY will verify with Huther Doyle, upon appropriate release of information, if services were provided for sake of verifying match requirements.

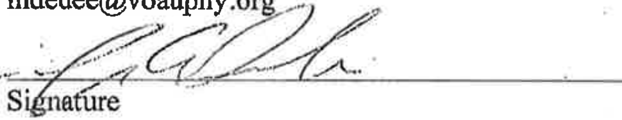
This MOU shall become effective upon execution and will end on the grant completion date of tbd.

5/25/21

This MOU is at-will and a request to modify or terminate this agreement may be made by either party at any time.

This MOU is not a commitment of funds by either party.

Contact Information:
Volunteers of America of Western New York
Mike Dedee
Regional VP of Housing Services
175 Ward St.
Rochester NY 14605
585-402-7411
mdedee@voaupny.org



Signature

8/25/22
Date

Contact Information:
Huther Doyle
Kelly A. Reed
President & CEO
360 East Avenue
Rochester, NY 14604
(585) 325-5100

Signature

8/25/2022
Date

Memorandum of Understanding

Between

Volunteers of America of Western New York And
Monroe County Department of Public Health

This Memorandum of Understanding (MOU) outlines the terms and understanding between:
Volunteers of America of Western New York (VOAWNY) and
Monroe County Department of Public Health (MCDPH).

Grant Name: TBD

Grant Number: TBD

Contract Year: TBD

Recitals

VOAWNY offers housing assistance and support services to homeless and formerly homeless individuals and families with a disability with grant funding from the US Department of Housing and Urban Development, the Rochester/Monroe County Monroe County Continuum of Care, and local sources.

Whereas, each household in the VOAWNY programs will have specific goals identified throughout their participation to ensure housing stability and increased self-sufficiency. VOAWNY will require the assistance of third-party providers to help achieve the goals of each household and prevent repeat episodes of homelessness.

Whereas, funding sources for the VOAWNY programs require a written document with third-party providers that establishes a commitment to the services they are willing and able to provide and to the estimated number of households that could be assisted over the grant term.

Whereas, Monroe County Department of Public Health plans to assist individuals and families referred from VOA's program ("Referrals") through its Health Home Intervention programs and addiction services. MCDPH expects to provide a total of $32,793 worth of services, representing the County's average annual cost to provide such services, to Referrals through these programs.

Now, therefore, the two parties agree:

1. VOA will refer households that have been identified as eligible for Healthy Neighborhoods or Addiction Services to the MCDPH.
2. MCDPH will contact, evaluate, and enroll eligible individuals as appropriate.
3. MCDPH will track total referrals from VOA for match purposes.

This MOU shall become effective upon execution and will end on the grant completion date of TBD.

This MOU is at-will and a request to modify or terminate this agreement may be made by either party at any time.

This MOU is not a commitment of funds by either party.

Contact Information:

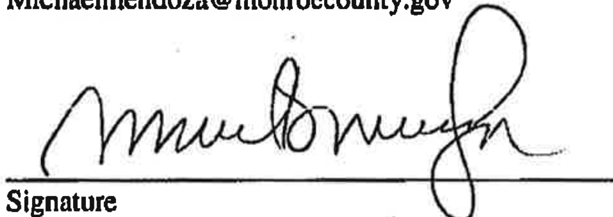
Volunteers of America of Western New York
Mike Dedee
Regional VP of Housing Services
175 Ward St.
Rochester NY 14605
585-402-7411
mdedee@voaupny.org

Signature

8/29/22
Date

Contact Information:

Monroe County Department of Public Health Michael Mendoza, MD, MPH, MS, FAAFP
Commissioner of Public Health
111 Westfall Road -
Rochester, NY 14620
585-753-5322
Michaelmendoza@monroecounty.gov



Signature

8/29/2022
Date

20-September-2021

P-9c. Lived Experience Support Letter

October 19, 2022
Partners Ending Homelessness
Attn. Tim Wildman
560 West Main Street
Rochester, New York 14608

Tim

The Persons With Lived Experience (PLE) Workgroup was composed of four members (Christina, Chris, Lisa and Danielle, all of whom have homelessness lived experience. The PLE Workgroup has authorized Christina Alessi to sign this letter.

The PLE Workgroup provided initial suggestions and comments for the development of the CoC Plan and development and design of projects. This feedback was utilized throughout the plan and PLE have an important role in the project staffing. The PLE reviewed the draft plan and the individual project applications and provided additional comments which were included.

The PLE Workgroup supports the plan and projects being submitted. If awarded funding we believe that implementation of the plan and the additional PSH units will successfully reduce the number of unsheltered homeless in our community.

Thank you!

Christina Alessi
Street Outreach and Engagement Specialist

CoC Plan for Serving Homeless Households with Severe Service Needs

Unsheltered Homeless

CoC NY-500 Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs

Introduction.

Rochester/Monroe County Homeless Continuum of Care, Inc. DBA Partners Ending Homelessness is the lead agency and collaborative applicant for CoC NY-500. The CoC is located in the Finger Lakes region of New York State and covers all of Monroe County (NY), which includes the City of Rochester and the towns of Greece and Irondequoit.

The CoC had been seeing a steady reduction in the number of unsheltered homeless households over the past several years. We have attributed that to our effective Coordinated Entry system which prioritizes the most vulnerable and service-resistant households, who are likely to be found residing in unsheltered locations, for entry into Permanent Supportive Housing programs. We were able to move a significant number of unsheltered homeless directly into permanent housing.

The numbers of persons entering emergency housing as well as the unsheltered numbers, dropped significantly during COVID. The numbers have been increasing since late 2021 and are approaching pre-COVID numbers.

The CoC conducted a second Unsheltered Point in Time count for 2022 on September 26th. There was an increase from the January 2022 count of 42 to the September 2022 unsheltered count of 58, a 28% increase.

While we are not approaching the unsheltered numbers that the west coast communities and other large metropolitan areas are experiencing, it is a very significant increase for a community our size.

To address this increase we are proposing two new permanent supportive housing programs through this Supplemental NOFO. Without additional PSH resources it will be difficult to get our unsheltered homeless households into low-barrier, Housing First programs and reduce our unsheltered population.

P-1a. Development of New Units and Creation of Housing Opportunities – Leveraging Housing.

The CoC is not able to provide Housing Leveraging Commitment for new units. Our PHA, the Rochester Housing Authority (RHA) is one of the original CoC members and a very strong partner. They operate several CoC-funded PSH programs, partner with the CoC to administer Emergency Housing Vouchers (HCV), and most recently provided mainstream Housing Choice Vouchers for a new PSH project in our FY 2022 Consolidated Application. RHA is not able to provide additional HCV at this time for the PSH projects applying for funding under this Supplemental NOFO. The RHA Executive Director is a CoC Board member and RHA staff are members of the Homeless Services Network.

The CoC is partnering with City of Rochester and Monroe County for the planning of HOME ARP funds. Creating new permanent supportive housing units is a priority for that funding however the RFP for that funding will not be released until early 2023.

P-1b. Development of New Units and Creation of Housing Opportunities – PHA Commitment.

A letter from Rochester Housing Authority is included in the Attachments. RHA is committed to partnering with the CoC to pair vouchers with CoC-funded supportive services and to work with the CoC and other stakeholders to develop a prioritization plan for a potential allocation of Stability Vouchers.

P-1c. Landlord Recruitment.

The CoC has a robust and successful landlord recruitment strategy that has resulted in an increased supply of new units available to rent to homeless households and has improved relations with local landlords and property

managers. CCSI, the lead agency for Coordinated Entry convened the Landlord Engagement Workgroup, a subcommittee of the Coordinated Entry Oversight Committee. The Landlord Engagement Workgroup is tasked with identifying quality units for program participants, educating the landlord community about the benefits to their business model of partnering with homeless housing programs, and serving as an open forum where frank discussions about landlord/tenant relations can occur. Since its inception, the group meets monthly and has approximately 55 members who attend. Two years ago, the lead CE agency enhanced landlord engagement strategies by hiring a full-time Housing Recruitment Specialist. This position is currently filled by a former property manager who has utilized his previous experience in this sector to build relationships with landlords. His ability to understand the business needs of a landlord or property manager allows for improved communication about the benefits of renting to homeless households. The Housing Recruitment Specialist also attends meetings of local and national landlord and real estate investor groups to provide outreach to landlords who are not familiar with homeless housing programs.

Last year, CCSI also applied for and received a foundation grant to create a landlord incentive program which compensates landlords who rent to program participants. In order to be eligible for funding, the landlord must agree to rent to homeless households. The landlord receives compensation for renting up to four units and can only receive the funds if he or she has not rented to CoC or ESG-funded program participants in the past. The purpose of these incentives is to increase the number of landlords and property managers who partner with homeless housing programs, as well as to build goodwill in the landlord community. Additional incentive funds are also available if tenant-caused damages occur during the tenancy or if a tenant moves out owing back rent. The Housing Recruitment Specialist is responsible for obtaining and verifying records of damages and/or back rent for payment and reports results to the funder. CCSI was recently awarded a second year of funding for this initiative.

One of the most promising landlord recruitment developments from the past three years has been the implementation of the website www.frontdoorny.org. Created by CCSI approximately five years ago, the site was essentially dormant until the Landlord Engagement Workgroup made it a priority to get it up and running. The site serves as a rental listing database that is only for the use of program participants in CoC and ESG funded housing programs and is free for use by landlords and property managers. Usage of the site is monitored by the Housing Recruitment Specialist who approves new users and vets units by ensuring adherence to Fair Market Rent limits and performing visual inspections and property record searches for open health/safety code violations. Units cannot be posted to the site until they have no violations and pass a visual inspection. The site also serves as a communication hub for local landlords to learn about homeless housing programs, acquire case manager contact information, and apply for landlord incentive funds. Despite the sharp reduction of available, affordable units in the CoC's geographic area the Front Door NY site has actually increased the number of units listed for rent. Currently the site has more units listed (32) than at any previous time.

At public meetings of the CoC stakeholders' group, the Homeless Services Network, both landlords and program staff have expressed a desire to come up with a plan to increase communication and accountability between landlords and tenants for the purpose of retaining housing and avoiding evictions. From the landlord's perspective, evictions are costly and time-consuming, and with Rochester's housing court seeing a backlog of evictions due to New York State's eviction moratorium, landlords feel they have little recourse for removing tenants. From the perspective of homeless housing program staff, evictions are detrimental and disruptive to the lives of their participants, costly to the programs, and erode the already-tenuous relationships with landlords. As a result, a subcommittee of the Landlord Engagement Workgroup was formed to implement a Landlord/Tenant/Case Worker mediation program. The group is comprised of program staff, supervisors, CE staff, Housing Recruitment Specialist, and landlords. As of this writing, the pilot has been outlined and

members of the subcommittee are scheduled to begin formal mediation training from the Center For Dispute Settlement (CDS), which is the local expert agency for administering mediation training.

In an effort to continuously improve landlord engagement strategies, the CoC and CE will use data to inform ongoing practices. Property listings on the Front Door NY site are monitored and rental amounts are captured to create a local Rent Reasonableness policy that can respond quickly to changes in rents down to the neighborhood level. Funds spent toward the landlord incentive program are monitored and will be tracked to plan future financial incentives. Information regarding a landlord's usage of the Front Door NY site will be tracked, such as a length of time a unit is listed, and length of tenancy are valuable metrics to a property manager. Utilization by program participants can be tracked, as well. Once the site can demonstrate that units stay on the market for a shorter time period or tenants reside in properties for longer time periods, it should result in more widespread use of the site, and increased units available for CoC and ESG funded programs. The mediation pilot program, when up and running, should provide the community with both qualitative and quantitative data about how CoC and ESG funded programs operate in the real world. Data points such as evictions prevented or participants that remain in housing as a result of mediation can be calculated and presented to potential landlord partners. Qualitative data, such as relationships salvaged and trust earned can be highlighted in community discussions. Root causes of landlord/tenant disputes can be observed and policies can be crafted so programs and landlords can respond to them as they occur instead of waiting for relationships to deteriorate and become irreparable.

The community response to recent landlord engagement initiatives has been overwhelmingly positive and relations with the landlord community are improving. The CoC takes seriously its commitment to include landlords in community planning efforts, as the effects of the Covid pandemic have had a serious toll on their business model. In an effort to increase transparency about program funding and operation, the CoC has included nonconflicted, impartial landlords and property managers in the local project application process and yearly project monitoring. The effect of this has been an increase in trust, a willingness to work together, and an understanding that collaboration between non-profit and for-profit enterprises only increases the well-being and livelihood of the program participants.

P-3. Current Strategy to Identify, Shelter, and House Individuals and Families Experiencing Unsheltered Homelessness.

AND

P-3.a. Current Street Outreach Strategy.

Street Outreach (SO) in the CoC's geographic area is conducted primarily by one agency that has extensive experience and knowledge of homelessness housing and services. This agency is also a recipient of CoC, ESG, New York State Housing & Support Services (NYSSHP) funding, and Monroe County (NY) homeless outreach funding through the Office of Mental Health. This agency delivers SO services primarily to unsheltered households in a coordinated fashion. SO is conducted at least three times per week, on the same days every week to known locations. Additional SO staff and volunteers join with a local church to conduct evening outreach once monthly. The Rochester Police Department joins the regular SO crew on one of the weekly scheduled SO sessions for enhanced safety and to widen search areas. Rochester, like many urban centers in the United States, has experienced unprecedented street-level violence during the past two years. This violence has victimized the unsheltered and sheltered homeless population, as well as the general population in levels not seen before. As a result, SO has ceased overnight outreach and instead conducts outreach during the early morning and daytime hours.

SO program supervisors receive communication regularly from new and existing community partners with information about locations of unsheltered homeless. This information could be received from City or County officials, meetings with concerned neighborhood groups, business owners looking for assistance with relocating unsheltered people from their property, or Department of Transportation employees who need to paint or perform maintenance on a bridge or underpass. Solicitations for volunteer opportunities from concerned unaffiliated citizens are considered, as well.

Upon encountering unsheltered homeless households, SO begins the process of engagement and planning for exit to emergency shelter or permanent housing, depending on the needs of the household and/or their willingness to access shelter. The population served by SO frequently has severe service needs, which in our geographic area manifests as significant functional impairments due to prolonged episodes of homelessness, untreated mental illness, active substance use, trauma, history of vulnerability and/or victimization, and reluctance to engage with regular medical services. To address these compounding issues in ways that best serve the unsheltered population, approximately one-third of SO staff has lived experience of homelessness, substance use, or mental health challenges. Lived experience allows for true and meaningful rapport to be built between the SO worker and client due to the shared knowledge gained from surviving in places not meant for habitation and navigating systems that are not designed to be accessed easily by people who are unhoused. SO staff utilizes evidence-based engagement techniques to supplement their lived experience. Motivational interviewing is an effective practice for SO staff as it not only assists their clients with resolving potentially life-threatening crisis situations but also helps the same clients develop skills to induce change in their behaviors that will aid in increasing self-sufficiency. Often, households enrolled in SO programs have extensive history of disengagement with systems that are in place to provide assistance. Even systems such as the DMV are inhospitable to unsheltered persons, and as a result it becomes burdensome to acquire a photo ID which is necessary for obtaining housing. SO uses Motivational Interviewing to help the client develop the motivation to go to the DMV on their own terms and resolve the ambivalence that is preventing this goal from being achieved. Often, the SO staff will agree to attend appointments with the client to provide a support and help with navigating the requirements. Hand in hand with Motivational Interviewing techniques are Empathy Interviews that SO conduct when beginning engagement. Again, shared lived experiences go a long way with building empathy between client and provider, but empathy on its own does not elicit change. Utilizing empathy interviewing techniques allows SO staff to probe for a household's needs and allows the client to come to realizations about their circumstances on their own.

Data collection and data quality are a continuous focus for SO programs and HMIS administrators. In addition to the typical HMIS reports utilized by CoC program monitors such as APRs, CAPERs, and DQ reports, SO has worked closely with the CoC HMIS System Administrator to create specialized assessments and intake workflow procedures to help SO programs evaluate their effectiveness. Additionally, SO receives funding from New York State, Monroe County (NY), and other private funders who all have their own data reporting requirements. Information collected within the specialized assessments, regardless of the funding stream, includes whether the household was referred to and housed by a Permanent Supportive Housing program; whether the household was assisted to obtain mainstream benefits; whether the household entered substance use treatment; whether the household was connected to healthcare resources; and whether the household had remained housed for 6 months after moving to permanent housing.

The data points that are collected are used to measure the success of the SO programs. In addition to the specialized assessment described above, SO management tracks the number of clients engaged with and subsequently entered into a SO program and how many households exit to positive destinations. Based on the results, SO can adjust their strategy to improve outcomes. For example, in order to expedite placement into PSH or other supportive housing programs, increase positive program outcomes and allow for client-centered

decision making, SO programs utilize HMIS data collection and tracking. In collaboration with HMIS System Administrator, SO program have made a distinction between a 'contact' with an unsheltered household and an 'engagement'. SO program management recognizes the difficulty that most unsheltered households have with building trust with service providers, as well as the difficulty making and keeping appointments to discuss housing. SO allows for time to build this trust while also centering a household's ability to make decisions about their housing. In practice, this means that a SO worker can locate, meet with, and begin to engage with an unsheltered household while documenting their homeless status in HMIS prior to entering them into the SO program. SO has refined this best practice as a result of information learned by conducting street outreach. Each 'contact' is documented, and at each 'contact' a SO worker employs evidence-based engagement efforts to attempt to connect the household with appropriate housing and health care resources. This information is collected and stored in a location within HMIS that is visible to all users. Case notes, including exact client location (street intersections, underpasses, parks, etc.) are visible. This is valuable information that is used when a household does make the decision to formally engage with the homelessness system. A client is entered into a SO program (the 'engagement') when the SO worker has enough information to complete the HMIS intake assessment. This also ensures that data quality is accurate enough to collect information about unsheltered homeless households.

All SO providers participate fully in Coordinated Entry (CE) and conduct the CE screening assessment, the VI-SPDAT to refer their households to supportive housing programs. Using enhanced engagement techniques, such as those described above, allow for SO workers to learn vital information about a household's history and vulnerability that could maximize the likelihood they are prioritized for housing. When a household decides to engage, SO provides assistance and sets accessing permanent housing as the immediate goal. The SO staff assesses the household's readiness for housing by inquiring as to the availability of identifying documentation like picture ID, birth certificates, and Social Security cards. Household income is also determined and assistance with applying for benefits and fulfilling requirements is given. SO understands that unsheltered households have severe service needs, which often means they lack the skills to navigate complex bureaucratic systems without significant assistance. Examples of assistance provided includes, providing transportation to appointments, helping households read and understand application materials, sitting with a client in the local Social Security office to acquire a card, and paying the fee to purchase a new photo ID at the DMV.

In the event that an unsheltered household is selected to enter a housing program, the SO worker supports the household through all steps of the process. The first step in the process is opening communication with the worker at the permanent housing program that receives the CE referral. Given the transient nature of unsheltered living, SO workers are of supreme importance by ensuring the household makes and keeps all housing appointments. SO has a best practice of attending the program intake with the client. This serves multiple purposes; it allows for the household to feel at ease when entering a new or unknown situation, it allows for the SO worker to assist the household with comprehending the parameters of the housing program, it allows for the building of trust, and it allows for the SO worker to help the person plan what the next steps will be. Because CE and SO case notes are shared via HMIS, the receiving worker has the ability to learn information about the household without having to ask invasive questions.

Unsheltered households that are not prioritized for homeless housing programs receive the same engagement services as noted above. Supplemental housing navigation services are provided, and SO staff remain engaged with households throughout the housing search process with assistance given during the application and lease up process.

P-3.b. Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing for Individuals and Families Experiencing Unsheltered Homelessness.

Using the contact and engagement strategies outlined above, SO workers begin to assess the needs of each unsheltered household on an individualized basis. For some households, emergency shelter is an option. For other households who are not willing or able to access shelter remaining unsheltered is the only option. As discussed above, unsheltered households typically have severe service needs, which often include previous interaction with the homelessness system. Access to shelter beds in the CoC's geographic area is contingent on approval by the Monroe County Department of Human Services (DHS), which funds shelter operations. The ability to remain in shelter is again contingent upon fulfilling certain requirements associated with obtaining mainstream benefits, as administered by DHS. These requirements include being screened for active substance use and/or mental health issues, and if positively screened, mandatory participation in substance use treatment and/or mental health treatment; submitting verifiable housing search documentation; fulfilling work requirements or finding employment; and, if there is household income, paying out of pocket for a share of their shelter stay. On their face, these requirements might make sense. The goal of homeless services should be to assist people with obtaining and maintaining sobriety, to enjoy positive mental health, and to learn the benefits of developing proper spending habits. For households with severe service needs, these goals are not attainable without significant investment of time and effort by supportive service providers.

The emergency shelter system is currently not equipped to provide such intensive services. Emergency shelter leadership has cited a staffing crisis with no end in sight, shelter census numbers that have returned to pre-Covid figures, burdensome workloads, and shelter residents with increasingly higher needs as reasons why their operations are stretched to the limit. This information coincides with what street outreach leadership has told the CoC, which is that unsheltered households, who have had previous engagement with shelters, do not have their needs met. Because SO utilizes a person-centered engagement strategy, they honor the beliefs of their clients. There are a number of non-DHS funded shelters who operate with fewer barriers than their DHS-funded counterparts. For instance, non-DHS funded shelters may not have a curfew, don't charge households for their stay, and may offer non-congregate living quarters. The reality is that these shelters are frequently at capacity.

During the pandemic, a new model emerged as a potential solution to ensure households with severe service needs receive adequate care. Temporary accommodations were arranged at local hotels, where each household could be provided with their own room and bathroom. On-site case management was provided, and case workers assessed households for housing readiness and submitted applications for households to be added to the Coordinated Entry prioritization list. SO has found that households are more likely to move from an unsheltered situation to non-congregate living accommodations than from unsheltered to congregate shelters. Because of the success of this model in getting households off the street, HOME ARPA funding will be prioritizing funds for the development of non-congregate shelter(s).

P-3.c. Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals and Families Experiencing Unsheltered Homelessness.

All CoC and ESG funded permanent housing programs operate with a Housing First approach. SO follows a Housing First approach when engaging with unsheltered households and makes every attempt to meet the household where they are instead of implementing preconditions for receiving services. The current strategy for connecting unsheltered households with permanent housing aligns with the strategy outlined above. SO staff receives information about the location of an unsheltered household from a referral source. SO locates the person and begins engagement activities, utilizing HMIS to enter the 'contact' made, which documents the date the household is confirmed to be homeless. Typically, SO makes between three to four 'contacts' with the household, during which SO staff explains the services that are available and what the household can expect should they choose to enroll in a SO program. Assessment begins during the 'contact' phase of the process.

For example, SO workers will set appointments with households and gauge their ability to keep the appointment. SO will ask probing questions to evaluate the level of trust and willingness to disclose information. Most importantly, SO will build trust by keeping all promises made. This is done by fulfilling needs expressed by the household, which can be needs as small as bringing water to an agreed-upon location or bringing mobile health care resources to a location to treat an abscess. SO workers with lived experience recall the experience of having to engage with service providers that "over promise, and under deliver", and how detrimental this is to their motivation. After sufficient 'contacts' are made the SO worker can complete the HMIS intake and enter the household into the SO program.

Once in the program, the focus changes to preparing for permanent housing. The Coordinated Entry assessment is conducted within three business days of entering the program and can be updated as new information is learned. Regardless of whether a household is selected for a supportive housing project, the SO worker follows the same procedure for housing preparation. These steps include acquiring vital documentation, forming a care team that includes physical and mental health providers and care managers, applying for mainstream benefits, and assessing independent living skills. SO provides one-on-one assistance to accomplish these tasks. For households that exited SO programs during the most recent reporting period (10/1/21 to 9/30/22) 42% (50 of 120 households) exited to permanent housing destinations.

For households that are not referred to a supportive housing program, SO will work with a household to identify suitable permanent housing. In addition to the engagement tactics described in previous sections, SO has an initial focus on ensuring the household knows what their options are for housing, which could range from private rental units to mainstream housing vouchers to supportive living facilities. SO helps households get applications submitted for subsidized housing, as well, and helps navigate through any potential waitlists that they might subsequently be placed on. After the options are explained, SO focuses on securing household income. When households apply for mainstream cash benefits, SO provides extensive assistance throughout the process, from helping complete the application to arranging medical evaluations and advocating for extensions to submit required documentation. SO also provides housing navigation services such as providing housing listings and locations in the area that can assist with security deposits or first months' rent.

On the occasion that SO encounters an unsheltered person (usually single-person households) that has serious deficits in independent living or who is especially vulnerable, the use of a 'crisis bed' is employed. In it, a person moves from an unsheltered situation to a temporary sheltered situation and typically stays for at minimum one month. The person is expected to carry out all activities of daily living on their own, to whatever extent they are capable. Often, the person lacks the skills to live independently upon entering the crisis bed. Engagement and supervision by SO continue and when possible independent living skills are learned. If necessary, referrals to other crisis services such as inpatient substance use treatment or psychiatric treatment are made. If SO determines that the person is too vulnerable to live independently, then SO makes referrals to appropriate housing options. This new practice came about during Covid, and its success was exemplified in the manner in which it assisted a longtime resident of an underground parking garage. This particular person had been living unsheltered for many years and was an active substance user. When Monroe County officials enforced the ban on sleeping in this garage, he agreed to work with SO. He was placed in the crisis bed, was allowed to stabilize, and is now set to move into a site-based PSH program.

P-4. Updating the CoC's Strategy to Identify, Shelter, and House Individuals Experiencing Unsheltered Homelessness with Data and Performance.

Street Outreach has demonstrated a commitment to utilizing HMIS and Coordinated Entry to assist the unsheltered population in the CoC's geographic area. All SO programs use HMIS, receive HMIS new user

training and refresher training as needed, receive regular data quality and performance reports, and share information with other providers in the CoC. As noted above, SO leadership works with the HMIS System Administrator to create unique assessments that capture information about the households they serve that is used to evaluate outcomes and gather information about the characteristics of unsheltered households. This information is disseminated to stakeholders who can assist with providing services to unsheltered households. For example, Healthcare for the Homeless has medical staff that responds to the physical and behavioral health needs of unsheltered homeless in settings other than formal medical offices.

The specific data points that this assessment captures include:

- Was the client diverted from homelessness?
- Was the street outreach referral responded to within 24 hours?
- Did the household obtain Permanent Supportive Housing?
- The date the referral was received and the date the household moved to permanent housing
- Was the household housed within 30 days of initial engagement?
- Has the client remained housed for at least 6 months?
- Did the client receive mainstream benefits, including cash and health insurance?
- Did the client enter a treatment program?
- Was the household placed on the prioritization list?
- Does the household have a Health Home Care Manager?

Responses to these questions are captured and outcomes are tracked through regular meetings and reports to funders.

The CoC is committed, as well, to working with SO programs to improve data quality and ensure SO staff is up to date on all HMIS trainings and best practices.

In response to rising levels of violence within the urban area covered by the CoC, SO has altered the frequency of their outreach and engagement activities. They have responded by incorporating new partners into their outreach strategies. The Rochester Police Department (RPD) has dedicated four hours each week to accompany SO staff into known areas of unsheltered households. SO has also utilized knowledge gained by the RPD to locate new unsheltered households. SO leadership participates in the Chronically Homeless workgroup, whose membership includes: Rochester Police Department, Monroe County Department of Human Services, faith-based organizations, community-based organizations, behavioral health providers, CoC staff, and others.

As a result of the popularity of the Covid hotel model for delivery of shelter services among households with severe service needs, outcomes will be collected and compared to outcomes of more traditional emergency shelters. Specific data points that will be compared are:

- Length of stay
- Exit destination
- Exit to permanent housing
- Referrals made to Coordinated Entry
- Households referred to supportive housing programs
- Prior living situation (i.e., how many unsheltered households entered hotel accommodations vs. traditional shelters)

In addition to the HMIS data points listed above regarding SO exits to permanent destinations, Coordinated Entry data will be assessed to determine its effectiveness at enrolling unsheltered households into supportive housing programs. CE currently tracks the assessment scores of households referred to the prioritization list but does not track the sheltered vs. unsheltered status. To acquire more data on this subpopulation, CE will begin to analyze outcomes cross tabulated by shelter status. Analysis will attempt to reconcile whether CE is as effective at connecting sheltered households to supportive housing as unsheltered households. Due to the inherent difficulty in engaging with a transient population and their hesitancy to engage with service providers, special care needs to be taken to ensure that the CE assessment is collecting accurate information about a household. The CE assessment takes these difficulties into account, and awards higher assessment scores for unsheltered households. Policies and procedures within the CE Operations Manual help to ensure fidelity to the assessment by requiring annual training for users of CE. The CE Training Committee has plans to utilize the CoC's Learning Management System (LMS) to host CE trainings. The LMS can track which users have taken the trainings and assess whether they have scored high enough on the tests to then submit applications to CE.

P-5. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.

Projects identified for funding via this Special NOFO will prioritize unsheltered households for admission. The Coordinated Entry assessment screening prioritizes unsheltered households and households that have been experiencing homelessness for the longest time, both cumulatively and consecutively. A review of HMIS data from 10/1/21 through 9/30/22 shows that 31% of households that entered PSH programs listed "place not meant for habitation" as previous living situation. This is the second most prevalent living situation, with "emergency shelter" representing the most likely previous living situation. Projects seeking funding under this Special NOFO will open more permanent housing beds for unsheltered households to increase SO program exits to permanent housing. Stability services that are provided to PSH households will ensure housing stability and prevent a return to homelessness. The CoC anticipates that unsheltered homelessness will decrease by continuing to use existing CE assessment and referral practices to prioritize unsheltered households for placement in programs funded via this Special NOFO.

SO in the CoC's geographic area is currently utilizing HMIS in the manner described above and also refers all eligible households to the Coordinated Entry prioritization list. SO covers 100% of the geographic area of the CoC and utilizes community partners such as the police department to identify previously unknown locations of unsheltered households. Evidence-based best practices such as empathy interviewing allows SO staff to build rapport with their clients and learn the household's housing needs. To supplement the street outreach support services outlined above, the CoC's stakeholders' group, the Homeless Services Network (HSN), has begun discussions with a national non-profit called the Identity Access Project (IAP). It is the goal of HSN to contract with Identity Access Project to accomplish the goal of ensuring all unsheltered households have the identification necessary to access permanent housing. In practice, this process will allow SO workers to focus more on relationship-building and housing search activities and less on navigating complex systems that aren't designed for access by unsheltered persons, such as the DMV. A SO worker will simply submit a client's vital information to IAP and the IAP staff will take care of the legwork. IAP has contracts with homeless service providers in the City of Baltimore and has experienced success there. The HSN is hopeful about the prospects of bringing this service to CoC NY-500.

All SO workers provide housing search and supportive services to persons that are entered into their programs. Due to the nature of their grant funding, SO keeps clients active in their program for between two to six months after moving to permanent housing. For unsheltered households, this means that SO programs provide valuable housing navigation services, such as landlord negotiation, unit identification and visual inspection, and connection to security deposit funds that shorten a household's length of time homeless. In addition to

navigation services, stability services are provided. Such services range from move-in kits that provide cleaning supplies and furniture to referrals to agencies that help clients develop skills necessary to live independently. If a household is referred to a supportive housing program, such as CoC-funded project or another project that provides subsidized housing, the SO program attends intake appointments, helps client understand the documents they sign, and assists with explaining program rules and requirements. SO workers have access to the CoC's private rental listing website, www.frontdoorny.org, on which landlords can post vacancies for units.

SO programs utilize a 'care team' model of service provision. This model begins with assessing a client's current needs and building a team of professionals to help the client fulfill their needs. Health Home care managers frequently link SO clients to healthcare services as many have been disconnected from primary care or behavioral health services for a period of time during their homeless spells. The CoC offers access to health care resources via a partnership with Fidelis Care, a Managed Care health insurance provider. Case managers within the CoC have direct access to benefit navigators whom they can call with their clients and get access to health insurance coverage over the phone. The navigators are not associated with any specific plan or coverage, but instead assess the needs of the client and then provide a plan that meets those needs. For instance, if a client is in need of inpatient substance use treatment but does not have sufficient coverage to receive services, the benefit navigator can enroll a client that is accepted at local treatment providers. If the client has severe deficits in living skills as a result of mental health challenges, SO can utilize services through the Monroe County Office of Mental Health (OMH). OMH offers services in the form of mental health assessments that can then be sent to partnering clinicians who provide direct mental health services. If a SO client has had difficulty in the past applying for and receiving mainstream benefits, the OMH Rapid Engagement Delivery (RED) Team can streamline the application process. Specifically for people who have mental health, substance use, or co-occurring disorders, the RED Team offers client-focused services that connect people directly with the Monroe County Department of Social Services by assigning them one single worker who stays with the client throughout the application process. The worker has discretion to offer leniency to some benefit requirements, which leads to an increased ability to access benefits. Monroe County Office of Mental Health utilizes a Single Point of Access (SPOA) referral system for clients who need access to intensive, licensed community-based services. SPOA referrals are used when a previously service-resistant client now demonstrates a willingness to engage with traditional clinic-based services. A SPOA referral is made when a SO worker needs to connect a client to Assertive Community Treatment (ACT) Services, Adult Mental Health Residential Services, and/or Adult Behavioral Health Care Management. Many long-time unsheltered persons are eligible for these services, due to having risk factors such as a mental health diagnosis, behavioral, medical, or social risk factors, or chronic substance use disorder. In the event the client has already been connected with or referred to community agencies, but the services are inadequate to meet the client's needs, SO will escalate concerns within that agency on behalf of their client. If necessary, SO will unenroll their client and re-enroll in an agency that can better support the client. SO in the CoC's geographic area has experience linking unsheltered households to these robust supportive services and providing in-home services to aid in housing stability. By awarding funding to projects via this Special NOFO, SO will be able to connect even more of their clients with supportive housing and move them off the street to permanent housing.

P-6. Involving Individuals with Lived Experience of Homelessness in Decision Making – Meaningful Outreach.

The CoC has made recent progress in including persons with lived experience (PLE) of homelessness in both the decision-making process and delivery of services. This has been accomplished by forming working groups with members who have lived experience of homelessness, ensuring PLE have voting privileges within the CoC Board and stakeholders' group, and having projects hire PLE to deliver direct services.

For the purpose of this Special NOFO, a working group comprised entirely of PLE was convened. Announcements about the formation of the group were made publicly by the CoC at various times after the Special NOFO was released. Specifically, there were announcements at the monthly meetings of the CoC's stakeholder group, the Homeless Services Network (HSN). HSN meetings are attended by all community members and organizations that have an interest in homelessness activities within the geographic area of the CoC. The CoC also conducted a summertime Point in Time count which attracted volunteers that do not usually attend regular CoC meetings. At the volunteer meetings CoC staff made the announcement regarding the formation of this working group and its solicitation for members to join. Solicitations to join the group were also taken by the CoC during the regular standing meetings with all CoC-funded (and some ESG-funded) project staff and supervisors. These meetings are mandatory for CoC-funded program supervisors to attend and thus the announcement reached all programs. In addition to these announcements, the CoC performed targeted outreach among sectors that serve persons experiencing homelessness. Such sectors included the project director of the RED Team at the aforementioned Monroe County Office of Mental Health (OMH) and the outreach program manager at a local soup kitchen/food pantry. This group has prepared a letter of support for the Application and Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs submitted by CoC NY-500 to HUD.

The creation of this specific PLE working group coincided with the release of this Special NOFO, however as a result of the response from the group members there is now a plan to incorporate more fully into the CoC decision-making process the opinions of persons with lived experience. This particular iteration of the working group will continue to meet after the submission of this Application and outreach will continue for the purpose of adding additional members. CoC-funded programs will be solicited to nominate program participants and the CoC and HSN will advertise via their extensive email lists. Sectors that interact with the homeless community will be canvassed and more general solicitations will be advertised on the CoC's public-facing website. It is anticipated that members will be able to join on a rolling basis and any participation will ensure full voting and decision-making authority.

The scope of the opinions sought from this group will be on matters relating to community standards for service delivery to homeless households, Coordinated Entry practices, the yearly local NOFO competition and project ranking and review process, and items ancillary to CoC operations, such as participation in the stakeholders' group. Members of the PLE working group, as it is currently constituted, are also members of HSN and have full voting privileges. The ultimate goal of this working group is to create a streamlined process for soliciting opinions of persons with lived experience, incorporating any recommendations, and implementing changes, as necessary, to the CoC and Coordinated Entry structures and operations.

Many projects that receive CoC-funding (and those that do not, such as street outreach) have PLE embedded within their service delivery hierarchy. The benefits of this to program participants are innumerable and are discussed in greater detail earlier in this document. Yearly CoC program ranking and review documents the fact that programs that intentionally hire, train, and develop PLE achieve higher-performing outcomes than other programs. A project that applied for funding via this Special NOFO plans to hire 'peer navigators' to assist case managers in service delivery. These 'peers' are trained positions who draw from their life experience (including homelessness, substance use/recovery, and mental illness) to help program participants achieve self-sufficiency. The CoC plans to assist all CoC-funded programs in making the same such hiring decisions within their projects by providing information about the benefits of doing so. Such information will include specific wording of job postings and required background criteria along with interview questions that encourage honest disclosure of past experiences and how those experiences will be put to best use within the homelessness program.

P-7. Supporting Underserved Communities and Supporting Equitable Community Development.

The homelessness system can only report disparities in outcomes among population groups using data that has been collected. As the lead data collection agency of information concerning homelessness activities within a geographic area, the CoC is obliged to develop appropriate data collection practices that consistently seek to expand the scope of information concerning population groups that have historically been underserved.

The CoC's strategy for identifying populations that are being underserved in the homelessness system involves partnering with community agencies who serve the same clientele to understand who the populations are, how to center their historical experience with the homelessness system and reflect how previous shortcomings effect current interactions, how to conduct trauma-informed outreach and intake experiences, what data needs to be collected to ensure equitable representation within the homelessness system, and how best to train homeless service staff in order to implement the necessary changes.

Within the CoC's geographic area, persons who seek assistance with crisis resolution interact with crisis services such as Monroe County Department of Human Services (DHS), Willow Domestic Violence Center, and 211 Lifeline. DHS is one access point to the area's homelessness system as it provides funding for the majority of the emergency shelter beds and screens households for admission. Willow is the licensed Victim Service Provider (VSP) and provides consultation to the CoC and its partners regarding best practices for serving the DV population. Willow also screens households and conducts safety and needs assessments while also utilizing their own database to track information about who they serve. 211 Lifeline is a telephone/text line and website that provides information and referrals for human services and crisis services for people residing with the CoC's geographic area. To have a successful outreach strategy that identifies underserved populations, crisis service providers like these will be natural partners.

A recent example of the homelessness system responding to the unmet needs of an underserved population is a collaborative Rapid Rehousing project that serves deaf or hard of hearing individuals. The Rochester area, which comprises the majority of the geographic area of the CoC, is home to one of the largest deaf communities in the United States, with an estimated 42,674 individuals living in the City of Rochester or its surrounding communities. The local VSP identified that deaf individuals are 1.5 times more likely to be victims of domestic abuse. Domestic abuse survivors are a subpopulation often served by the homelessness system, as survivors frequently lack resources to resolve the crisis without support. The underserved population within the DV population is what was identified by the VSP.

Serving deaf or hard of hearing clients presents a barrier to emergency shelter and homeless service providers. Communication is key to building rapport and trust and specific information about a client's circumstances is required for access of services. Many shelters and service providers are not equipped to provide such services, which has led to this population being underserved in the homelessness system. If a household cannot adequately express its needs to an access point to the homelessness system, they will not be able to receive services, which then results in this information not being collected and factored into homeless planning and service delivery procedures.

The VSP has created a specific outreach program designed to bring deaf survivors of DV into the homelessness system so their needs can be adequately assessed and fulfilled. Called Deaf IGNITE, this outreach program provides advocacy, counseling, and empowerment services entirely in ASL for the express purpose of increasing this population's awareness of DV and homelessness services that are available. Additionally, Deaf IGNITE provides education and training to providers that work with the deaf community, such as colleges/universities, law enforcement agencies, and healthcare providers to inform of the best practices for serving the population.

It is the role of the CoC to incorporate outreach strategies such as this into the homeless service planning process, so adequate data can be collected, services can be tailored to meet their needs, and training of frontline staff is performed in a manner that centers the experience of the deaf population.

As a result of this initiative, a homeless service provider within the CoC applied for and received HOME ARPA funding to begin a Rapid Rehousing program that serves this population. Data will be collected about the participants and this strategy will be expanded to identify other underserved populations. Outreach for this specific program will be conducted via public announcements and press conferences held by County government officials.