

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

**CoC Name and Number (From CoC Registration):** NY-604 - Yonkers/Mount Vernon/New Rochelle/Westchester County CoC

**CoC Lead Organization Name:** Westchester County Department of Community Mental Health

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Westchester Partnership

**Indicate the frequency of group meetings:** Bi-monthly

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 20%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**Briefly describe the selection process including why this process was established and how it works.**

The Partnership periodically solicits local governmental units and not-for-profits to see if any individuals are interested in participating in the CoC process. Candidates submitted are reviewed by the Partnership Steering Committee, and accepted for membership.

**\* Indicate the selection process of group leaders:  
(select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

The Partnership does not have internal consensus on this issue. Some members believe that having a separately incorporated entity would be the best way to administer the program, while others believe that having the cities administer their own key projects is the only way to ensure that unique municipal needs and interests are met. However, all agree that the Partnership would benefit from additional funds to hire consultants to assist with administrative functions, as we do now have for the HMIS.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Westchester Partn...	Bi-monthly
Westchester Partn...	Monthly or more
HMIS Steering Com...	Monthly or more
Yonkers CoC	Monthly or more
Mount Vernon CoC	Monthly or more

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Westchester Partnership Full Membership Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

Overall responsibility for the management of priority setting, policy and procedure development, approval of applications for funding, and approval of new membership; exercises final decision making on countywide issues and priorities.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Westchester Partnership Steering Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Guides the funding application process, solicits new membership, develops and oversees the development of the Exhibits for the Annual Continuum of Care application.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** HMIS Steering Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Oversees the progress of data collection and entry into the HMIS system; works closely with the software vendor on system changes, problems and issues; works closely with the administrative consultant on data quality, report generation, and new developments, either with the software or with HUD requirements.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Yonkers CoC

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Addresses local city issues, sets agendas and establishes local priorities.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Mount Vernon CoC

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Addresses local city issues, sets agendas and establishes local priorities.

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

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
NYS Office of Mental Health	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Westchester County Dept. of Planning	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Westchester County Dept. of Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Westchester County Dept. of Community Mental He...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Westchester County Dept. of Health	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Westchester County Office for Women	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Westchester Office for the Disabled	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Yonkers Planning Department	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Yonkers Office of Community Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
Yonkers Bureau of Community Development	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Mt. Vernon Dept. of Planning and Community Deve...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
New Rochelle Dept. of Development	Public Sector	Local g...	Committee/Sub-committee/Work Group, Primary Decision Maki...	Seriously Me...
White Plains Planning Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Municipal Housing Authority of Yonkers	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
NYS Office of Parole	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Westchester County Depts. of Corrections and Pr...	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	Seriously Me...
H.O.P.E. Community Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
WESTCOP, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Volunteers of America	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...

Yonkers/Mount Vernon/New Rochelle/Westchester County CoC				COC_REG_v10_000196
New Rochelle Community Action Program	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Mt. Vernon Council of Community Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Mt. Vernon AIDS Task Force	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	HIV/AIDS
Mt. Vernon United Tenants	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Domestic Vio...
Archway - Yonkers General Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Family Services of Westchester	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Family Services Society of Yonkers	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Coalition of the Homeless and Hungry of Westche...	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Julia Dyckman Andrus Memorial, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Youth
Mental Health Association	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
My Sister's Place	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Domestic Vio...
Renaissance Project	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Substance Ab...
St. Joseph's Medical Center	Private Sector	Hospita..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
The Guidance Center	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
The Lexington Center	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Substance Ab...
Greyston Foundation	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Human Development Services of Westchester	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Westchester Residential Opportunities	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...

Yonkers/Mount Vernon/New Rochelle/Westchester County CoC			COC_REG_v10_000196	
Westhab	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Community Housing Innovations, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Grace Church Community Center	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
Westchester Jewish Community Services	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
The Sharing Community	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
YMCA of Mt. Vernon	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
YMCA of Tarrytown	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
YMCA of Yonkers	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
United Way of Westchester and Putnam	Private Sector	Funder...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
DSS and DCMH Homeless Outreach Projects	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
DCMH Housing and Case Management SPOA	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Westchester Medical Center	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Ryan White Titles 1 & 2 Services	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
DSS Commissioner's Advisory Council	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...
DCMH Community Services Board	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Seriously Me...

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

- Open Solicitation Methods:  
(select all that apply)**
- a. Newspapers, b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings
- Rating and Performance Assessment Measure(s):  
(select all that apply)**
- c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, p. Review Match, r. Review HMIS participation status
- Voting/Decision Method(s):  
(select all that apply)**
- b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement)

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** No

**Briefly describe the reasons for the change:**

**Safe Haven Bed:** No

**Briefly describe the reasons for the change:**

**Transitional Housing:** No

**Briefly describe the reasons for the change:**

**Permanent Housing:** Yes

**Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

Reason for changes: new HUD-funded units from the 2006 application coming online; inclusion of non-HUD-funded housing units through Department of Social Services.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** Yes

# 1G. Continuum of Care (CoC) Housing Inventory Chart

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	10/21/2008

# Attachment Details

**Document Description:** Housing Inventory Chart

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

## Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.**

**Indicate the date on which the housing inventory count was completed:** 09/17/2008  
(mm/dd/yyyy)

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

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Training, Updated prior housing inventory information, Follow-up, Confirmation  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** Stakeholder discussion, Local studies or non-HMIS data sources, Applied statistics, Unsheltered count, Housing inventory, Provider opinion through discussion or survey forms  
(select all that apply)

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used.**

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.**

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** NY-604 - Yonkers/Mount Vernon/New Rochelle/Westchester County CoC  
(select all that apply)

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** ClientTrack

**What is the name of the HMIS software company?** Data Systems International

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

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):** 01/01/2007  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** Inability to integrate data from providers with legacy data systems, HMIS unable to generate CoC- wide data or reports, HMIS unable to generate data quality reports, HMIS unable to generate APR data  
(select all the apply):

**If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:**

**Briefly describe the CoC's plans to overcome challenges and barriers:**

Main issue was HMIS Implementation Consultant incorrectly associated data entry with proper grants numbers, and most data became dissociated, creating inability to generate reports. CoC is in the process of hiring a Consultant, and software company is working to re-associate data as much as possible.

## HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	Zip file containi...	10/14/2008

## Attachment Details

**Document Description:** Zip file containing 3 document outline current agreement

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

**Organization Name** Westchester County Department of Information Technology  
**Street Address 1** 148 Martine Avenue  
**Street Address 2**  
**City** White Plains  
**State** New York  
**Zip Code** 10601  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** State or Local Government  
**If "Other" please specify**

## 2C. Homeless Management Information System (HMIS)

### Contact Person

**Prefix:** Mr  
**First Name** John  
**Middle Name/Initial** J.  
**Last Name** DiPirro  
**Suffix**  
**Telephone Number:** 914-995-3793  
**(Format: 123-456-7890)**  
**Extension** xxxx  
**Fax Number:** 914-995-3276  
**(Format: 123-456-7890)**  
**E-mail Address:** jjd2@westchestergov.com  
**Confirm E-mail Address:** jjd2@westchestergov.com

## 2D. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

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

**For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.**

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** Monthly

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

## 2E. Homeless Management Information System (HMIS) Data Quality

### Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** No

**Did the CoC or subset of the CoC participate in AHAR 4?** No

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

**How frequently does the CoC review the quality of program level data?** Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.**

There is extensive use of reporting tools, both internal and external to the HMIS, that are available to generate detailed reports to monitor data completeness and data quality.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.**

Policies and procedures were not completed by the previous Consultant, and will be done so by the new Consultant during 2009

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Monthly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Monthly
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Monthly
<b>Use of HMIS for performance assessment:</b>	Quarterly
<b>Use of HMIS for program management:</b>	Quarterly
<b>Integration of HMIS data with mainstream system:</b>	Never

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:**

* Unique user name and password	<b>Monthly</b>
* Secure location for equipment	Quarterly
* Locking screen savers	Quarterly
* Virus protection with auto update	Quarterly
* Individual or network firewalls	Quarterly
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Never
* Validation of off-site storage of HMIS data	Monthly

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Quarterly

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** No

**If 'Yes' indicate date of last review or update by CoC:**

**If 'No' indicate when development of manual will be completed:** By March 31, 2009

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Privacy/Ethics training	Never
Data Security training	Never
Data Quality training	Quarterly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Never
Basic computer skills training	Never
HMIS software training	Monthly

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

### Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency  
Households with Dependent Children - Sheltered Transitional  
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency  
Households without Dependent Children - Sheltered Transitional  
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the date of the last PIT count:** 01/31/2007

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	38	327	0	365
Number of Persons (adults and children)	118	1,021	0	1,139
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	396	143	136	675
Number of Persons (adults and unaccompanied youth)	396	158	136	690
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	434	470	136	1,040

Yonkers/Mount Vernon/New Rochelle/Westchester County CoC			COC_REG_v10_000196	
<b>Total Persons</b>	514	1,179	136	1,829

## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

**Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.**

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	43	97	140
* Severely Mentally Ill	40	0	40
* Chronic Substance Abuse	105	0	105
* Veterans	24	0	24
* Persons with HIV/AIDS	10	0	10
* Victims of Domestic Violence	115	0	115
* Unaccompanied Youth (under 18)	14	0	14

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Annually (every year); Biennially (every other year); Semi-annually (every six months)**

**How often will the CoC conduct a PIT count?** Biennially

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/28/2009  
(mm/dd/yyyy)

**Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.**

**Emergency Shelter providers** 100%

**Transitional housing providers:** 100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

### Instructions:

#### Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

#### HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

#### Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Extrapolation:</b> (Extrapolation attachment is required)	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.**

The Department of Social Services receives a daily count of persons in sheltered and transitional housing from the contract providers. The decline in numbers from last count (2005) was due to increased housing resources (eg.S+C), and new housing initiatives (deep-rent subsidies), especially for households with children.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

### Instructions:

#### HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

#### HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

#### Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

#### Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

#### Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

#### Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

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

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.**

The Department of Social Services receives a daily count of persons in sheltered and transitional housing from the contract providers. The decline in numbers from last count (2005) was due to increased housing resources (eg.S+C), and new housing initiatives (deep-rent subsidies), especially for households with children.

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

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:  
(select all that apply)**

<b>Instructions:</b>	<input type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

The Department of Social Services receives a daily count of persons in sheltered and transitional housing from the contract providers. Staff review reports and eliminate any duplications before generating final versions.

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:  
(select all that apply)**

<b>Public places count:</b>	<input checked="" type="checkbox"/>
<b>Public places count with interviews:</b>	<input type="checkbox"/>
<b>Service-based count:</b>	<input type="checkbox"/>
<b>HMIS:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

#### Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

#### Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

#### Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Known Locations

**If Other, specify:**

## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

### If Other, specify:

We do simultaneous street counts in multiple locations using small teams who are each responsible for covering an entire jurisdiction in a short period of time, thus ensuring that an individual is never counted twice.

### Describe the techniques used to reduce duplication.

See above.

### Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

Our CoC offers shelter to every homeless household with dependent that lacks access to other alternative safe housing. The County offers access to shelter through a system of decentralized district offices. Our efforts have been so successful that our network of drop-in centers and outreach teams almost never encounter a homeless household with children living on the streets, although thousands do continue to live doubled up with other families or friends.

### Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

Our CoC has drop-in centers for unsheltered homeless in both Yonkers and White Plains. The City of Mount Vernon has a well-established outreach team that has succeeded in housing nearly every homeless person identified as living on the streets. The County also has a decentralized system of overnight shelters in the winter that have helped bring in additional people off the streets. In addition, the County provides homeless outreach teams that work with the City of White Plains police department to identify and shelter street homeless. The Veterans Administration is an active member of the CoC and has mobile workers who conduct outreach in shelters and on the streets.

The decline in numbers from last count (2005) was due to increased housing resources (eg.S+C), and county- and HUD-funded new housing initiatives (deep-rent subsidies), especially for households with children.

# Attachment Details

## Document Description:

# Attachment Details

## Document Description:

### 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

**Click on the icon and add requested information for each of the national objectives.**

<b>Objective</b>
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Create new PH beds for chronically homeless persons

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

#### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expand PH pool by 20 beds for the CH during the coming year: teh City of Mount Vernon will creat xx new S+C beds; the Lexington Center will creat xx new SHP housing units; Westhab will create xx new S+C units	Karl Bertrand, Co-Chairperson, CoC Full Committee
Action Step 2		
Action Step 3		

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	85
Numeric Achievement in 12 months	20
Numeric Achievement in 5 years	60
Numeric Achievement in 10 years	120

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Already achieved, with 91% in 2007-2008	Diane Stern, Associate Commissioner, Westchester Department of Social Services
Action Step 2		
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	91
Numeric Achievement in 12 months	91
Numeric Achievement in 5 years	91
Numeric Achievement in 10 years	91

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Improve tracking in transitional housing and document achievement of at least 40%	Karl Bertrand, Partnership Co-Chair
Action Step 2		
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	29
Numeric Achievement in 12 months	40
Numeric Achievement in 5 years	64
Numeric Achievement in 10 years	65

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Already nearly achieved, with 18% reporting employment at exit from programs.	Diane Stern, Associate Commissioner, Westchester Department of Social services
Action Step 2		
Action Step 3		

**Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	18
Numeric Achievement in 12 months	19
Numeric Achievement in 5 years	20
Numeric Achievement in 10 years	20

**CoC 10-Year Plan, Objectives and Action Steps Detail****Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Decrease the number of homeless households with children

**Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing****2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

Lead Person
-------------

Yonkers/Mount Vernon/New Rochelle/Westchester County CoC		COC_REG_v10_000196
<b>Action Step 1</b>	Maintain recent dramatic reduction in number of homeless families with children by continuing innovative program of county-funded housing subsidies, despite current financial crisis which is resulting in growing number of evictions, foreclosures and homelessness across the nation, with New York State hit particularly hard	Diane Stern, Associate Commissioner, Westchester Department of Social Services
<b>Action Step 2</b>		
<b>Action Step 3</b>		

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	378
<b>Numeric Achievement in 12 months</b>	400
<b>Numeric Achievement in 5 years</b>	350
<b>Numeric Achievement in 10 years</b>	300

## 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Foster Care Discharge Protocol:** Formal Protocol Implemented  
**Health Care Discharge Protocol:** Formal Protocol Implemented  
**Mental Health Discharge Protocol:** Formal Protocol Implemented  
**Corrections Discharge Protocol:** Formal Protocol Implemented

## 3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

**For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.**

### **Foster Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

As a CoC member, the Westchester Department of Social Services controls all discharges of children from foster care in the county. A DSS committee reviews all discharge plans, in order to ensure that no one is discharged into a homeless situation.

### **Health Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

All health care facilities have been instructed to call the Single Homeless Assessment Center, administered by both DSS and DCMH, which evaluates the individuals' housing needs and makes recommendations for appropriate placement. DSS secures the actual housing.

### **Mental Health Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Psychiatric inpatient facilities, both state -operated and NFP-operated, are licensed by the New York State Office of Mental Health. This includes both civil and forensic facilities. As such, these facilities are governed by the New York State Codes, Rules and Regulations, Chapter 2, Subchapter C, Part 36.4, which applies to discharge policies and procedures. This Part was promulgated on March 3, 1997.

Entry into the publicly-funded homeless housing resources (Federal and State-funded) is managed by the county-sponsored Single Point of Access Committee, made up of DCMH staff and housing provider staff. Priorities for referrals are established, cases are assigned to providers, and both Federal (S+C/SHP) and State(NYS-OMH) requirements are strictly adhered to.

**Corrections Discharge**

**For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Admission to any shelter in the county requires that a person be eligible for Temporary Assistance. Prior to release, the Department of Corrections (parole and probation) contacts DSS in order to facilitate this placement process. DSS then determines the appropriate placement for the individual.

### 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	NY 604 Westcheste...	10/21/2008
Mental Health Discharge Protocol	No	MH Discharge	10/17/2008
Corrections Discharge Protocol	No	NY 604 Westcheste...	10/21/2008
Health Care Discharge Protocol	No	NY 604 Westcheste...	10/21/2008

## Attachment Details

**Document Description:** NY 604 Westchester Continuum Comprehensive Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** MH Discharge

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** NY 604 Westchester Continuum Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** NY 604 Westchester Continuum Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

### 3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

**Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the Consolidated Plan:** To reduce the number of homeless families in the homeless system by 5% by providing rental subsidies to secure permanent housing; To reduce 10% of homeless individuals in the homeless system by providing rental subsidies to secure permanent housing; To provide on-site services to high-risk homeless families living in shelters; to provide supportive services to homeless families and/or individuals in achieving self-sufficiency and re-housing, etc.

**Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?** No

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the 10-year plan(s):**

To create new permanent housing beds for chronically homeless persons; increase percentage of homeless persons staying in permanent housing over 6 months to at least 71%; increase percentage of homeless persons moving from transitional housing to permanent housing to at least 61.55%; increase percentage of homeless persons employed at exit to at least 18%.

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	20	Beds	23	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	71	%	91	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	29	%
Increase percentage of homeless persons employed at exit to at least 18%	18	%	18	%
Ensure that the CoC has a functional HMIS system	75	%	100	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	97	13
2007	140	45
2008	140	65

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

20

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	94
b. Number of participants who did not leave the project(s)	422
c. Number of participants who exited after staying 6 months or longer	78
d. Number of participants who did not exit after staying 6 months or longer	391
e. Number of participants who did not leave and were enrolled for 5 months or less	30
<b>TOTAL PH (%)</b>	<b>91</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	116
b. Number of participants who moved to PH	34
<b>TOTAL TH (%)</b>	<b>29</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

**Total Number of Exiting Adults: 527**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	65	12 %
SSDI	18	3 %
Social Security	6	1 %
General Public Assistance	178	34 %
TANF	45	9 %
SCHIP	1	0 %
Veterans Benefits	4	1 %
Employment Income	94	18 %
Unemployment Benefits	1	0 %
Veterans Health Care	2	0 %
Medicaid	239	45 %
Food Stamps	185	35 %
Other (Please specify below)	2	0 %
Medicare		
No Financial Resources	91	17 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

### Instructions:

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

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

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

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** Yes

## 4E. Section 3 Employment Policy Detail

Is the project requesting \$200,000 or more?: Yes

If Yes to above question, click save to provide activities

**Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?  
(Select all that apply)**

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Notify area Youthbuild programs of job opportunities

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

**Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs?** Yes

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

We review our CoC-wide progress at least annually and we regularly reinforce the importance of linking clients to mainstream programs during our monthly meetings with funded sponsors.

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

**If "Yes", indicate all meeting dates in the past 12 months.**

Steering Committee: 4/1/08; 4/30/08; 5/16/08; 5/27/08; 7/22/08; 9/24/08; 10/8/08

HMIS Committee: 3/20/08; 3/25/08; 4/4/08; 4/11/08; 9/2/08; 9/9/08; 9/12/08; 9/23/08; 9/30/08

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** No

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

**If yes, identify these staff members** Provider Staff

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

**If "Yes", specify the frequency of the training.** Semi-annually

**Does the CoC uses HMIS to screen for benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

**Has the CoC participated in SOAR training?** No

**If "Yes", indicate training date(s).**

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
A centralized DSS Homeless Unit helps all individuals placed in shelter to apply for mainstream benefits with additional assistance provided by shelter staff.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	100%
A single DSS application form is used to obtain TANF, Safety Net, Food Stamps, Medical Assistance, Domestic Violence services, Children's Services and Rental Assistance Programs for singles and families.	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
DSS workers do semi-annual recertifications to monitor receipt of mainstream benefits using New York State databases.	

## Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency: Part A**

## Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

### Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p><b>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</b></p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p><b>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</b></p>	Yes
<p><b>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</b></p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p><b>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</b></p>	Yes
<p><b>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</b></p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p><b>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</b></p>	Yes

## Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?  Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes ( <a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a> )	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.  In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	No

## Part A - Page 3

<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p><b>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</b></p>	Yes
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p><b>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</b></p>	Yes
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	No
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	Yes
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	Yes
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	No
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	No

## Continuum of Care (CoC) Project Listing

### Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
S+C Round 1 Renewal	2008-10-20 15:05:...	1 Year	Westchester Count...	951,756	Renewal Project	S+C	SRA	U36
Children's Villag...	2008-10-21 13:27:...	3 Years	Westchester Count...	46,667	Renewal Project	SHP	TH	F14
Renaissance Re-en...	2008-10-21 14:56:...	1 Year	Westchester Count...	58,546	Renewal Project	SHP	PH	F9
Tarrytown YMCA - ...	2008-10-21 13:36:...	1 Year	Westchester Count...	30,000	Renewal Project	SHP	PH	F16
Jan Peek STAR PRO...	2008-10-21 22:03:...	3 Years	Westchester Count...	151,816	New Project	SHP	PH	F27
My Sisters Place ...	2008-10-18 23:47:...	1 Year	The Municipal Hou...	15,365	Renewal Project	SHP	TH	F5
HMIS	2008-10-21 10:30:...	1 Year	Westchester Count...	260,000	New Project	SHP	HMIS	F2
Westhab Apt. Find...	2008-10-20 18:40:...	1 Year	Westchester Count...	100,000	Renewal Project	SHP	SSO	F12
Westhab Mt Vernon...	2008-10-20 18:29:...	1 Year	City of Mount Vernon	33,273	Renewal Project	SHP	TH	F21
Westhab Yonkers O...	2008-10-20 18:37:...	1 Year	The Municipal Hou...	32,333	Renewal Project	SHP	TH	F7
Westhab Veterans ...	2008-10-20 18:45:...	3 Years	Westchester Count...	420,000	New Project	SHP	PH	F33
S+C Round 4 Renewal	2008-10-17 09:55:...	1 Year	Westchester Count...	1,232,520	Renewal Project	S+C	SRA	U39
S+C Round 9 Renewal	2008-10-17 10:07:...	1 Year	Westchester Count...	203,736	Renewal Project	S+C	SRA	U44

Yonkers/Mount Vernon/New Rochelle/Westchester County CoC							COC_REG_v10_000196		
S+C Round 7 Renewal	2008-10-17 10:03:...	1 Year	Westchest er Count...	216,024	Renewal Project	S+C	SRA	U42	
Sharing Communit y...	2008-10-21 12:38:...	1 Year	The Municipal Hou...	403,056	Renewal Project	S+C	SRA	U35	
Legal Services of...	2008-10-21 02:39:...	1 Year	Legal Services of...	52,753	Renewal Project	SHP	SSO	F26	
Samaritan Initiat...	2008-10-21 22:47:...	3 Years	Westchest er Count...	627,466	New Project	SHP	PH	S29	
CMV Harm Reductio...	2008-10-18 23:05:...	1 Year	City of Mount Vernon	49,749	Renewal Project	SHP	SSO	F11	
Renaissan ce Chemi...	2008-10-18 23:18:...	1 Year	City of Mount Vernon	43,260	Renewal Project	SHP	SSO	F3	
S+C Round 8 Renewal	2008-10-17 10:05:...	1 Year	Westchest er Count...	558,876	Renewal Project	S+C	SRA	U43	
Sharing Communit y...	2008-10-21 02:50:...	1 Year	The Municipal Hou...	236,659	Renewal Project	SHP	SSO	F8	
MVNHC Medical & S...	2008-10-21 02:43:...	1 Year	The Municipal Hou...	73,049	Renewal Project	SHP	SSO	F23	
Safe Haven	2008-10-22 09:37:...	2 Years	Westchest er Count...	1,160,000	New Project	SHP	PH	F1	
S+C Round 6 Renewal	2008-10-20 10:21:...	1 Year	Westchest er Count...	441,960	Renewal Project	S+C	SRA	U41	
Westhab VetHome V	2008-10-20 18:49:...	5 Years	The Municipal Hou...	459,900	New Project	S+C	SRA	F32	
S+C Round 3 Renewal	2008-10-17 09:52:...	1 Year	Westchest er Count...	950,700	Renewal Project	S+C	SRA	U38	
MVUT Housing Assi...	2008-10-18 23:01:...	1 Year	City of Mount Vernon	30,450	Renewal Project	SHP	SSO	F20	
Andrus Family Care	2008-10-18 23:22:...	1 Year	The Municipal Hou...	26,978	Renewal Project	SHP	SSO	F10	
Family Service So...	2008-10-22 00:32:...	1 Year	The Municipal Hou...	177,497	Renewal Project	SHP	PH	F13	
Renaissan ce Housi...	2008-10-21 15:15:...	3 Years	The Municipal Hou...	257,931	New Project	SHP	PH	F28	
CMV Rent Subsidy II	2008-10-21 12:49:...	3 Years	City of Mount Vernon	203,115	New Project	SHP	PH	F30	

Yonkers/Mount Vernon/New Rochelle/Westchester County CoC							COC_REG_v10_000196		
Greyston Health S...	2008-10-21 02:35:...	1 Year	Greyston Health S...	251,111	Renewal Project	SHP	PH	F19	
Greenburg h Drug T...	2008-10-21 16:39:...	5 Years	Town of Greenburg h	197,100	New Project	S+C	TRA	F31	
S+C Round 2 Renewal	2008-10-17 09:53:...	1 Year	Westchest er Count...	922,812	Renewal Project	S+C	SRA	U37	
YWCA Job Plus	2008-10-21 03:26:...	1 Year	The Municipal Hou...	46,034	Renewal Project	SHP	TH	F24	
Westhab STAIR	2008-10-20 18:26:...	1 Year	Westchest er Count...	205,485	Renewal Project	SHP	TH	F18	
Human Dev. Servic...	2008-10-21 13:37:...	1 Year	Westchest er Count...	121,776	Renewal Project	SHP	SSO	F22	
Westhab Yonkers O...	2008-10-20 18:34:...	1 Year	The Municipal Hou...	102,274	Renewal Project	SHP	TH	F6	
CMV Homeless Empl...	2008-10-18 23:12:...	1 Year	City of Mount Vernon	171,675	Renewal Project	SHP	TH	F17	
Westhab Rapid Reh...	2008-10-20 18:22:...	3 Years	Westhab, Inc.	1,256,567	New Project	SHP	TH	R34	
CMV Shallow Rent ...	2008-10-18 23:03:...	1 Year	City of Mount Vernon	142,369	Renewal Project	SHP	PH	F25	
Westhab Yonkers O...	2008-10-20 18:31:...	1 Year	The Municipal Hou...	46,941	Renewal Project	SHP	TH	F4	
Greyston Family I...	2008-10-21 02:32:...	1 Year	The Municipal Hou...	66,474	Renewal Project	SHP	PH	F15	
S+C Round 5 Renewal	2008-10-17 09:59:...	1 Year	Westchest er Count...	671,028	Renewal Project	S+C	SRA	U40	

## Budget Summary

<b>FPRN</b>	\$5,270,580
<b>Rapid Re-Housing</b>	\$1,256,567
<b>Samaritan Housing</b>	\$627,466
<b>SPC Renewal</b>	\$6,552,468
<b>Rejected</b>	\$0