

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NY-604 - Yonkers, Mount Vernon/Westchester County CoC

1A-2. Collaborative Applicant Name: Westchester County Dept. of Community Mental Health

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Westchester County Department of Social Services

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	No	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veterans Services representative	Yes	Yes
Eviction Prevention Services representative	Yes	Yes
Health Services representative	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

Each year, our CoC hosts an Open Forum Meeting on Priorities to solicit public opinion on community needs. This year, we heard from service providers & community advocates who called for improving drop-in shelter conditions, increasing funding for SOAR-related activities, & increasing housing opportunities for people with physical disabilities & veterans. These will be brought back to the Board for further discussion & evaluation in terms of current need & strategies to address them through current or future funding opportunities, & through our relationships with other integral agencies such as DSS & the VA. Our Annual Meeting is also open to the public & allows for a review of the prior year’s progress and future goals. Discussion is encouraged at that meeting as well as our monthly CoC Board meetings, from many points of view, including housing providers, gov’t agencies, behavioral health providers, law enforcement, the fields of education & health, DV service providers & consumers.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

At our Annual Meeting and annual Meeting on Priorities events, we solicit new members by asking during registration if they would like to be added to the email distribution list for the CoC, or would they like to have a Co-Chair contact them about the CoC. We also print our Co-Chair contact information on distributed materials with an invitation to contact us if they are interested in hearing more about the CoC. At every public event, we promote upcoming subcommittee meetings to encourage larger participation. At times, the CoC Board will recommend an individual or agency and one of the Co-Chairs will conduct outreach to encourage membership. This past year, the Executive Directors of 2 of our most active Board member agencies retired. Both Co-Chairs met with their successors to ensure that those strong partnerships are maintained.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.

(limit 1000 characters)

We hold an annual Open Forum Meeting on Priorities. Anyone can speak and present written testimony to our board. Notice of the forum is emailed to agencies doing business with DSS, DCMH & our largest cities. We ask people to forward the email widely. These forums have led to new CoC partners serving vets, LGBTQ youth, DV survivors, people with physical disabilities, etc. When we can add projects, our CoC board sets priorities based on our needs assessment & members' diverse experience. We then widely email a notice that agencies can apply to operate these types of projects by submitting a form outlining their plan & qualifications. Our Board votes to choose the providers. We proposed new partners in 4 of the last 7 years. This year's RFP was released on 8/2/17 and included an additional point for any proposals submitted by an organization that had not previously received CoC program funding.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	No
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

Our CoC Board formally adopted and distributed to both local ESG recipients (City of Yonkers and New York State OTDA) a set of 2017 ESG Funding Priorities (see Attachment 14). A CoC Board Co-Chair led the development of

the current plan used by Yonkers ESG to make funding decisions.

The CoC and Yonkers developed performance standards for ESG projects. The CoC has conducted monitoring visits to ESG projects annually since 2015; both Yonkers ESG and NYS ESG projects were monitored in 2017.

Our CoC provides both ESG recipients (Yonkers, NYS) and all 4 local municipal Con Plan jurisdictions (Yonkers, New Rochelle, Mount Vernon, White Plains) with CoC PIT & HIC data, HMIS database access & data sharing, details on CoC activities and local services, and identifying unmet needs to create their local Con Plan sections on homelessness & housing.

Representatives of all 4 local Con Plan jurisdictions sit on the CoC Board and collaborate to develop local priorities for homeless services.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

All providers refer DV survivors to specially-trained Domestic Violence Liaisons(DVL)who do a victim-centered safety assessment and offer clients shelter and services in safe settings either in or out of county. If no DV beds are available or they choose not to go, the DVL does a safety assessment & places them in a DSS shelter. No forms are scanned. DV disclosure is not shared without written client consent. Interviews are conducted in private offices using the DVL assessment. All paperwork is kept in a locked, restricted-access file cabinet. If there is an order of protection, a hard copy is provided to the shelter. If the client chooses, the DVL follows up with them throughout placement. A confidential hotline is also available 24/7 linking to other ancillary services e.g. safety planning, counseling, Victims Assistance, support groups & legal services.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

Our Coordinated Entry (CE) training begins in December. It includes a process for referring DV clients to trained counselors for a Danger Assessment that gives highest-risk clients priority housing placement. The Danger Assessment tool is nationally recognized & will be used by all our CoC, 6 major local police departments & an interagency Family Justice Center.

Our CoC board reviews DV & other need data from our PIT Count & AHAR. Our CoC's DV Housing Workgroup includes our County Office for Women & both

local DV shelters. They developed our CE's assessment & prioritization process. We now prioritize DV in 1 new FY16 RRH project & will extend that priority CoC-wide in December.

Our new safety assessment includes a Danger Assessment tool developed at Johns Hopkins. Our CE gives clients assessed as in Severe or Extreme danger priority for housing referrals (RRH and PSH). The Danger Assessment will be done by DV Liaisons or trained DV counselors in DV shelters & other safe settings.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
The Municipal Housing Authority for the City of Yonkers	3.74%	No
Westchester County Housing Choice Voucher Program	16.92%	No
City of New Rochelle Housing Authority	8.05%	No
White Plains Housing Authority	0.00%	No
Town of Mamaroneck Housing Authority	10.00%	No

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

CoC co-chairs have negotiated with Yonkers and New Rochelle HA's to add a homeless admission preference. DSS, during attendance at regular Section 8 administrator meetings, has requested the adoption of a homeless preference by all local HA's. During these contacts, we encourage discussion regarding homeless preference; many are reluctant to do so because they see it as prioritizing homeless over other needy individuals & households who may have been waiting longer for assistance. There are also barriers to changing long-standing PHA policies. The Board will strategically introduce the concept of the CoC and educate PHA's. We continue to work on developing inroads to forums where PHA's meet, using our connection with our county's Housing Choice Voucher vendor to make those introductions. This will continue to be a priority task for the CoC Co-Chairs, with assistance as appropriate from CVR & DSS this coming year. We have also discussed ways to publicly recognize those that do.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

In response to public concern presented at the 2013 Meeting on Priorities, the CoC established The Refuge TH project for LGBT youth. This project houses 14-17 young adults annually. In October and December 2016, we encouraged member agencies to participate in webinars provided by HUD in relation to the Equal Access Rule & Gender Identity Rule. We also forwarded the webinar slides and discussed the topic in CoC Board mtgs, referring to Board Member agency WRO for more information. WRO will be the lead in annual education regarding this policy as they have provided free mandatory training for agency members on various fair housing topics, including discrimination, in 2015 and 2016. Our Guiding Principles have included an anti-discrimination statement since their adoption in January 2013, as will our CES policy/procedures. This policy is implemented via technical assistance to provider agencies and consumers, and monitoring is completed through site visit review of terminations.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Trained outreach workers “ride-along” with police	<input checked="" type="checkbox"/>
Police take homeless to shelter in lieu of arrests	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

Projects serving populations that have severe needs, are hard to serve, or are especially vulnerable were given extra points in the ranking criteria used by the Westchester County CoC (specifically, 5 points out of the maximum 41 possible in our scoring system).

This includes projects with target populations including participants with

- * current or past substance use;
- * Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status;
- * persons with HIV;
- * persons with significant health or behavioral health challenges or functional impairments;
- * youth;
- * survivors of domestic violence;

- * families with children;
- * persons experiencing chronic homelessness; and
- * veterans.

See attachment #3 CoC Rating and Review Procedure.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between

FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/03/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/31/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	NY-604 Reallocati...	09/19/2017

Attachment Details

Document Description: NY-604 Reallocation Supporting Documentation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Page 5 of attached Governance Charter and pages 2-3 of the HMIS Agency Participation Agreement

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

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

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

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,019	57	962	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	801	0	801	100.00%
Rapid Re-Housing (RRH) beds	341	0	341	100.00%
Permanent Supportive Housing (PSH) beds	1,396	0	1,128	80.80%
Other Permanent Housing (OPH) beds	375	0	60	16.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

PSH coverage in HMIS is below 85% entirely due to the local VA not including their HUD-VASH beds in HMIS. All 268 PSH beds not in HMIS are HUD-VASH. The Westchester CoC has in the past, and will continue in the future, to encourage HMIS participation by the VA. We will also continue to ask the local VASH administrator to enter data for the VA.

Other Permanent Housing includes a local County funded project with 60 beds. The CoC worked with this local provider and the project was recently added to HMIS and now has all residents entered into HMIS.

OPH beds also includes six projects with 315 beds which are funded using a variety of sources such as tax credits, private funding, and NYS HHAP capital funding; none of these funding sources require HMIS participation. The Westchester CoC has in the past, and will continue in the future, to work with these providers to encourage HMIS participation. We may make future CoC support letters contingent on agency HMIS participation.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/21/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/21/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

We made three main changes to sheltered PIT count implementation:
 #1 Data gathered by emergency shelter & TH staff using the Westchester CoC-provided PIT Count survey to interview residents was cross-checked with the PIT count report generated by our HMIS to reduce errors and discrepancies. Extensive corrections to the PIT count data were made when the two data sources did not match to ensure maximum accuracy.

#2 We continued to revise the wording and layout of the PIT Count survey used by emergency shelter & TH staff to interview residents. The revisions were made to improve the fidelity of data collection for number of chronic homeless persons under the newest definition of chronic homeless. We also added new questions on income sources, community services used, and educational achievement to better understand the needs of our local homeless population.

#3 We also provided more extensive in-person training to shelter staff on the PIT survey and definition of chronic homeless.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	122
Beds Removed:	19
Total:	103

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a No

Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count?

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes
 CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

For 2017 we added the following to improve unsheltered PIT count accuracy and coverage:

- i) In months prior to the count, we conducted a survey asking homeless staying at overnight shelters, shelter staff, outreach workers, and youth where to look for homeless outdoors on the night of the PIT count. Resulting list was used by PIT count enumerators.
- ii) We provided food and water to homeless encountered to encourage participation
- iii) We provided a \$5 coffee shop gift card given to any homeless person completing the PIT count survey (previously provided to homeless completing both PIT & VI-SPDAT surveys)
- iv) We operated a PIT count HQ on the night of the count until all enumerator teams were finished. PIT surveys were collected and reviewed for completeness that night by CoC staff with enumerators present to correct errors found.
- v) We tried to have at least one Spanish speaker on each team of enumerators. These changes enabled enumerators to locate and engage more street homeless.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

(1) We recorded the age group of all homeless encountered and followed existing protocols for further follow up. We added new PIT survey questions on income & education to better understand youth population.

(2) Staff from the Children's Village and Westhab who specialize in homeless youth/children participated in planning the PIT count and served as enumerators on the night of the PIT count.

(3) The BraveHearts - a peer support group for youth who have experienced foster care, homelessness, and other trauma - were invited to participate in planning the PIT count and provided location information for where to look for homeless youth on the night of the PIT count.

(4) We conducted a survey asking where to look for homeless on the night of the PIT count. Responses from organizations such as Children's Village, BraveHearts, Westhab, HOPE Community Services, Foster USA and DCMH who routinely serve youth were used to identify where to look for homeless youth during the PIT count.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

CoC continued to revise the wording and layout of the PIT Count survey used by emergency shelter & TH staff to interview residents. The revisions were made to improve the fidelity of data collection for number of chronic homeless persons under the newest definition of chronic homeless.

We also added new questions on income sources, community services used, and educational achievement to better understand the needs of our local homeless population, especially families and youth.

We also provided more extensive in-person training to shelter staff to underscore the special needs of chronically homeless families and veterans.

Two formerly homeless Marines served as enumerators on the night of the PIT count. These staff were uniquely equipped to provide peer support to veterans encountered and to search in areas where (chronically) homeless veterans are known to camp outdoors for extended periods avoiding more traditional shelter & outreach.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.

(limit 1000 characters)

We successfully reduced the number of newly homeless people entering our system in FY16. In FY15 we had 2,808 people with no prior HMIS entries enter ES/SH/TH programs. In FY16 this dropped to 2,686. This is 122 fewer first-time entries, a 4.34% reduction.

When you add in people entering PH as well as those entering ES/SH/TH, our reduction is even greater. This number dropped from 3,031 in FY15 to 2,883 in FY16. This is 148 fewer first-time entries, a 4.88% reduction.

People potentially facing homelessness are referred to DSS. It assesses their financial resources and availability of family and community supports. An integrated countywide network of community partners offer those at highest risk budget counseling, legal services, rent arrears and/or time-limited rent subsidies funded by ESG, NYS, Westchester County, EFSP and private sources. DSS oversees our strategy with input from our CoC's Homeless System Transformation Team (HSTT), which includes 3 major prevention providers.

3A-2. Performance Measure: Length-of-Time Homeless.

CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.

(limit 1000 characters)

Our average Length of Stay (LOS) stayed flat at 184 days in FY15 and 185 in FY16. We cut use of TH but LOS in ES rose (88 days, up from 72) offsetting

that reduction.

DSS formed a 23-person Homeless Casework unit to identify clients with long LOS using HMIS, review their rehousing plans with shelter staff, identify housing barriers, ensure that clients & staff stay focused on overcoming these barriers & identify housing to fit each client's needs. Two interagency workgroups help do this. Our Patriot Housing team meets weekly to review rehousing status of every homeless veteran & our VI-SPDAT Rehousing Team meets biweekly to review status of all unsheltered & all highest-need ES clients. A new CoC Landlord Relations team works to expand our supply of available units.

Our new Coordinated Entry prioritizes clients homeless over 1 year. Clients are then prioritized by severity of need and then within each need level based on days homeless.

DSS oversees our efforts to reduce LOS.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Our housing retention stayed high at 96% in both FY15 and FY16. Our housing placement rate fell from 45% to 33% because hundreds of low-demand ES beds began using HMIS in 2016.

DSS' Homeless Casework unit links clients to housing & services needed for housing stability. Our Patriot Housing & VI-SPDAT teams bring together staff from many sectors who best know our highest-need clients so they can together identify & overcome housing & service barriers. Our new Landlord Relations Committee recruits landlords willing to rent to special needs clients, especially those with multiple prior evictions. Patriot Housing solicits housing for veterans. A CoC partner is piloting Housing Crisis Response services to avert evictions of formerly homeless people due to issues related to substance use or mental illness.

DSS oversees our housing placement & retention efforts.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

Our overall return rate was 17% (up from 10%) with 15% from PH & 14% from TH. As expected, return rates for placements made from less service-intensive SO and ES projects were higher: 39% & 30%.

A Housing Retention team uses case conferences to support providers managing the most difficult Housing First clients. DSS' Homeless unit reviews cases of all homeless clients, beginning with those with long lengths of stay and multiple returns to homelessness. They are prioritized for case conferencing and systemic advocacy to ensure that needed services are built into their rehousing plans.

The years of client data being accumulated in HMIS makes it possible to do a more in-depth & systematic review to understand which clients are returning to homelessness & why. Our CoC currently has no one with the expertise & time to conduct this analysis. Our FY17 Planning Grant seeks funds for a DSS Program Specialist who will analyze the data to find service gaps we can systematically address.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

In 2016 DSS revamped its employment approach, making Westhab, our largest homeless housing provider, responsible for job services for ALL employable DSS clients. Westhab has provided job services for the homeless since 1996. It places 550+ people/year in jobs. It provides job readiness training & links clients to job training & education, e.g. USDOL-funded One-Stop Centers, ACCES-VR (NYS employment service for the disabled), VA & SSVF job services for vets, colleges & adult education programs. The Urban League coordinates services for ALL non-employable DSS clients. It monitors treatment attendance to enhance employability and links clients to SSI/SSDI assistance. DSS caseworkers ensure that all CoC clients are linked to either Westhab or Urban League. DSS contracts with global firm Maximus to provide SSI/SSDI advocacy & SOAR to CoC clients. Legal Services of the Hudson Valley does NYS-funded disability advocacy & SSI/SSD appeals.

DSS oversees our efforts to increase client income.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people,

No

**including areas that are uninhabitable
(deserts, forests).**

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

N/A

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)** 06/05/2017

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	154	154	0

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	1,008
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	1,008

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

(1) Families that are eligible for a homeless placement are assigned a worker who does a thorough assessment within 10 days of their shelter placement. Families are assessed for service needs as well as to identify what local subsidies they might qualify for, in order to get them re-housed quickly. As part of the assessment process, an Independent Living Plan and goals are developed to aid the family in becoming self -sufficient. What makes the process effective is that Westchester County DSS works collaboratively with shelter staff and community organizations to remove barriers in an attempt to get families with children rapidly rehoused. Shelters also have on staff, housing specialists who provide leads, applications and resources for families to pursue in their goal to find permanent housing.

(2) Westchester County DSS is primarily responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	102	87	-15

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

We do not deny admission to or separate any family members from other members of their family based on age, sex, gender, LGBT status, marital status or disability when entering shelter or housing.
The CoC, and each of its member agencies, strongly hold to the policy and

procedure that a family defines itself, meaning that members of a family are not separated if they define themselves as a family unit. All individuals and families are provided with information upon intake regarding grievance procedures, which they could follow in the event that a family feels they have not been treated fairly.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC’s efforts. (limit 1500 characters)

Last year DSS won a \$2 million 3-year DHHS grant to pilot system reform to prevent foster care youth aging into homelessness. Ours was the only such grant in NY & 1 of only 6 nationwide. It built on a \$720,000 2-year DHHS planning grant we won in 2013. We focus on foster care because it is the major source of unsheltered youth. Our 4-prong strategy promotes social & emotional well-being, permanent connections, education & employment, & stable housing.

Our research found most homeless youth avoid shelters, couch-surf erratically & do not identify as homeless. When they live on the streets, they often do so in

nearby NYC, at high risk for exploitation & trafficking. We found 3 risk factors most closely associated with chronic homelessness: # of entries into care, facility transfers & AWOL episodes. We will build these risk factors into our CE assessment process for homeless youth.

We will use peer navigators & social media to draw LGBTQ, parenting & other high-risk youth into safe housing before they wind up on NYC streets. We give youth priority for some of our CoC & NYS RRH funds. We now ask that 3 CoC TH programs be able to serve unstably housed youth. We are exploring greater use of NYS & federal Chafee funds for housing support.

We initially focus on engaging high-risk youth. Our new CE process will help us track success. Although still in its early phases, DHHS has concluded that our comprehensive strategy is one of the most promising emerging national models.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The homeless student liaison for So. West. BOCES is a CoC Bd member who meets regularly with over 65 school district liaisons. She consistently brings issues effecting homeless families & students to the CoC's attention. DSS identifies & assesses children in homeless families & informs family members of available educational services. All school districts have designated staff to address the needs of homeless children & all family shelters have educational liaisons. DSS contracts with the Urban League to provide educational advocacy services. Urban League maintains a Homeless Students Program Database & data is brought back to the Board as needed. The Urban League works very closely with the McKinney Vento committee & with shelter liaisons with regard to the registering and transporting of homeless children to their community of origin. The Urban League also attends school meetings to assist children with disabilities who may require special programming.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

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

Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

Our Patriot Housing Initiative (PHI) has met weekly since 2013 to coordinate rehousing & services for vets. It includes DSS, DCMH, local VA Medical Centers, HUD-VASH, SSVF, VA Grant/Per Diem, adult & family shelter & homeless outreach programs. We review the status of EVERY veteran on the streets or in our shelters at EVERY weekly PHI meeting. We have 5 cities: 3 have outreach workers, 1 has a homeless day drop-in center, 4 have low-demand drop-in shelters, 3 have local veteran service offices. We have 4 countywide homeless outreach teams. All are trained to identify & refer vets. Our local VA Homeless Services Coordinator determines VA eligibility & coordinates VA referrals. Our HMIS prompts users to ask about veteran status, and if they respond YES it provides his contact information & allows users to upload & share VA eligibility DD-214 forms. VA-funded Health Care for Homeless Veterans housing fast-tracks VAMC services to those eligible.

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

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

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

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

DSS provides all eligible homeless clients with Food Stamps, Medicaid & TANF. CoC case managers work to link clients to all mainstream and community resources for which they are eligible. The CoC collaborates with the Health Dept & DSS to enroll persons into health insurance. Our Board Member from the Health Dept oversees insurance navigator programs for the homeless. A CoC agency is contracted with DSS to perform assessments including insurance status on individuals in the DSS shelter system. The agency provides Health Home Care Mgmt; 3 other CoC agencies that also operate HHCM programs conduct homeless outreach to street- & sheltered- homeless. These agencies can immediately register individuals for HHCM services if they qualify. The Co-Chairs are responsible to distribute info on mainstream benefits to the membership. This is done via email dist. lists, Board meetings & other CoC

meetings. Depending on the impact, training may be offered.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	27.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	26.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	96.30%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	27.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	21.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	77.78%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

(1) We have 5 outreach teams that target different populations and cover 100% of the CoC geographic area including 3 countywide mobile mental health outreach teams, city-funded outreach in New Rochelle and countywide outreach for substance abusers.

(2) Street outreach teams engage homeless persons 5 days/week.

(3) Outreach workers work to link ALL homeless encountered to housing & services. All persons engaged are entered into HMIS for identification, tracking, and referral. Specialized outreach engages Spanish-speakers, LGBT, youth, & Vets.

Individuals who decline assistance or are otherwise hard to engage are brought to the CoC Case Conference workgroup which enacts housing plans for all cases reviewed. The group is attended by street outreach, shelter staff, housing providers, and agencies offering supportive services. The group coordinates action among all attendees to assist these hard to engage clients.

Follow-up action to urgent need takes place continually between meetings.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Our Coord Entry policies include an advertising/marketing plan to further fair housing & reach those who are eligible & least likely to access homeless assistance that includes use of a language line & access to assistive devices. WRO, a HUD approved housing counseling agency, has worked with the CoC to provide mandatory annual training for the past 5 years on issues related to affirmatively furthering fair housing. Every project reviews with residents annually their fair housing rights, including how they can register grievances. This is monitored during CoC site visits. Effective communication is provided to persons with disabilities through the WC Office for People with Disabilities or the Yonkers Office of the Disabled. These offices can provide consultation to staff or assistive devices as needed. All shelter facilities & DSS offices have Spanish speaking personnel. For other languages, persons with limited English proficiency are provided with access to a language line.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	280	341	61

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). Yes

4B-8a. If the response to 4A-8 was "Yes" (1) describe how serving this population is of equal or greater priority in meeting the overall needs and objectives of the plan submitted in Section 427(b)(1)(B) as defined in paragraphs 1, 2 and 3; (2) a description of how the requirement in Section 427(b)(1)(F) will be met; and (3) provide a list of the specific project(s) that will be using the funding for this purpose. (limit 1000 characters)

While our HMIS shows 959 kids aged 5-18 in shelters or on the streets in 2016,

school data reported to USED shows 2,785 (nearly 3X as many) homeless schoolkids here in the 2015-16 school year. The difference is the huge # of families living precariously doubled-up with friends or family due to high housing costs. Current CoC efforts to reduce homelessness do not effectively serve this group.

Our homeless youth typically don't enter shelter or live on the streets in Westchester. Our DHHS-funded research found most homeless youth here avoid shelters, couch-surf erratically & don't meet HUD's homeless definition. When they do wind up on the streets, they often do so in neighboring NYC at high risk for exploitation & trafficking. If allowed to serve this new group, we will use peer navigators & social media to draw LGBTQ & other high-risk youth into safe housing before they wind up on NYC streets, and help them become independent.

Projects: The Refuge, Life Bridges, Stepping Stones.

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	NY-604 Evidence o...	09/06/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	NY-604 FY2017 CoC...	09/14/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	NY-604 CoC's Rati...	09/14/2017
05. CoCs Process for Reallocating	Yes	NY-604 FY2017 CoC...	09/14/2017
06. CoC's Governance Charter	Yes	Guiding Principles	09/13/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/13/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	NY-604 attachment...	09/18/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC Governance Ch...	09/13/2017
11. CoC Written Standards for Order of Priority	No	NY-604 CoC Writte...	09/20/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No	NY-604 Project Li...	09/15/2017
13. HDX-system Performance Measures	Yes	FY2017 CoC Compet...	09/05/2017
14. Other	No	FY17 CoC ESG Reco...	09/19/2017
15. Other	No		

Attachment Details

Document Description: NY-604 Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description:

Attachment Details

Document Description: NY-604 FY2017 CoC Rating and Review Procedure

Attachment Details

Document Description: NY-604 CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: NY-604 FY2017 CoCs Process for Reallocating

Attachment Details

Document Description: Guiding Principles

Attachment Details

Document Description: HMIS Policy and Procedure

Attachment Details

Document Description:

Attachment Details

Document Description: NY-604 attachment 09 - PHA Administration Plan
Not Applicable

Attachment Details

Document Description: CoC Governance Charter and HMIS Lead
Agreement

Attachment Details

Document Description: NY-604 CoC Written Standards for Order of
Priority

Attachment Details

Document Description: NY-604 Project List to Serve Persons Defined as Homeless under Other Federal Statutes

Attachment Details

Document Description: FY2017 CoC Competition Report HDX System Performance Measures report FY2017 for NY-604

Attachment Details

Document Description: FY17 CoC ESG Recommendations

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/31/2017
1B. Engagement	09/19/2017
1C. Coordination	09/24/2017
1D. Discharge Planning	09/06/2017
1E. Project Review	09/19/2017
1F. Reallocation Supporting Documentation	09/14/2017
2A. HMIS Implementation	09/19/2017
2B. PIT Count	09/15/2017
2C. Sheltered Data - Methods	09/19/2017
3A. System Performance	09/19/2017
3B. Performance and Strategic Planning	09/19/2017

4A. Mainstream Benefits and Additional Policies	09/20/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

Westchester County

Continuum of Care Partnership for the Homeless

FY2017 Process for Reallocation

For FY2017, the Westchester County CoC used the Reallocation process to reallocate lower performing projects to create new higher performing projects.

Projects were ranked based on Performance Measure criteria approved by the CoC Board on July 25, 2017.

All 28 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed by the CoC Board on August 2, 2017. At that meeting, the CoC Board reviewed all renewal projects, and weighing the priorities of the CoC as well as HUD's priorities outlined in the FY2017 CoC NOFA, decided to reallocate the three (3) projects out of 28 renewals - comprising \$312,335 total ARA - with the lowest rankings based on the Performance Measures.

The CoC actively encouraged new and existing providers to apply for new projects through reallocation. Westchester County DSS (an existing provider) requested that reallocated funds be used to create an expansion project for the renewal Turning Point PSH project.

The CoC Board approved this request on 08/02/17. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable chronically homeless individuals and families.

These projects are:

Rank 28 (Score 17.298 out of 41): **CMV RA 04 (\$79,948 ARA)**

Permanent Supportive Housing project.

Recipient: City of Mount Vernon

Rank 27 (Score 22.721 out of 41): **Apartment Finding Initiative (\$102,000 ARA)**

Supportive Services Only project.

Recipient: Westchester County Department of Social Services

Rank 26 (Score 23.047 out of 41): **Another Way Home (\$130,987 ARA)**

Transitional Housing project.

Recipient: Lifting Up Westchester, Inc.

Recipient and subrecipient agencies were notified in writing of the reallocation by the CoC Board on August 3, 2017.

The Westchester County CoC Board believes that the reallocated funding from these low performing projects will better serve the homeless population of Westchester County by providing funding to expand the Turning Point PSH project.

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS Length of stay Percent of permanent housing exit destinations Percent increases in income	0-3 points based on in-component performance 0-3 points based on in-component performance 0-3 points based on in-component performance	last APR submitted to HUD Q27 last APR submitted to HUD Q36 Performance Measure 1 last APR submitted to HUD Q24b3
Monitoring Criteria Participant eligibility Utilization rates Frequency or amounts of funds recaptured by HUD	0-3 points 0-3 points based on in-component performance 0-3 points based on in-component performance	CoC monitoring findings letter last APR submitted to HUD Q8 last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs Youth Victims of domestic violence Families with children Persons experiencing chronic homelessness Veterans Current or past substance use; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status HIV Significant health or behavioral health challenges or functional impairments	5 points for one or more	
APR timeliness	0-2 points (1 point for each on time APR in FY13 and FY14)	e-snaps time stamps
Unique service to CoC structure	Subjective award of 0-1 point	FY16 rankings
Feasibility to sustain without HUD funding No alternate funding identified Housing part of another program or structure Significant number of family households with TANF/ Safety Net or other alternate funding readily available	5 2 0	
Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 41

HMIS is rank #1

Westchester Coordinated Entry is rank #2

First time renewal without performance data available is placed in top spot of Tier 2

Note: The Westchester County Continuum of Care (NY-604) did not reject any Project Applications for FY2017. All Project Applications were accepted and ranked.

Three projects were eliminated through reallocation.

The letters to notify those project applicants that the Westchester County CoC Board approved the reallocations affecting their projects are attached.

In addition, we are including the letters to the Project Applicants notifying them that ALL of their projects were accepted and ranked during the Competition Process.



August 3, 2017

Ms. Danielle Scholar
Deputy Commissioner, Community Planning and Development
City of Mount Vernon
City Hall, 1 Roosevelt Square North
Mount Vernon, New York 10550

RE: FY2017 Continuum of Care Application Project Reallocation

Dear Ms. Scholar:

The FY2017 NOFA for the Continuum of Care Program Competition was released on 07/14/17. Per section VI.D.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.A.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2017 for possible reallocation.

During a Board meeting held on 07/25/17, the CoC Board approved Performance Measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, and % HUD funds recaptured. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations or populations with special needs and projects with unique value to the CoC were also scored higher.

Projects were ranked using the above criteria, and your **CMV RA 04** (Permanent Supportive Housing) project was ranked 28 out of the 28 projects eligible for renewal.

During a subsequent Board meeting held on 08/02/17, the CoC Board elected to reallocate the three projects with the lowest rankings based on the Performance Measures (ranks 26 through 28), including CMV RA 04.

Reallocated funds were approved to be used to create an expansion project for the renewal Turning Point PSH project. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable homeless individuals and families.



**WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS**

c/o WCDCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

On behalf of the CoC, I want to thank you for your work to assist the homeless in Westchester County, and your participation in this difficult process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY2017 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
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maximum total = 41

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First time renewal without performance data available is placed in top spot of Tier 2



August 3, 2017

Mr. Craig Wong
Program Administrator-Homeless Services
Westchester County Department of Social Services
85 Court Street
White Plains, New York 10601

RE: FY2017 Continuum of Care Application Project Reallocation

Dear Mr. Wong:

The FY2017 NOFA for the Continuum of Care Program Competition was released on 07/14/17. Per section VI.D.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.A.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2017 for possible reallocation.

During a Board meeting held on 07/25/17, the CoC Board approved Performance Measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, and % HUD funds recaptured. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations or populations with special needs and projects with unique value to the CoC were also scored higher.

Projects were ranked using the above criteria, and the **Apartment Finding Initiative** (Supportive Services Only) project administered by DSS was ranked 27 out of the 28 projects eligible for renewal.

During a subsequent Board meeting held on 08/02/17, the CoC Board elected to reallocate the three projects with the lowest rankings based on the Performance Measures (ranks 26 through 28), including Apartment Finding Initiative.

Reallocated funds were approved to be used to create an expansion project for the renewal Turning Point PSH project. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable homeless individuals and families.



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c/o WC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

On behalf of the CoC, I want to thank you for your work to assist the homeless in Westchester County, and your participation in this difficult process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY2017 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS Length of stay Percent of permanent housing exit destinations Percent increases in income	0-3 points based on in-component performance 0-3 points based on in-component performance 0-3 points based on in-component performance	last APR submitted to HUD Q27 last APR submitted to HUD Q36 Performance Measure 1 last APR submitted to HUD Q24b3
Monitoring Criteria Participant eligibility Utilization rates Frequency or amounts of funds recaptured by HUD	0-3 points 0-3 points based on in-component performance 0-3 points based on in-component performance	CoC monitoring findings letter last APR submitted to HUD Q8 last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs Youth Victims of domestic violence Families with children Persons experiencing chronic homelessness Veterans Current or past substance use; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status HIV Significant health or behavioral health challenges or functional impairments	5 points for one or more	
APR timeliness	0-2 points (1 point for each on time APR in FY13 and FY14)	e-snaps time stamps
Unique service to CoC structure	Subjective award of 0-1 point	FY16 rankings
Feasibility to sustain without HUD funding No alternate funding identified Housing part of another program or structure Significant number of family households with TANF/ Safety Net or other alternate funding readily available	5 2 0	
Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 41

HMIS is rank #1

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First time renewal without performance data available is placed in top spot of Tier 2

Applicant Name	Project Name	Grant Number	Total ARA	Increasing Housing Stability/Length of Time Homeless (= Length of stay Q27 on APR)	Percent of permanent housing exit destinations (=PM1 on APR)	Percent increases in income (Q24b3)	Participant eligibility	Utilization rates (Q8)	APR timeliness	Frequency or amounts of funds recaptured by HUD (Q30-31)	Project Type		Need for specialized population services /Serves population with severe needs and vulnerabilities	Feasibility to sustain without HUD funding	Unique service to CoC structure	RANKING SCORE	RANK	Project Name	Funded at rank or below
Westchester County Dept. of Social Ser	HMIS	NY0749L2T041506	\$260,000								HMIS					41.000	1	HMIS	\$15,877,082
Westchester County Dept. of Social Ser	Westchester Coordinated Entry	NY1050L2T041500	\$136,819								SSO-CE					40.900	2	Westchester Coordinated Entry	\$15,617,082
Westchester County Dept. of Social Ser	First Steps	NY0862L2T041504	\$723,735	992	99%	56%	100%	96.09%	2	97%	PSH	10	5	5	1	37.043	3	First Steps	\$15,480,263
Westchester County Dept. of Social Ser	Homestead	NY0478L2T041508	\$433,183	1244	91%	66%	86%	92%	2	95%	PSH	10	5	5	1	36.304	4	Homestead	\$14,756,528
City of Mount Vernon (NY)	CMV RA 07	NY0627L2T041507	\$86,842	919	100%	57%	100%	104%	2	87%	PSH	10	5	5	0	35.804	5	CMV RA 07	\$14,323,345
City of Mount Vernon (NY)	CMV RA Vets	NY0887L2T041504	\$48,076	1159	100%	67%	50%	167%	2	100%	PSH	10	5	5	0	35.641	6	CMV RA Vets	\$14,236,503
The Municipal Housing Authority for th	Rapid Road To Housing	NY0953L2T041502	\$340,508	475	89%	63%	100%	76%	2	77%	RRH	10	5	5	0	35.516	7	Rapid Road To Housing	\$14,188,427
Westchester County Dept. of Commun	DCMH Samaritan Initiative	NY0815L2T041505	\$157,552	1442	100%	83%	100%	80%	2	51%	PSH	10	5	5	0	34.411	8	DCMH Samaritan Initiative	\$13,847,919
City of Mount Vernon (NY)	CMV RA 06	NY0625L2T041507	\$264,737	1348	100%	75%	0%	107%	2	86%	PSH	10	5	5	0	33.967	9	CMV RA 06	\$13,690,367
Greystone Health Services, Inc.	Issan House	NY0481L2T041508	\$265,984	1244	83%	63%	50%	95%	2	100%	PSH	10	5	5	0	33.828	10	Issan House	\$13,425,630
Westchester County Dept. of Commun	DCMH Leasing Project	NY0904L2T041502	\$148,788	625	100%	14%	100%	100%	2	82%	PSH	10	5	5	0	33.691	11	DCMH Leasing Project	\$13,159,646
The Municipal Housing Authority for th	HIV RA	NY0886L2T041504	\$64,101	397	100%	25%	100%	100%	2	64%	PSH	10	5	5	0	32.848	12	HIV RA	\$13,010,858
The Municipal Housing Authority for th	Westhab RA SRO	NY0745L2T041506	\$39,974	1015	100%	100%	100%	100%	2	53%	PSH	10	5	2	0	32.751	13	Westhab RA SRO	\$12,946,757
Westchester County Dept. of Commun	DCMH Vet Home 03	NY0888L2T041504	\$79,944	1063	100%	75%	100%	63%	2	50%	PSH	10	5	5	0	32.498	14	DCMH Vet Home 03	\$12,906,783
The Municipal Housing Authority for th	Yonkers RA	NY0496L2T041508	\$520,731	2334	97%	60%	80%	124%	2	95%	PSH	10	5	5	0	32.416	15	Yonkers RA	\$12,826,839
Westchester County Dept. of Social Ser	Life Bridges	NY0473L2T041508	\$49,499	233	71%	44%	100%	87%	2	99%	TH	5	5	5	0	31.151	16	Life Bridges	\$12,306,108
Westchester County Dept. of Social Ser	Stepping Stones	NY0864L2T041504	\$329,915	305	85%	37%	100%	80%	2	87%	TH	5	5	5	0	30.085	17	Stepping Stones	\$12,256,609
Westchester County Dept. of Social Ser	The Refuge	NY0624L2T041507	\$107,001	302	67%	22%	100%	82%	2	100%	TH	5	5	5	1	29.919	18	The Refuge	\$11,926,694
Westchester County Dept. of Commun	DCMH RA Project	NY0488L2T041508	\$7,464,370	2402	97%	59%	5%	97%	2	87%	PSH	10	5	5	0	29.609	19	DCMH RA Project	\$11,819,693
HOPE Community Services, Inc.	CNR Rehousing Initiative	NY0861L2T041504	\$256,614	796	83%	50%	100%	113%	2	96%	PSH	10	5	5	0	29.351	20	CNR Rehousing Initiative	\$4,355,323
City of Mount Vernon (NY)	Shallow Rent	NY0475L2T041508	\$351,788	1217	97%	57%	20%	99%	2	89%	PSH	10	5	5	0	28.603	21	Shallow Rent	\$4,098,709
Westchester County Dept. of Social Ser	Turning Point	NY0988L2T041501	\$2,698,758	199	96%	16%	65%	52%	2	57%	PSH	10	5	5	0	27.605	22	Turning Point	\$3,746,921
The Municipal Housing Authority for th	Housing Independence Through Emplo	NY0505L2T041508	\$493,839	not yet operat	not yet oper	not yet oper	not yet oper	not yet oper	1.962	not yet oper	RRH	10	5	5	0	27.597	23	Housing Independence Through Emplo	\$1,048,163
Westchester County Dept. of Social Ser	DSS Supportive SRO	NY0499L2T041508	\$33,660	1788	90%	50%	100%	98%	2	84%	PSH	10	5	2	0	27.591	24	DSS Supportive SRO	\$554,324
City of Mount Vernon (NY)	CMV RA 05	NY0816L2T041505	\$208,329	1193	100%	42%	0%	73%	2	63%	PSH	10	5	5	0	24.794	25	CMV RA 05	\$520,664
Lifting Up Westchester, Inc.	Another Way Home	NY0859L2T041504	\$130,387	840	60%	70%	100%	70%	2	91%	TH	5	5	5	0	23.047	26	Another Way Home	\$312,335
Westchester County Dept. of Social Ser	Apartment Finding Initiative	NY0500L2T041508	\$102,000	129	36%	33%	100%	106%	2	40%	SSO	0	5	5	1	22.721	27	Apartment Finding Initiative	\$181,948
City of Mount Vernon (NY)	CMV RA 04	NY0751L2T041506	\$79,948	1377	67%	83%	0%	51%	1	46%	PSH	10	5	2	0	17.298	28	CMV RA 04	\$79,948

PHB \$952,625

ARD	Total ARA	0-3
ARD plus PHB	\$15,877,082	0-3
Tier 1	\$16,829,707	0-3
Tier 2	\$14,924,457	0-3
Tier 2 with PHB	\$952,625	0-3
	\$1,905,250	0-3



August 3, 2017

Anahaita Kotval
Executive Director
Lifting Up Westchester
35 Orchard Street
White Plains, New York 10607

RE: FY2017 Continuum of Care Application Project Reallocation

Dear Ms. Kotval:

The FY2017 NOFA for the Continuum of Care Program Competition was released on 07/14/17. Per section VI.D.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.A.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2017 for possible reallocation.

During a Board meeting held on 07/25/17, the CoC Board approved Performance Measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, and % HUD funds recaptured. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations or populations with special needs and projects with unique value to the CoC were also scored higher.

Projects were ranked using the above criteria, and the **Another Way Home** (Transitional Housing) project administered by Lifting Up Westchester was ranked 26 out of the 28 projects eligible for renewal.

During a subsequent Board meeting held on 08/02/17, the CoC Board elected to reallocate the three projects with the lowest rankings based on the Performance Measures (ranks 26 through 28), including Another Way Home.

Reallocated funds were approved to be used to create an expansion project for the renewal Turning Point PSH project. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable homeless individuals and families.



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c/o WC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

On behalf of the CoC, I want to thank you for your work to assist the homeless in Westchester County, and your participation in this difficult process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY2017 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS Length of stay Percent of permanent housing exit destinations Percent increases in income	0-3 points based on in-component performance 0-3 points based on in-component performance 0-3 points based on in-component performance	last APR submitted to HUD Q27 last APR submitted to HUD Q36 Performance Measure 1 last APR submitted to HUD Q24b3
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maximum total = 41

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August 31, 2017

Patrick James,
General Manager of Healthy and Sustainable Communities
Greyston Foundation
21 Park Avenue
Yonkers, New York 10703

RE: FY2017 Continuum of Care application project prioritization

Dear Mr. James:

This letter serves to inform you that the 1 Project Application submitted by Greyston Health Services will be prioritized and will be submitted as part of the Westchester County CoC 2017 Consolidated Application.

If you have any questions, please contact me at (914) 995-5278.

Thank you,

Annette Peters-Ruvolo, LCSW
Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



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(914) 995-6220 (fax)

August 31, 2017

Carole Troum
Executive Director
HOPE Community Services
50 Washington Avenue
New Rochelle NY 10801

RE: FY2017 Continuum of Care application project prioritization

Dear Ms. Troum:

This letter serves to inform you that the 1 Project Application submitted by HOPE Community Services will be prioritized and will be submitted as part of the Westchester County CoC 2017 Consolidated Application.

If you have any questions, please contact me at (914) 995-5278.

Thank you,

Annette Peters-Ruvolo, LCSW
Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



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c/o WC DCMH
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August 31, 2017

Joseph Shuldiner
Executive Director
Municipal Housing Authority for the City of Yonkers
1511 Central Park Avenue
P.O. Box 35
Yonkers NY 10710-0035

RE: FY2017 Continuum of Care application project prioritization

Dear Mr. Shuldiner:

This letter serves to inform you that all 5 Project Applications submitted by the Municipal Housing Authority for the City of Yonkers will be prioritized and will be submitted as part of the Westchester County CoC 2017 Consolidated Application.

The FY2017 NOFA for the Continuum of Care Program Competition released 07/14/17 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. As discussed in Section IV.A of the NOFA, it is anticipated that the amount of funding available will be sufficient to fund all eligible renewal projects submitted in the FY2017 CoC Program Competition. However, in the event that is not the case, HUD will select projects in Tier 2 in order of point value until there are no more funds available.

HUD has given local CoC's the opportunity to rank projects and decide which projects will be listed in Tier 2 in their FY2016 application. At a meeting of the Westchester County CoC Board held on 08/02/17, the Housing Independence Through Employment project was placed at the top of Tier 2.

Funding for the current operating year of this project is unaffected. We will, of course, keep you up to date with further developments including any funding notices (expected in late 2017) from HUD informing MHACY of the status of projects placed in Tier 2.

If you have any questions, please contact me at (914) 995-5278.

Thank you,

Annette Peters-Rivolo, LCSW

Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



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d/o WC DCMH
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(914) 995-6220 (fax)

August 31, 2017

Dorothy Anderson
Deputy Commissioner of Planning/Code Enforcement
City of Mount Vernon
City Hall - Roosevelt Square
Mount Vernon NY 10550

RE: FY2017 Continuum of Care application project prioritization

Dear Ms. Anderson:

This letter serves to inform you that all 5 Project Applications submitted by the City of Mount Vernon will be prioritized and will be submitted as part of the Westchester County CoC 2017 Consolidated Application.

The FY2017 NOFA for the Continuum of Care Program Competition released 07/14/17 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. As discussed in Section IV.A of the NOFA, it is anticipated that the amount of funding available will be sufficient to fund all eligible renewal projects submitted in the FY2017 CoC Program Competition. However, in the event that is not the case, HUD will select projects in Tier 2 in order of point value until there are no more funds available.

HUD has given local CoC's the opportunity to rank projects and decide which projects will be listed in Tier 2 in their FY2017 application. At a meeting of the Westchester County CoC Board held on 08/02/17, the CMV RA 05 project was chosen as a Tier 2 project based on the scoring under criteria adopted by the Board on 07/25/17.

In addition, as described to you in a previous letter, the three lowest scoring projects were reallocated into a new Permanent Supportive Housing project by the CoC Board, including CMV RA 04.

Funding for the current operating years of these projects is unaffected. We will, of course, keep you up to date with further developments including any funding notices (expected in late 2017) from HUD informing the City of Mount Vernon of the status of projects placed in Tier 2.

If you have any questions, please contact me at (914) 995-5278.

Thank you,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS

c/o WCDCH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

August 31, 2017

Craig Wong
Program Administrator-Homeless Services
Westchester County Department of Social Services
85 Court Street
White Plains, New York 10601

RE: FY2017 Continuum of Care application project prioritization

Dear Mr. Wong:

This letter serves to inform you that 11 Project Applications submitted by the Westchester County DSS will be prioritized and will be submitted as part of the Westchester County CoC 2017 Consolidated Application.

Per DSS request, the Project Application for DSS Samaritan Initiative will not be prioritized, pending the in-process consolidation of that project with Turning Point for FY2016. That project will be prioritized if the consolidation is not completed before the submission of the CoC Application to HUD.

The FY2017 NOFA for the Continuum of Care Program Competition released 07/14/17 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. As discussed in Section IV.A of the NOFA, it is anticipated that the amount of funding available will be sufficient to fund all eligible renewal projects submitted in the FY2017 CoC Program Competition. However, in the event that is not the case, HUD will select projects in Tier 2 in order of point value until there are no more funds available.

HUD has given local CoC's the opportunity to rank projects and decide which projects will be listed in Tier 2 in their FY2017 application. At a meeting of the Westchester County CoC Board held on 08/02/17, the DSS Supportive SRO project was chosen as a Tier 2 project based on the scoring under criteria adopted by the Board on 07/25/17.

In addition, as described to you in a previous letter, the three lowest scoring project were reallocated into a new Permanent Supportive Housing project by the CoC Board, including Apartment Finding Initiative.

Funding for the current operating years of these projects is unaffected. We will, of course, keep you up to date with further developments including any funding notices (expected in late 2017) from HUD informing Westchester County DSS of the status of projects placed in Tier 2.

If you have any questions, please contact me at (914) 995-5278.

Thank you,

Annette Peters-Rivolo, LCSW
Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
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c/o WC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

August 31, 2017

Michael Orth
Acting Commissioner
Westchester County DCMH
112 East Post Road, 2nd Floor
White Plains NY 10601

RE: FY2017 Continuum of Care application project prioritization

Dear Mr. Orth:

This letter serves to inform you that all 7 Project Applications submitted by the Westchester County Department of Community Mental Health will be prioritized and will be submitted as part of the Westchester County CoC 2017 Consolidated Application.

If you have any questions, please contact me at (914) 995-5278.

Thank you,

Annette Peters-Ruvolo, LCSW
Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

Westchester County
Continuum of Care Partnership for the Homeless

FY2017 CoC Rating and Review Procedure

Projects were ranked based on Performance Measure criteria approved by the CoC Board on July 25, 2017. The Performance Measures used objective criteria to rank projects (including length of stay in housing, increase in participant incomes, participant eligibility, occupancy rates, HUD funds recaptured, APR timeliness), and included at least one factor related to achieving positive housing outcomes (% exits to permanent housing destinations).

All 28 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed and approved by the CoC Board on August 2, 2017.

Please find attached:

- 1) local project ranking criteria, and

- 2) table showing the local scores for each project based on that criteria & resulting ranking order for Continuum of Care projects.

- 3) The project ranking criteria and resulting ranking order were approved by the entire CoC Board, including all stakeholders, on 07/25/17 and 08/02/17.
New projects were selected and added to the ranking order by the CoC Board on 08/16/17.
Minutes from those Board meetings are attached.

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS Length of stay Percent of permanent housing exit destinations Percent increases in income	0-3 points based on in-component performance 0-3 points based on in-component performance 0-3 points based on in-component performance	last APR submitted to HUD Q27 last APR submitted to HUD Q36 Performance Measure 1 last APR submitted to HUD Q24b3
Monitoring Criteria Participant eligibility Utilization rates Frequency or amounts of funds recaptured by HUD	0-3 points 0-3 points based on in-component performance 0-3 points based on in-component performance	CoC monitoring findings letter last APR submitted to HUD Q8 last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs Youth Victims of domestic violence Families with children Persons experiencing chronic homelessness Veterans Current or past substance use; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status HIV Significant health or behavioral health challenges or functional impairments	5 points for one or more	
APR timeliness	0-2 points (1 point for each on time APR in FY13 and FY14)	e-snaps time stamps
Unique service to CoC structure	Subjective award of 0-1 point	FY16 rankings
Feasibility to sustain without HUD funding No alternate funding identified Housing part of another program or structure Significant number of family households with TANF/ Safety Net or other alternate funding readily available	5 2 0	
Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 41

HMIS is rank #1

Westchester Coordinated Entry is rank #2

First time renewal without performance data available is placed in top spot of Tier 2

**Westchester County
Continuum of Care Partnership for the Homeless**

**BOARD MEETING #1 IN PREP FOR HUD NOFA
July 25, 2017
3:45pm**

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Dahlia Austin, David Booker, Nadine Burns-Lyons, James Coughlin (phone), Erica D'Aquino (phone), Helen Frankel (phone), Nicole Granata, Cynthia Knox (phone), Anahaita Kotval (phone), Danielle Scholar (phone), JoMarie Tarchoun, Yoav Spiegel, Craig Wong.

Topic #1:	Discussion:
Review of FY17 NOFA	<ul style="list-style-type: none"> Annette & Yoav presented an overview of HUD's NOFA. Relevant parts of the NOFA were highlighted and discussed to bring all Board members up to speed.

Topic #2	
Proposed priority ranking criteria review and vote	<ul style="list-style-type: none"> Karl, Annette and Yoav reviewed the proposed priority ranking criteria and items were discussed by the Board. After questions were answered and any concerns discussed, a vote took place to accept the proposed ranking. Helen Frankel motioned to accept; Jim Coughlin seconded. 10 in favor, 0 opposed, no abstentions.

Topic #3	Discussion:
Next steps	<ul style="list-style-type: none"> Annette reviewed upcoming important dates to carry the Board to the submission due date for all Project Applications – 8/28/17

Meeting was adjourned at 4:45pm.

Respectfully submitted: Annette Peters-Ruvolo

Date: 08/7/17

Next Meeting Date: 8/2/17

Time: 9:30am Location: DCMH room 217

**Westchester County
Continuum of Care Partnership for the Homeless**

**BOARD MEETING #2 IN PREP FOR HUD NOFA
August 2, 2017
9:30am**

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Dahlia Austin, Quantel Bazemore, David Booker, Nadine Burns-Lyons, James Coughlin, Helen Frankel, Tajae Gaynor, Andrea Kocsis, Cynthia Knox, Anahaita Kotval (phone), Maria McGinty, Allison McSpedon, Michael Orth, Trish Quattrocchi, Laurie Smalley, Yoav Spiegel, JoMarie Tarchoun, Craig Wong.

Topic #1:	Discussion:
Review of FY17 NOFA	<ul style="list-style-type: none"> Annette & Yoav presented an overview of HUD’s NOFA. Relevant parts of the NOFA were highlighted and discussed to bring all Board members up to speed.

Topic #2	
Proposed priority ranking results and vote	<ul style="list-style-type: none"> Karl, Annette and Yoav reviewed the ranking results and items were discussed by the Board. Board members proposed to move Shallow Rent to rank #22, Turning Point to rank # 23 and HITE to rank #24. After questions were answered and any concerns discussed, a vote took place to accept the revised ranking. Dahlia Austin motioned, and Quantel Bazemore seconded. Vote shares were 28 in favor, 5 opposed, 2 abstentions.

Topic #3	
Proposed FY20167Reallocations	<ul style="list-style-type: none"> Annette, Karl and Yoav presented possible reallocations for the FY2017 CoC competition. The Board discussed, based on last year’s project rankings and results of the FY16 competition, possible reallocation of some or all Tier 2 projects. A motion was presented by Quantel Bazemore and seconded by Nadine Burns-Lyons to reallocate the bottom 3 projects (Another Way Home, AFI and CMV RA 04). Vote shares were 33 in favor, 0 opposed, 2 abstentions. It was further motioned by Dahlia Austin and seconded by Anahaita Kotval that all reallocations would be to expand Turning Point. Vote shares were 35 in favor; 0 opposed, no abstentions.

Topic #4	

Westchester County
Continuum of Care Partnership for the Homeless

Permanent Supportive Housing Bonus	<ul style="list-style-type: none"> Karl, Yoav and Annette described this year’s PSHB and proposed various ideas for the Project Application. Populations that were presented at 6/30/16’s Meeting on Priorities were reviewed. All Board members were in favor of pursuing the PSHB and a motion was presented by Dahlia Austin and seconded by Helen Frankel to create an RFP for the PSHB for up to 2 projects to be funded at a total of \$952,000 for any of the 3 options made available in this year’s NOFA: PSH, RRH, JOINT. Applicants can apply for full or half of the amount and up to 2 projects will be awarded. Vote shares were 35 in favor, 0 opposed, 0 abstentions.
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Topic #5	Discussion:
Next steps	<ul style="list-style-type: none"> Annette reviewed upcoming important dates to carry the Board to the submission due date for all Project Applications – 8/28/17. An RFP will be released in the next 48 hours for the PSHB. Grantees were reminded to be on the look-out for emails from Annette or Yoav for input/documents necessary for the NOFA.

Meeting was adjourned at 11:30am.

Respectfully submitted: Annette Peters-Ruvolo

Date: 08/7/17

Next Meeting Date: 8/16/17

Time: 9:30am Location: DCMH EAP room

Westchester County
Continuum of Care Partnership for the Homeless
MONTHLY BOARD MEETING
August 16, 2017
9:30am

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Geoffrey Anderson (phone), David Booker, Howard Charton (phone), James Coughlin, Helen Frankel, Tajae Gaynor, Nicole Granata, Alba Guevara (phone), Cynthia Knox, Anahaita Kotval (phone), Rita Liegner (phone), Maria McGinty, Allison McSpedon, Trish Quattrocchi, Yoav Spiegel, JoMarie Tarchoun.

Topic #1:	Discussion:
CoC recognized	<ul style="list-style-type: none"> Annette presented to the Board on the recognition award the CoC received on 7/27/17 from Westhab at the ribbon cutting ceremony for their BAY House program for young adults in Yonkers. The program is a collaboration between Children’s Village and Westhab, and CoC funding is used to support the project.

Topic #2	
Approval of minutes	<ul style="list-style-type: none"> Minutes were approved from the 7/25 and 8/2 meetings. Anahaita Kotval motioned to accept; Cynthia Knox seconded. All in favor, none opposed, 0 abstentions.

Topic #3	
Results of PHB competition/vote on ranking and selection of grantee	<ul style="list-style-type: none"> Four applications were accepted by the CoC for review by Board members. Westhab, TGCW, FSSY and HDSW submitted proposals. Based on scoring sheets collected by a quorum of Board Members, Westhab and TGCW were invited to apply with the CoC for the PHB. Westhab’s proposal is for 20 beds for PSH for vets and TGCW’s is to expand their Leasing project for chronically homeless substance abusers. Members voted on the ranking of these projects- Maria McGinty motioned; Anahaita seconded. All in favor, none opposed, 0 abstentions. The PHB would be ranked last, the Reallocation projects would be ranked above the PHB, except for the DCMH RAP reallocation request, which would be ranked just below the DCMH RAP. DSS agreed to be the grantee for the new PHB; DCMH would be the grantee for the RAP reallocation and Leasing reallocation.

Topic #4	
HUD 16-11 Order of Priorities	<ul style="list-style-type: none"> The Board received a draft of the 16-11 notice from HUD via email on 8/3/17. Board adopted the notice for use. Anahaita Kotval motioned; Nicole Granata seconded; all in favor, 0 opposed; 0 abstentions.

Topic #5	Discussion:

Westchester County Continuum of Care Partnership for the Homeless

Coordinated Entry Update	<ul style="list-style-type: none"> JoMarie and Annette updated the Board – draft policy/procedure manual should be going out by the end of the week – we are asking review be completed so we can discuss after the MOP on 9/7/17. Final vote target is 9/20/17. Two sections related to DV and ESG are awaiting discussions with stakeholders prior to final draft for Board review; as soon as those are completed, they will be reviewed separately and inserted appropriately. Next steps will be training.
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Topic #6	Discussion:
Housing First	<ul style="list-style-type: none"> Yoav explained the implications and relevance of Project Apps checking off Housing First – it is our understanding that the 2 RRH and VH03 are the only projects that should not be considered Housing First. Grantees were asked to consider this carefully when completing their applications.

Topic #7	Discussion:
ESG recommendations from the Board	<ul style="list-style-type: none"> Annette agreed to send ESG recs to the Board for review and vote next time we meet, at the MOP on 9/7/17

Topic #8	Discussion:
Changes to Board - CMV	<ul style="list-style-type: none"> Dorothy Anderson has been designated our new CoC Board member and representative for the City of Mount Vernon in Danielle Scholar's absence.

Topic #9	Discussion:
Consumer Advisory Committee	<ul style="list-style-type: none"> The second meeting of the CAC is scheduled for 8/22 at 3pm at DCMH, room 217.

Topic #10	Discussion:
DOH sponsoring flu shots	<ul style="list-style-type: none"> Annette agreed to send Laurie Smalley's flyer out via email – WC DOH is sponsoring free flu shot clinics in the community targeting homeless individuals. Any CoC member agency can contact Laurie directly if they are interested in setting something up. Dates have already been scheduled at HOPE CS and St Peter's Church in Port Chester.

Meeting was adjourned at 11:30am.

Respectfully submitted: Annette Peters-Ruvolo

Date: 08/30/17

Next Meeting Date: 9/20/17

Time: 9:30am Location: DCMH room 217

Westchester County

Continuum of Care Partnership for the Homeless

FY2017 Process for Reallocation

For FY2017, the Westchester County CoC used the Reallocation process to reallocate lower performing projects to create new higher performing projects.

Projects were ranked based on Performance Measure criteria approved by the CoC Board on July 25, 2017.

All 28 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed by the CoC Board on August 2, 2017. At that meeting, the CoC Board reviewed all renewal projects, and weighing the priorities of the CoC as well as HUD's priorities outlined in the FY2017 CoC NOFA, decided to reallocate the three (3) projects out of 28 renewals - comprising \$312,335 total ARA - with the lowest rankings based on the Performance Measures.

The CoC actively encouraged new and existing providers to apply for new projects through reallocation. Westchester County DSS (an existing provider) requested that reallocated funds be used to create an expansion project for the renewal Turning Point PSH project.

The CoC Board approved this request on 08/02/17. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable chronically homeless individuals and families.

These projects are:

Rank 28 (Score 17.298 out of 41): **CMV RA 04 (\$79,948 ARA)**

Permanent Supportive Housing project.

Recipient: City of Mount Vernon

Rank 27 (Score 22.721 out of 41): **Apartment Finding Initiative (\$102,000 ARA)**

Supportive Services Only project.

Recipient: Westchester County Department of Social Services

Rank 26 (Score 23.047 out of 41): **Another Way Home (\$130,987 ARA)**

Transitional Housing project.

Recipient: Lifting Up Westchester, Inc.

Recipient and subrecipient agencies were notified in writing of the reallocation by the CoC Board on August 3, 2017.

The Westchester County CoC Board believes that the reallocated funding from these low performing projects will better serve the homeless population of Westchester County by providing funding to expand the Turning Point PSH project.



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FY17 CoC Application

Revision as of 14:12, 6 August 2017 by Yspiegel (Talk | contribs | block) (view | Older revision | Latest revision (diff) | Newer revision → (diff))

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 - 3.2.4 Westchester County Department of Social Services
 - 3.2.5 Greyston Health Services
 - 3.2.6 HOPE Community Services

HUD FY2017 NOFA and Westchester County CoC Project Ranking [\[edit\]](#)

- Download FY2017 NOFA PDF from HUD website [↗](#)
- FY2017 Grant Inventory Worksheet for Westchester County CoC
- FY2017 Westchester County CoC Board Project Ranking Criteria 
- FY2017 Westchester County CoC Board Priority List in Rank order 
- Description of process used by Westchester CoC Board to decide on proposed reallocations for FY2017 CoC competition

Meeting Minutes & Handouts [\[edit\]](#)

- Westchester County CoC Board meeting 7/25/17

[[media:| Minutes of the July 25th meeting of the Westchester County CoC Board where the Project Ranking Criteria were discussed and approved]]

- Westchester County CoC Board meeting 8/2/17

[[media:| Minutes of the August 2nd meeting of the Westchester County CoC Board where the Final Ranking of CoC projects and reallocation of poorly performing projects were discussed and approved]]

FY2017 Westchester County Application Documents [\[edit\]](#)

FY2017 Westchester County CoC Application [\[edit\]](#)

FY2017 Westchester County Project Applications

Preview FY2017 Westchester County CoC Board Project Ranking Criteria

Preview FY2017 Westchester County CoC Board

Please find attached:

- 1) FY2017 Reallocation Process narrative**
- 2) Screen shot of CoC webpage showing public posting of the FY2016 Reallocation Process on 08/06/17.**
- 3) Letters to the three Project Applicants affected by the reallocation of the three projects informing them of the CoC Board approval of the reallocations.**
- 4) Minutes from 08/02/16 meeting of the Board of the Westchester CoC where FY2017 reallocations were proposed and approved by the CoC Board.**
- 5) Copy of emails distributing project performance scoring criteria and resulting project ranking to all CoC recipient and subrecipients, and inviting all recipients and subrecipients to the CoC Board vote held 08/02/17 decide on reallocations.**

As shown, these emails were sent by the CoC to ALL CoC recipient and subrecipients.

Westchester County

Continuum of Care Partnership for the Homeless

FY2017 Process for Reallocation

For FY2017, the Westchester County CoC used the Reallocation process to reallocate lower performing projects to create new higher performing projects.

Projects were ranked based on Performance Measure criteria approved by the CoC Board on July 25, 2017.

All 28 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed by the CoC Board on August 2, 2017. At that meeting, the CoC Board reviewed all renewal projects, and weighing the priorities of the CoC as well as HUD's priorities outlined in the FY2017 CoC NOFA, decided to reallocate the three (3) projects out of 28 renewals - comprising \$312,335 total ARA - with the lowest rankings based on the Performance Measures.

The CoC actively encouraged new and existing providers to apply for new projects through reallocation. Westchester County DSS (an existing provider) requested that reallocated funds be used to create an expansion project for the renewal Turning Point PSH project.

The CoC Board approved this request on 08/02/17. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable chronically homeless individuals and families.

These projects are:

Rank 28 (Score 17.298 out of 41): **CMV RA 04 (\$79,948 ARA)**

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Recipient and subrecipient agencies were notified in writing of the reallocation by the CoC Board on August 3, 2017.

The Westchester County CoC Board believes that the reallocated funding from these low performing projects will better serve the homeless population of Westchester County by providing funding to expand the Turning Point PSH project.



FY17 CoC Application

Revision as of 14:12, 6 August 2017 by Yspiegel (Talk | contribs | block) [diff] | Older revision | Latest revision (diff) | Newer revision -> (diff)

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FY2017 Westchester County Application Documents [\[edit\]](#)

FY2017 Westchester County CoC Application [\[edit\]](#)

FY2017 Westchester County Project Applications



Preview FY2017 Westchester County CoC Board Project Ranking Criteria



Preview FY2017 Westchester County CoC Board

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August 3, 2017

Ms. Danielle Scholar
Deputy Commissioner, Community Planning and Development
City of Mount Vernon
City Hall, 1 Roosevelt Square North
Mount Vernon, New York 10550

RE: FY2017 Continuum of Care Application Project Reallocation

Dear Ms. Scholar:

The FY2017 NOFA for the Continuum of Care Program Competition was released on 07/14/17. Per section VI.D.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.A.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2017 for possible reallocation.

During a Board meeting held on 07/25/17, the CoC Board approved Performance Measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, and % HUD funds recaptured. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations or populations with special needs and projects with unique value to the CoC were also scored higher.

Projects were ranked using the above criteria, and your **CMV RA 04** (Permanent Supportive Housing) project was ranked 28 out of the 28 projects eligible for renewal.

During a subsequent Board meeting held on 08/02/17, the CoC Board elected to reallocate the three projects with the lowest rankings based on the Performance Measures (ranks 26 through 28), including CMV RA 04.

Reallocated funds were approved to be used to create an expansion project for the renewal Turning Point PSH project. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable homeless individuals and families.



**WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS**

c/o WCDCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

On behalf of the CoC, I want to thank you for your work to assist the homeless in Westchester County, and your participation in this difficult process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY2017 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS Length of stay Percent of permanent housing exit destinations Percent increases in income	0-3 points based on in-component performance 0-3 points based on in-component performance 0-3 points based on in-component performance	last APR submitted to HUD Q27 last APR submitted to HUD Q36 Performance Measure 1 last APR submitted to HUD Q24b3
Monitoring Criteria Participant eligibility Utilization rates Frequency or amounts of funds recaptured by HUD	0-3 points 0-3 points based on in-component performance 0-3 points based on in-component performance	CoC monitoring findings letter last APR submitted to HUD Q8 last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs Youth Victims of domestic violence Families with children Persons experiencing chronic homelessness Veterans Current or past substance use; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status HIV Significant health or behavioral health challenges or functional impairments	5 points for one or more	
APR timeliness	0-2 points (1 point for each on time APR in FY13 and FY14)	e-snaps time stamps
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Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 41

HMIS is rank #1

Westchester Coordinated Entry is rank #2

First time renewal without performance data available is placed in top spot of Tier 2



August 3, 2017

Mr. Craig Wong
Program Administrator-Homeless Services
Westchester County Department of Social Services
85 Court Street
White Plains, New York 10601

RE: FY2017 Continuum of Care Application Project Reallocation

Dear Mr. Wong:

The FY2017 NOFA for the Continuum of Care Program Competition was released on 07/14/17. Per section VI.D.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.A.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2017 for possible reallocation.

During a Board meeting held on 07/25/17, the CoC Board approved Performance Measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, and % HUD funds recaptured. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations or populations with special needs and projects with unique value to the CoC were also scored higher.

Projects were ranked using the above criteria, and the **Apartment Finding Initiative** (Supportive Services Only) project administered by DSS was ranked 27 out of the 28 projects eligible for renewal.

During a subsequent Board meeting held on 08/02/17, the CoC Board elected to reallocate the three projects with the lowest rankings based on the Performance Measures (ranks 26 through 28), including Apartment Finding Initiative.

Reallocated funds were approved to be used to create an expansion project for the renewal Turning Point PSH project. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable homeless individuals and families.



**WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS**

c/o WC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

On behalf of the CoC, I want to thank you for your work to assist the homeless in Westchester County, and your participation in this difficult process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY2017 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

Proposed Westchester County CoC FY2017 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS Length of stay Percent of permanent housing exit destinations Percent increases in income	0-3 points based on in-component performance 0-3 points based on in-component performance 0-3 points based on in-component performance	last APR submitted to HUD Q27 last APR submitted to HUD Q36 Performance Measure 1 last APR submitted to HUD Q24b3
Monitoring Criteria Participant eligibility Utilization rates Frequency or amounts of funds recaptured by HUD	0-3 points 0-3 points based on in-component performance 0-3 points based on in-component performance	CoC monitoring findings letter last APR submitted to HUD Q8 last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs Youth Victims of domestic violence Families with children Persons experiencing chronic homelessness Veterans Current or past substance use; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status HIV Significant health or behavioral health challenges or functional impairments	5 points for one or more	
APR timeliness	0-2 points (1 point for each on time APR in FY13 and FY14)	e-snaps time stamps
Unique service to CoC structure	Subjective award of 0-1 point	FY16 rankings
Feasibility to sustain without HUD funding No alternate funding identified Housing part of another program or structure Significant number of family households with TANF/ Safety Net or other alternate funding readily available	5 2 0	
Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 41

HMIS is rank #1

Westchester Coordinated Entry is rank #2

First time renewal without performance data available is placed in top spot of Tier 2



August 3, 2017

Anahaita Kotval
Executive Director
Lifting Up Westchester
35 Orchard Street
White Plains, New York 10607

RE: FY2017 Continuum of Care Application Project Reallocation

Dear Ms. Kotval:

The FY2017 NOFA for the Continuum of Care Program Competition was released on 07/14/17. Per section VI.D.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.A.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2017 for possible reallocation.

During a Board meeting held on 07/25/17, the CoC Board approved Performance Measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, and % HUD funds recaptured. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations or populations with special needs and projects with unique value to the CoC were also scored higher.

Projects were ranked using the above criteria, and the **Another Way Home** (Transitional Housing) project administered by Lifting Up Westchester was ranked 26 out of the 28 projects eligible for renewal.

During a subsequent Board meeting held on 08/02/17, the CoC Board elected to reallocate the three projects with the lowest rankings based on the Performance Measures (ranks 26 through 28), including Another Way Home.

Reallocated funds were approved to be used to create an expansion project for the renewal Turning Point PSH project. Reallocation to Turning Point expansion was determined to be the most efficient use of funds as this project serves a large number of the most vulnerable homeless individuals and families.



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On behalf of the CoC, I want to thank you for your work to assist the homeless in Westchester County, and your participation in this difficult process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY2017 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

Co-Chair, Westchester County Continuum of Care Partnership for the Homeless

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Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 41

HMIS is rank #1

Westchester Coordinated Entry is rank #2

First time renewal without performance data available is placed in top spot of Tier 2

**Westchester County
Continuum of Care Partnership for the Homeless**

**BOARD MEETING #2 IN PREP FOR HUD NOFA
August 2, 2017
9:30am**

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Dahlia Austin, Quantel Bazemore, David Booker, Nadine Burns-Lyons, James Coughlin, Helen Frankel, Tajae Gaynor, Andrea Kocsis, Cynthia Knox, Anahaita Kotval (phone), Maria McGinty, Allison McSpedon, Michael Orth, Trish Quattrocchi, Laurie Smalley, Yoav Spiegel, JoMarie Tarchoun, Craig Wong.

Topic #1:	Discussion:
Review of FY17 NOFA	<ul style="list-style-type: none"> Annette & Yoav presented an overview of HUD’s NOFA. Relevant parts of the NOFA were highlighted and discussed to bring all Board members up to speed.

Topic #2	
Proposed priority ranking results and vote	<ul style="list-style-type: none"> Karl, Annette and Yoav reviewed the ranking results and items were discussed by the Board. Board members proposed to move Shallow Rent to rank #22, Turning Point to rank # 23 and HITE to rank #24. After questions were answered and any concerns discussed, a vote took place to accept the revised ranking. Dahlia Austin motioned, and Quantel Bazemore seconded. Vote shares were 28 in favor, 5 opposed, 2 abstentions.

Topic #3	
Proposed FY20167Reallocations	<ul style="list-style-type: none"> Annette, Karl and Yoav presented possible reallocations for the FY2017 CoC competition. The Board discussed, based on last year’s project rankings and results of the FY16 competition, possible reallocation of some or all Tier 2 projects. A motion was presented by Quantel Bazemore and seconded by Nadine Burns-Lyons to reallocate the bottom 3 projects (Another Way Home, AFI and CMV RA 04). Vote shares were 33 in favor, 0 opposed, 2 abstentions. It was further motioned by Dahlia Austin and seconded by Anahaita Kotval that all reallocations would be to expand Turning Point. Vote shares were 35 in favor; 0 opposed, no abstentions.

Topic #4	

Westchester County
Continuum of Care Partnership for the Homeless

Permanent Supportive Housing Bonus	<ul style="list-style-type: none"> Karl, Yoav and Annette described this year’s PSHB and proposed various ideas for the Project Application. Populations that were presented at 6/30/16’s Meeting on Priorities were reviewed. All Board members were in favor of pursuing the PSHB and a motion was presented by Dahlia Austin and seconded by Helen Frankel to create an RFP for the PSHB for up to 2 projects to be funded at a total of \$952,000 for any of the 3 options made available in this year’s NOFA: PSH, RRH, JOINT. Applicants can apply for full or half of the amount and up to 2 projects will be awarded. Vote shares were 35 in favor, 0 opposed, 0 abstentions.
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Topic #5	Discussion:
Next steps	<ul style="list-style-type: none"> Annette reviewed upcoming important dates to carry the Board to the submission due date for all Project Applications – 8/28/17. An RFP will be released in the next 48 hours for the PSHB. Grantees were reminded to be on the look-out for emails from Annette or Yoav for input/documents necessary for the NOFA.

Meeting was adjourned at 11:30am.

Respectfully submitted: Annette Peters-Ruvolo

Date: 08/7/17

Next Meeting Date: 8/16/17

Time: 9:30am Location: DCMH EAP room



Yoav Spiegel <yoavnat@gmail.com>

re: WC CoC proposed Project Ranking Tool - vote 7/25/17 at 4pm**Peters-Ruvolo, Annette** <apr5@westchestergov.com>

Mon, Jul 24, 2017 at 1:20 PM

To: "Blanca P. Lopez" <blancalhds@aol.com>, "Connors, Desh" <dle1@westchestergov.com>, Daniel Gore <daniel@dgoreconsulting.com>, "Elizabeth McCorvey (frcecm@aol.com)" <frcecm@aol.com>, Freda Macon <fmacon@clusterinc.org>, "Giuliano, Mark" <mrg3@westchestergov.com>, Gordon Albert <galbert@westcop.org>, "John, Christopher" <caj6@westchestergov.com>, joseph shuldiner <jshuldiner@mhacy.org>, Karen Dattore <kdattore@ifcany.org>, "Linda Puoplo (lpuoplo@whiteplainsny.gov)" <lpuoplo@whiteplainsny.gov>, Paul Stolz <paul.stolz@va.gov>, "Real, Kay B." <kaybreal@whiteplainsny.gov>, "Sanchez, Dana" <das5@westchestergov.com>, "alba.guevara@yonkersny.gov" <alba.guevara@yonkersny.gov>, Allison McSpedon <amcspedon@programdesign.com>, Amy Gelles <agelles@tgcny.org>, Anahaita Kotval <akotval@liftingupwestchester.org>, Anderson Geoffrey <ganderson@wroinc.org>, "Austin, Dahlia" <daa3@westchestergov.com>, Barbara Bento-Fleming <BBento-Fleming@liftingupwestchester.org>, Candice Kane <ckane@fssy.org>, "Carole Troum (ctroum@hope-cs.org)" <ctroum@hope-cs.org>, Cynthia Knox <cynthiakchop@gmail.com>, Danielle Scholar <dscholar@ci.mount-vernon.ny.us>, David Booker <libro60@verizon.net>, "erikad@greyston.org" <erikad@greyston.org>, "Eweka, Bruce" <bae4@westchestergov.com>, Frankel Helen <hfrankel@fssy.org>, Gerry Riera <gerryr@ymcatarrytown.org>, "Howard Charton (hcharton@breakingground.org)" <hcharton@breakingground.org>, James Coughlin <James.Coughlin@westhab.org>, Judy Curcio <jcurcio@lexingtonctr.org>, kathy pandekakes <kipandekakes@hds.org>, "KBertrand@programdesign.com" <KBertrand@programdesign.com>, Kocsis Andrea <AKocsis@hds.org>, "Manzione, Susan" <smma@westchestergov.com>, "Marcie Ciuffetelli (mciuffetelli@mhacy.org)" <mciuffetelli@mhacy.org>, Maria McGinty <mmcginty@swboces.org>, Maria McGinty2 <mmcginty3@verizon.net>, Melissa Massaline <melissachop@gmail.com>, Michelle Gonzalez YWCA Yonkers <michellehgonzalez@gmail.com>, "Michelle Pedraza (Michellep@greyston.org)" <Michellep@greyston.org>, Nadine Burns-Lyons <Nadine@thesharingcommunity.org>, "Nicole Granata (ngranata@hds.org)" <ngranata@hds.org>, "Quattrocchi, Patricia" <paq1@westchestergov.com>, Rita Liegner <rliegner@theguidancecenter.org>, "Ron Maurer (ronmchop@gmail.com)" <ronmchop@gmail.com>, "Ruthanne Becker (beckerr@mhawestchester.org)" <beckerr@mhawestchester.org>, "Smalley, Laurie" <lds2@westchestergov.com>, Stephaniee Bennet <sbennett@hope-cs.org>, "Swanson, Mona" <MSwanson@childrensvillage.org>, Tajae Gaynor <tgaynor@clusterinc.org>, "Tarchoun, Jomarie" <jjcf@westchestergov.com>, Tisne Suzanne <stisne@lexingtonctr.org>, "Wong, Craig" <cqw1@westchestergov.com>, Yoav Spiegel <YSpiegel@programdesign.com>

Good afternoon,

Please see attached this year's proposed Project Ranking Tool.

We are meeting tomorrow, Tuesday, 7/25/17 at DCMH room 217 at 3:45pm to discuss and vote on the final tool to be used in ranking projects for this year's NOFA. (Project Applications are due 8/28 and the full NOFA is due 9/28/17).

Call in info for meeting on 7/25 at 3:45pm:

Phone #: 515-739-1015

Dial in # for participants:

947-630-925

IF YOU ARE A VOTING BOARD MEMBER AND CANNOT ATTEND IN PERSON OR BY PHONE, PLEASE CONTACT ANNETTE BY 5PM MONDAY, 7/24 IF YOU ARE DESIGNATING A REPRESENTATIVE TO VOTE ON YOUR AGENCY'S BEHALF. THEY CANNOT JUST SHOW UP/CALL AND VOTE – THEY MUST BE DESIGNATED AHEAD OF TIME VIA EMAIL TO ANNETTE.

Thank you,

Annette M. Peters-Ruvolo, LCSW

Program Director, Community Support Services

Westchester County Department of Community Mental Health

112 East Post Road, 2nd Floor

White Plains, NY 10601

[914-995-5278](tel:914-995-5278)

[914-995-6220](tel:914-995-6220) (fax)



Proposed Project Ranking tally FY2017 v1b.pdf

95K



Yoav Spiegel <yoavnat@gmail.com>

FW: re: REMINDER - COC BOARD MEETING TOMORROW, 8/2

Peters-Ruvolo, Annette <apr5@westchestergov.com>
To: Yoav Spiegel <YSpiegel@programdesign.com>

Thu, Sep 14, 2017 at 4:22 PM

Annette M. Peters-Ruvolo, LCSW

Program Director, Community Support Services

Westchester County Department of Community Mental Health

112 East Post Road, 2nd Floor

White Plains, NY 10601

914-995-5278

914-995-6220 (fax)

From: Peters-Ruvolo, Annette

Sent: Tuesday, August 01, 2017 2:20 PM

To: Blanca P. Lopez; Connors, Desh; Daniel Gore; Elizabeth McCorvey (frcecm@aol.com); Freda Macon; Giuliano, Mark; Gordon Albert; John, Christopher; joseph shuldiner; Karen Dattore; Linda Puoplo (lpuoplo@whiteplainsny.gov); Paul Stolz; Sanchez, Dana; 'alba.guevara@yonkersny.gov'; 'Allison McSpedon'; 'Amy Gelles'; 'Anahaita Kotval'; 'Anderson Geoffrey'; Austin, Dahlia; 'Barbara Bento-Fleming'; 'Candice Kane'; 'Carole Troum (ctroum@hope-cs.org)'; 'Cynthia Knox'; 'Danielle Scholar'; 'David Booker'; 'erikad@greyston.org'; Eweka, Bruce; 'Frankel Helen'; 'Gerry Riera'; 'Howard Charton (hcharton@breakingground.org)'; 'James Coughlin'; 'Judy Curcio'; 'kathy pandekakes'; 'KBertrand@programdesign.com'; 'Kocsis Andrea'; Manzione, Susan; 'Marcie Ciuffetelli (mciuffetelli@mhacy.org)'; 'Maria McGinty'; 'Maria McGinty2'; 'Melissa Massaline'; 'Michelle Gonzalez YWCA Yonkers'; 'Michelle Pedraza (Michelled@greyston.org)'; 'Nadine Burns-Lyons'; 'Nicole Granata (ngranata@hds.w.org)'; Quattrocchi, Patricia; 'Rita Liegner'; 'Ron Maurer (ronmchop@gmail.com)'; 'Ruthanne Becker (beckerr@mhawestchester.org)'; Smalley, Laurie; 'Swanson, Mona'; 'Tajae Gaynor'; Tarchoun, Jomarie; 'Tisne Suzanne'; Wong, Craig; 'Yoav Spiegel'

Subject: re: REMINDER - COC BOARD MEETING TOMORROW, 8/2

Importance: High

Just a reminder that the CoC Board is meeting tomorrow, 8/2, at 9:30am in room 217 at DCMH to discuss Ranking, Reallocation, and Permanent Housing Bonus options in preparation for the NOFA submission (agenda attached). We will also review briefly the attached PSH Priority Order drafted by HUD for our approval.

I have again attached the Tally and background info regarding the Project Ranking for your convenience.

Call in info:

Phone #: [515-739-1015](tel:515-739-1015)

Dial in # for participants:

947-630-925

IF YOU ARE A VOTING BOARD MEMBER AND CANNOT ATTEND IN PERSON OR BY PHONE, PLEASE CONTACT ANNETTE ASAP IF YOU ARE DESIGNATING A REPRESENTATIVE TO VOTE ON YOUR AGENCY'S BEHALF. THEY CANNOT JUST SHOW UP AND VOTE – THEY MUST BE DESIGNATED AHEAD OF TIME VIA EMAIL TO ANNETTE.

Thank you,

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4 attachments



Board background info from FY17 NOFA(2).docx
23K



Project Ranking tally FY2017 v2a.pdf
44K



notice-cpd-16-11-except-order-of-priority-psh.pdf
60K



SPECIALCoCBoardmeetingagenda08022017.pdf
84K



WESTCHESTER COUNTY CONTINUUM OF CARE PARTNERSHIP FOR THE HOMELESS

GUIDING PRINCIPLES – APPROVED 5/17/17

This document sets forth the guiding principles of membership and participation in The Westchester County Continuum of Care Partnership for the Homeless.

Article I – Name

Section 1: The name of this association shall be the Westchester County Continuum of Care Partnership for the Homeless (CoC Partnership)

Article II – Mission, Vision, Purpose

Section 1: The mission of the CoC Partnership is to coordinate all of the stakeholders, systems and resources available to prevent and end homelessness in Westchester County

Section 2: The vision of the CoC Partnership is that within the next ten years, all persons and families experiencing the possibility of homelessness in Westchester County will have a permanent, safe, decent and affordable place to call home, will secure the means to economic stability and that no one will remain homeless in Westchester for more than 30 days before being restored to appropriate housing.

Section 3: The purpose of the CoC Partnership is to assist in the coordination and development of services and housing for homeless and low-income persons with housing needs by seeking to:

- Provide knowledge and engage the general population of Westchester County to understand the issues around homelessness;
- Identify housing and services needs of homeless and low-income persons in Westchester County based upon ongoing needs assessments ;
- Distribute relevant information to Westchester County service providers to address housing needs;
- Mobilize the fullest possible variety of public and private resources to prevent and end homelessness in Westchester County;
- Mobilize resources to help individuals and families achieve economic stability;
- Support planning and development of services to meet prioritized needs within Westchester County;
- Encourage the development of a diverse array of permanent affordable, subsidized and supportive housing throughout Westchester County; and
- Effectuate all Continuum of Care responsibilities as set forth by HUD

Article III – General Membership

Section 1: General Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs. Membership is open and shall include but is not limited to:

- Homeless or formerly homeless individuals and families,
- Developers and landlord organizations,
- Neighborhood groups,
- Not-for-profit organizations representing special needs populations including (but not limited to) veterans, youth, domestic violence survivors, and people with disabilities,
- Representatives of business and financial institutions,
- Representatives of private foundations and funding organizations,
- Social service providers,
- State and local government agencies, and
- Advocates and other interested parties.

Section 2: General Members are entitled to:

- Have voting rights at annual General Membership meetings (One vote per entity unless individual member),
- Receive verification indicating length of membership and level of participation,
- Receive information and updates via e-mail distribution list,
- Serve on committees, and
- Receive selected data related to the homeless population and homeless services in Westchester County collected by the CoC Partnership.

Section 3: General Membership shall be updated annually. Only active members are eligible to vote. For membership to be considered active, a representative must have attended at least 1 of the last 2 General Membership meetings or 50% of a specific CoC committee's meetings in the previous calendar year. Individuals interested in becoming a general or committee member would contact one of the CoC Co-Chairs and complete a contact information form.

Section 4: General Membership motions will be carried by majority vote of those active members present.

Article IV – CoC Board

Section 1: The business of the CoC Partnership shall be managed by a Board of voting members, as follows:

- Continuum of Care Program grant funded recipient and subrecipient agency representatives, 1 from each CoC grant recipient/subrecipient
- One homeless or formerly homeless individual
- One ESG grant recipient
- One vocational/employment services representative
- One educational representative
- One health care representative
- One veterans services representative
- Two or Three at large members so that the total number of Board members is an odd number

Section 2: Voting shares will be allocated to Board members in proportion to the total amount of annual CoC Program grant funding administered by the agency represented as either a grant recipient, subrecipient, or both (in which case the funding counts twice). The number of voting shares allocated to the CoC Program funded Board members will be equal to the total annual CoC Program grant funding administered by the agency represented divided by 1,000,000 rounded up to the nearest whole number.

The number of voting shares allocated to each non-CoC Program funded Board member (the sector representatives and at large members) will be equal to the average number of voting shares allocated to the CoC Program funded Board members.

Board membership and allocation of voting shares will be determined by the Co-Chairs following the final annual CoC Program funding announcement by HUD each year.

Section 3: The grant recipient and subrecipient representatives are assigned by their organization's CEO.

Section 4: ESG, vocational, Educational, Health Care, Veterans, & homeless representatives are nominated by the Co-Chairs with approval by the Board.

Section 5: The two or three at large representatives are elected by the General Membership and can include but not be limited to representatives from the business sector, faith based organizations, law enforcement, non-profit agencies, mental health, victims services, foster-care, veteran's services, homeless or formerly homeless individuals and/or affordable housing development sectors.

At large members must be drawn from individuals or agencies not otherwise represented by other Board member positions.

Elections will be held at a General Membership meeting within 60 days following the submission of the annual HUD application. Nominations will be solicited from the floor, eligibility determined and a vote taken.

Section 6: Each member will serve a term of 2 years. Terms shall be staggered. There is no limit to the number of terms a Board member can serve.

Section 7: Each organizational Board member can designate up to 2 alternates. This notification and any changes must be in written form and submitted to the CoC Co-Chairs.

Section 8: Responsibilities

- The CoC Board as a whole is responsible for meeting the CoC Partnership objectives described in Article II; Section 3: Purpose.
- Each Board member, or their alternate(s), is expected to:
 - Attend at least 50% of Board meetings held
 - If applicable, communicate important CoC activities and decisions to their agencies/sub-recipients
 - Participate in efforts that achieve the objectives in Article II: Section 3: Purpose

Members not in compliance will be notified by the Co-Chairs that their agency is no longer in good standing and will be unable to receive verification indicating CoC length of membership and level of participation until rectified.

Section 9: Board motions will be carried by a majority of the voting shares cast by the Board members (or their named alternates) present, with Board members casting votes according to the allocation of voting shares determined per Section 2 above.

Quorum shall be more than one-half of the number of total voting shares allocated to all Board members. If no Quorum is present, the Co-Chairs may reschedule Board meetings per Article VII, Section 1, as necessary.

Article V – Collaborative Applicant

Section 1: For the purposes of the annual HUD NOFA application and the management of the Continuum of Care planning funds grant, the CoC Board must designate one particular grant recipient to be the “collaborative applicant.” The collaborative applicant is the only entity that can apply for grants from HUD on behalf of the Continuum that the collaborative applicant represents. The collaborative applicant is also the only entity that may apply for and receive Continuum of Care planning funds on behalf of the CoC.

Section 2: The collaborative applicant will be chosen by the CoC Board annually prior to the release of the HUD NOFA and accepted by majority vote of those Board members (or their named alternates) present.

Article VI – HMIS

Section 1: The CoC Board must:

- Designate a single Homeless Management Information System (HMIS) for the CoC;
- Designate an eligible applicant to manage the Continuum’s HMIS, which will be known as the HMIS Lead;
- Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
- Ensure consistent participation of recipients and sub-recipients in the HMIS; and
- Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

Article VII – Co-Chairs

Section 1: The Co-Chairs shall perform the following duties:

- Co-Chairs call, facilitate, and set agendas for all CoC Board meetings. A Co-Chair can call special meetings of the CoC Partnership. Co-Chairs are not voting members of the Board.
- Co-Chairs will be responsible for monitoring membership and tracking CoC meeting attendance. They shall be responsible for the minutes of the Board meetings of the CoC Partnership and for their distribution.
- Co-Chairs shall provide information as requested to the Collaborative Applicant and recipients.
- Co-Chairs shall nominate ESG, vocational, Educational, Veterans, Health Care & homeless representatives to the CoC Board.

Section 2: One of the Co-Chairs shall be appointed by a consensus of the Commissioners of the Westchester County Departments of Community Mental Health and Social Services. One of the Co-Chairs shall be appointed by a vote of the other non-County Board members.

Section 3: To be eligible for Co-Chair, a candidate must be an active member of the CoC as defined in Article III Section 3. Co-Chairs will serve a term of 2 years from the date of election/appointment. There is no limit to the number of terms a Co-Chair can serve.

Section 4: Any vacancies that occur in the appointed seats shall be filled upon the recommendation of those described above.

Article VIII – Committees

Section 1: The CoC Partnership operates standing Committees, including:

- **Data and Systems**
- **Westchester Homelessness Prevention Network**
- **Patriot Housing Initiative**
- **VI-SPDAT Workgroup**
- **Self-Sufficiency Committee**
- **Coordinated Assessment**
- **PIT Count Planning**
- **Housing Retention Workgroup**
- **Landlord Relations**
- **Consumer Advisory**

Section 2: Recipients also operate regular sub-recipient meetings.

Section 3: Ad Hoc Committees can be formed at the request of Co-Chairs and/or the Collaborative Applicant to complete specific tasks, such as the Ad Hoc Application Workgroup.

Section 4: Committee motions will be carried by a majority vote of the those present.

Article IX – Meetings/Attendance

Section 1: General Membership will meet at least twice annually. The Board will meet at least quarterly. Committee meetings will be held at least quarterly.

Section 2: If requested at any time by at least five members of the Board, a special General Membership meeting must be called by a Co-Chair. A notice of the special General Membership meeting must be distributed to the CoC membership at least 2 business days prior to the meeting date.

Section 3: Attendance will be recorded at all CoC Partnership and Committee meetings.

Article X- Amendments

Section 1: These Guiding Principles may be approved and amended by a majority vote at a meeting of the CoC Partnership Board provided that the proposed amendment(s) shall have been distributed in writing to each Board member at least 10 business days before the meeting of the

CoC Partnership. As per HUD regulations, these Guiding Principles will be reviewed, updated as needed and approved by the CoC Partnership Board at least annually.

Article XI – Nondiscrimination

Section 1: The members, officers, and persons served by the CoC Partnership shall be selected/served entirely on a nondiscriminatory basis with respect to age, gender, race, ethnicity, religion, disability, natural origin, actual or perceived sexual orientation, gender identity or marital status in accordance with all state and federal regulations.

Article XII – Conflict of Interest

Section 1: It is the policy of the CoC Partnership that the Co-Chairs and Board members disclose any perceived conflicts of interest. Co-Chairs may require that a Board member recuse themselves from voting depending on the nature of any disclosure.

Article XIII – General Provisions

Section 1: Parliamentary Authority: Robert's Rules of Order, Newly Revised, shall be the parliamentary authority for all matters of procedures not specifically covered by these Guiding Principles.



HMIS Agency Participation Agreement

Westchester County Department of Social Services

Partner Agency Name

HMIS Lead Agency Name

I. BACKGROUND AND PURPOSE

The Homeless Management Information System (HMIS) is the information system designated by the Westchester County Continuum of Care Partnership for the Homeless (CoC Partnership) to comply with HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

The U.S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs. Through the HMIS, CoC programs and clients benefit from improved internal and external coordination that guides service and systems planning. A robust HMIS also helps communities engage in informed advocacy efforts, including the pursuit of policies that result in targeted services. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of different subpopulations. Additionally, use of the HMIS by agencies not funded by HUD provides benefits to both these agencies and the homeless provider community at large, including the avoidance of service duplication through the sharing of client data. HMIS participation also positions agencies for future funding, as many private foundations now require it.

II. GENERAL PROVISIONS

- A. The CoC Partnership has designated Westchester County Department of Social Services (DSS) as the HMIS Lead Agency. All homeless assistance and homelessness prevention service providers in this CoC are eligible to become HMIS Partner Agencies, except for domestic violence providers covered by the Violence Against Women Act (VAWA). The parties share a common interest in serving the homeless population and those at risk of becoming homeless while reducing the current number of homeless in the CoC jurisdiction. The purpose of this agreement is to set out the provisions for the implementation, maintenance, coordination and operation of the HMIS. DSS – in coordination with its authorized agents, including the HMIS Software Provider and HMIS Administrator – is responsible for administering the HMIS on behalf of the CoC, including the implementation, management, training, maintenance, support and enhancement of the HMIS software. The Partner Agency is responsible for entering client data in the HMIS according to program requirements. Detailed responsibilities are listed in sections below.
- B. The Agency Participation Agreement (APA) addresses the respective responsibilities of DSS and the Partner Agency for ongoing HMIS service and activities. The specific responsibilities of the parties to this agreement for the confidentiality, reporting requirements, training, policies and procedures, hardware and software for the HMIS are clearly defined herein to ensure an effective, efficient and secure system. All addendums referenced in this agreement



HMIS Agency Participation Agreement

are also part of the agreement. DSS will abide by all applicable laws, and the Partner Agency will be expected to do the same.

III. DSS DUTIES AND RESPONSIBILITIES

DSS will:

A. GENERAL

- 1) In consultation with the CoC Partnership, select the HMIS Software Provider, define the HMIS program and implement its standards, promote awareness of the program to all interested parties and monitor the program's successes and failures in order to validate its effectiveness.
- 2) Hold the Partner Agency, and its agents, harmless and indemnify it from any and all damages, liabilities, claims and expenses that may be claimed by any third parties arising from DSS's conduct under this agreement.
- 3) Be the sole liaison between the Partner Agency and the HMIS Software Provider; user questions concerning the software are to be directed only to DSS.
- 4) Develop, implement and maintain privacy, confidentiality and security protocols for the HMIS in consultation with the CoC Partnership.
- 5) Provide standardized HMIS training and technical assistance to all Partner Agencies.
- 6) In collaboration with the HMIS Software Provider, take all necessary precautions to prevent any destructive or malicious programs from being introduced to the HMIS and, through it, to the Partner Agencies. DSS will employ all appropriate measures to detect virus infection and all appropriate resources to efficiently disinfect any affected systems as quickly as possible.
- 7) Notify the Partner Agency of HMIS failure, errors and/or problems immediately upon discovery.
- 8) Provide technical assistance during normal business days, with the exception of federal and scheduled holidays.
- 9) Provide all other reasonably expected activities regarding the operation of the HMIS.

B. PRIVACY, CONFIDENTIALITY AND SECURITY

- 1) Maintain all client-identifying information in strictest confidence. DSS may suspend HMIS access to any user or Partner Agency for the purpose of investigating suspicion of breached confidentiality.
- 2) Contract with the HMIS Software Provider to maintain and administer central and backup server operations including security procedures and daily system backup to prevent the loss of data.
- 3) Designate the HMIS Lead Security Officer in the HMIS Lead Security Certification document, which must be updated at least annually. The contact information is incorporated into the Security Provisions by reference. The duties of the Security Officer must be included in the individual's job description or HMIS Lead Security Certification, and signed by the Security Officer to indicate understanding and acceptance of these responsibilities. These duties include, but may not be limited to:
 - With the HMIS Administrator, review the Security Provisions annually and at the time of any change to the security management process, the HMIS software, the methods of data exchange, and any HMIS data or technical requirements issued by HUD. In the event that changes are required to the HMIS Security Provisions, work with the HMIS Administrator to develop recommendations to the CoC Partnership for review, modification and approval.



HMIS Agency Participation Agreement

- Annually review the HMIS Lead Security Certification document, test the HMIS Lead security practices for compliance, and work with the HMIS Administrator to coordinate communication with HMIS Software Provider to confirm security compliance.
 - Using the HMIS Lead Security Certification document, certify that the HMIS Lead adheres to the Security Provisions or develop a plan for mitigating any shortfall, including milestones to demonstrate elimination of the shortfall over as short a period of time as is possible.
 - Implement any approved plan for mitigation of shortfalls and provide appropriate updates on progress to the CoC Partnership.
 - Respond, in cooperation with the HMIS Administrator, to any security questions, requests, or security breaches to the CoC Partnership, and for communicating security-related HMIS information to the organization's end users.
- 4) Ensure the HMIS Lead Security Officer and any administrative user able to manage and access data from more than one Partner Agency undergo criminal background verification. Record of the completed background check (though not the results) is subject to inspection by the CoC. The HMIS Lead will hire individuals with criminal justice histories only to the extent the hire is consistent with any relevant hiring policies of DSS, unless the background check reveals a history of crimes related to identity theft or fraud. The HMIS Lead will manage the results of any background checks conducted on a case-by-case basis.
 - 5) Monitor access to the HMIS in order to detect violations of information security protocols and maintain for inspection accurate logs of all changes made to the information contained within the database.
 - 6) Issue user accounts, passwords and certificates of participation, when requested, for HMIS users, provided that:
 - a) The Partner Agency has signed the APA;
 - b) The Partner Agency has designated an HMIS Site Administrator;
 - c) The HMIS Lead Agency has received signed User Agreements; and,
 - d) The user has successfully completed HMIS user training, including any tests.
 - 7) Periodically change Partner Agency passwords for security purposes and lock out user accounts after a specified period of inactivity.
 - 8) Comply with the HMIS Privacy Policy and HMIS Data Sharing Policy and not release personally identifiable information to any person, agency or organization, unless allowed by the HMIS Privacy Policy.
 - 9) Configure and maintain inter-agency data sharing options in HMIS.
 - 10) Conduct Partner Agency site visits to ensure compliance with privacy and security protocols.
- C. USER TRAINING AND PROGRAM CONFIGURATION
- 1) Conduct training, including security training at least annually, for all HMIS users.
 - 2) Authorize user access to HMIS in accordance with the HMIS policies and procedures.
 - 3) Provide training materials, which may include user manuals, definitions and instructions, to each individual who attends the training event.
 - 4) Configure Partner Agency programs according to the latest HMIS Data Standards, including related grants, services, assessments, housing units, and other applicable options in the HMIS software.
 - 5) Provide additional trainings according to the user role, program type, or specific activities. These trainings may include web-based refresher courses in group or one-on-one format.



HMIS Agency Participation Agreement

IV. Partner Agency DUTIES AND RESPONSIBILITIES

The Partner Agency will:

A. GENERAL

- 1) Strictly adhere to all policies and procedures contained in the APA, as it may be amended from time to time, and all of its appendices. A copy of this agreement can be found at <http://programdesign.com/wiki/WCCOCH>, and a signed hard copy will be provided to the Partner Agency.
- 2) Hold DSS, and its agents, harmless and indemnify it from any and all damages, liabilities, claims and expenses that may be claimed by any third parties arising from Partner Agency's conduct under this agreement.
- 3) Maintain at least 1 (one) active user account at any time.

B. PRIVACY AND CONFIDENTIALITY

- 1) Comply with all federal and state laws and regulations, and with all HMIS policies and procedures (particularly the HMIS Data and Technical Standards Final Notice from July 2004, the HMIS Data Standards Revised Notice from March 2010 and subsequent revisions) relating to the collection, storage, retrieval, and dissemination of client data.
- 2) Comply with the HMIS Privacy Policy and the HMIS Data Sharing Policy.
- 3) Obtain client consent before any data is collected and shared. The consent can be:
 - a) Inferred (baseline): The agency must post a visible HMIS Consumer Notice and HMIS Privacy Policy in a reception area or at each intake station.
 - b) Informed Written (optional): The client may sign a release of information (ROI) form stored on location.
 - c) Informed Verbal (optional): The client may give oral permission to Partner Agency personnel with written documentation of consent by witness.
- 4) Where informed written consent applies, utilize the HMIS Client Release of Information Form (ROI), or an alternative approved by DSS. With consent, the Partner Agency is authorized to share data until such time as the client withdraws consent, at which point the Partner Agency shall be responsible for ensuring the client's data entered thereafter is restricted from view. Collect and store records of any ROI authorizations for, at least, 3 (three) years.
- 5) Take all necessary precautions to prevent destructive or malicious programs, including but not limited to viruses or spyware, from being introduced to any part of the HMIS, including users' computers. Employ appropriate measures to detect virus or spyware infection and deploy all appropriate resources to efficiently disinfect any affected systems as quickly as possible.

C. DATA QUALITY AND MONITORING

- 1) Fully comply with the latest HMIS Data Quality Plan. This plan is posted on the website, <http://programdesign.com/wiki/WCCOCH>, and available in hard copy upon request.
- 2) Enter data into the HMIS within the timeframe as specified in the Data Quality Plan. Timely data entry prevents duplication of client records and other shared transactions, such as enrollments and services. It also allows good quality data for both program-specific and aggregate reports. Partner Agencies and their HMIS users may be held liable in the event that a preventable duplication occurs as a result of missing, late or incomplete data entry. Repetitive lack of timely entry can result in official reports of concern and possible findings against the Partner Agency and could culminate in official penalties up to and including loss of project funding.



HMIS Agency Participation Agreement

- 3) Collect all mandatory data elements, according to the data quality requirements.
- 4) Take all steps reasonably necessary to verify the information provided by clients, and to see that it is correctly entered into the HMIS by the Partner Agency user.
- 5) Immediately notify DSS when a programmatic, personnel or other issue arises that precludes the Partner Agency from entering the HMIS data within the allowed timeframe. By informing the DSS in a timely fashion, all parties can work together to craft an interim solution that is minimally disruptive to program operations and the HMIS as a whole.
- 6) Take reasonable steps to ensure that no profanity, offensive language, malicious information or discriminatory comments based on race, ethnicity, religion, national origin, disability, age, gender or sexual orientation are entered into the HMIS.
- 7) Do not upload material into the HMIS that is in violation of any federal or state regulations, including, but not limited to: copyrighted material, material legally judged to be threatening or obscene, and material known to the Partner Agency to be confidential trade secrets.
- 8) Allow the DSS staff to conduct periodic monitoring and reviews of the original documentation in client files to ensure data accuracy. This monitoring is limited only to the client information relevant to HMIS data collection.

D. TRAINING

- 1) Ensure that each Partner Agency HMIS user attends the appropriate training, agrees to and signs the User Agreement, receives HMIS security training prior to being given access to HMIS and participates in security training at least annually.
- 2) Ensure that the Partner Agency program officers or designated HMIS site administrators attend any DSS-sponsored HMIS trainings, stay current with the HMIS policies and procedures, and relate news and updates to its HMIS users.
- 3) Assess the HMIS users' performance and refer for additional training as needed.

E. SECURITY

- 1) Limit HMIS access only to authorized users and follow all HMIS protocols for monitoring those users. DSS reserves the right to terminate access to any HMIS user who breaches client confidentiality or system security protocols.
- 2) Do not permit any person to enter or use the HMIS unless and until:
 - a) The person has completed the required HMIS training;
 - b) DSS has issued that person the appropriate user account and password; and,
 - c) Both the APA and the User Agreement have been signed and returned to DSS.
- 3) Maintain copies of all User Agreements signed by Partner Agency personnel to whom user accounts have been issued.
- 4) Designate an HMIS Security Officer to be responsible for the implementation of the HMIS security provisions at the Partner Agency.
- 5) Fully comply with the HMIS Data Sharing Policy and the HMIS Privacy Policy.
- 6) Not release any HMIS data to any entity that is not part of the HMIS, unless such release is covered by the HMIS Data Sharing Policy or the HMIS Privacy Policy.
- 7) Develop an internal procedure to be used in the event of a violation of any of the HMIS security protocols.
- 8) Develop and adhere to local security standards that should include the following:
 - a) Products: Physical security (door locks, computer screen view, local network passwords, firewall)
 - b) People: Personnel security (authorized users only, local oversight of usage)
 - c) Procedures: Organizational security (policies and procedures are in place)



HMIS Agency Participation Agreement

- 9) Adhere to their own policies regarding conducting background checks and hiring individuals with criminal justice histories, as long as they comply with all relevant laws.
- 10) Notify HMIS Administrator within one business day of the separation of any employee who was a user of the HMIS. Notification should preferably occur by close of business on the day of employee separation.

V. PROPRIETARY RIGHTS OF CLIENTTRACK, INC.

A. The Partner Agency shall not give or share assigned passwords and access codes for HMIS with any other Agency, business, or individual.

B. The Partner Agency shall not cause in any manner, or way, corruption of HMIS.

VI. TERMS AND CONDITIONS

A. Neither the Lead Agency nor the Partner Agency shall transfer or assign any rights or obligations without the written consent of the other party.

B. This Agreement shall be in-force until revoked in writing by either party provided funding is available.

C. This Agreement may be terminated immediately with cause.

The signature of the parties hereto indicates their agreement with the above terms and conditions.

Agency NAME

Agency Representative

Date

Print NAME and TITLE

Westchester County Department of Social Services

Program Coordinator

Date



HMIS Privacy Policy

	Westchester County Department of Social Services
Partner Agency Name	HMIS Lead Agency Name

PURPOSE

This policy describes the standards and procedures related to the Homeless Management Information System (HMIS) administered by the Lead Agency. The policy describes how the partner agency may use and disclose protected personal information (PPI) and additional data collected by partner agencies. The Lead Agency has developed the policy, in consultation with the Westchester County Continuum of Care Partnership for the Homeless (CoC) Data & Systems Committee with the approval of the CoC Board. The policy is to be updated annually, considering the latest HMIS privacy standards and additional CoC standards. The policy may be amended at any time, and the amendments may affect information collected prior to the date of the change. In addition to this policy, partner agencies must comply with federal, state and local laws that require additional confidentiality protections.

This policy only applies to data collected in the HMIS and does not apply to any other website or application. The terms of this policy shall govern all interactions and communications wherein HMIS data is subject. Upon request the partner agency will provide a copy of this policy and request written acknowledgement of its receipt. This policy is not a legal contract. This policy meets a legal requirement to maintain the confidentiality of PPI. The partner agency must follow the terms of this policy that are currently in effect.

BACKGROUND

An HMIS is a locally administered, electronic data collection system that stores longitudinal person-level information about the men, women and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to implement an HMIS to collect standardized data about all persons accessing the homeless assistance system. Furthermore, elements of HUD's annual CoC funding competition are directly related to a CoC's progress in implementing its HMIS. In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards and security controls for all local HMIS. Periodically, HUD releases updates to the Standards.



HMIS Privacy Policy

DATA COLLECTION

The partner agency may collect data in HMIS only when appropriate to the purpose for which the information is obtained or when required by law. The partner agency must collect data by lawful and fair means and where appropriate. The partner agency may infer a person's consent to collect data when this policy is posted at each intake desk or comparable location. The partner agency must obtain written or verbal consent from the person to collect data on a third party (e.g. household members, emergency contacts, etc.).

The partner agency may collect data, including but not limited to:

- Personally identifiable information (PII), such as name, Social Security Number, date of birth, gender, race, ethnicity, household relationships, veteran status and disabling conditions;
- Housing information, such as address history, housing status, reason for homelessness;
- Program information, such as income, non-cash benefits, educational attainment, employment status, domestic violence experience, health status and medical information; and,
- Transactional information, such as service need, provision and outcome.

REASONS FOR DISCLOSURES

For Law Enforcement Purposes

The partner agency may disclose PPI in HMIS to law enforcement officials for law enforcement purposes, such as:

- In response to a court order, subpoena or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- To investigate allegations of misconduct that may have occurred.
- To report a crime in emergency circumstances.
- For other purposes as required by law.

For Funeral Directors, Coroners and Medical Examiners

The partner agency may disclose PPI as necessary to allow these individuals to carry out their responsibilities.

For National Security and Intelligence



HMIS Privacy Policy

The partner agency may disclose PPI to authorized federal officials for national security and intelligence activities.

For Research Projects with New York State and Contracted Third Parties

The partner agency may disclose PPI for research purposes only if the following conditions have been met:

- A signed Data Use Agreement with the contractor is in place before any data is shared.
- The data will be shared for a predetermined time period as stated in the Agreement with the contractor.
- The use and scope of the data research is provided as part of the Agreement.
- Results of the research may not affect any individual's current program participation.

The New York State Office of Temporary and Disability Assistance (OTDA) will maintain a database of client information, as input in HMIS systems across New York State. The purpose of the database is to better understand characteristics, trends, and movement of persons who are homeless or at risk of or experiencing homelessness, as well as to analyze the utilization and effectiveness of services created to assist such persons. The database is constructed so that information that is considered personal protected information (name, social security number, date of birth) will not be shared, will not be seen by any employee of OTDA, and will never appear in any reports created out of the database.

Uses or Disclosures That Require Authorization

Other uses and disclosures will be made only with the person's written authorization. The person may cancel an authorization at any time by notifying the partner agency in writing of his/her desire to cancel it. If the person cancels an authorization, it will not have any effect on information that we have already disclosed. Examples of uses or disclosures that may require a person's written authorization include the following:

- A request to provide protected personal information to an attorney for use in a civil law suit.
- A request to provide protected personal information to a requesting medical professional.



HMIS Privacy Policy

PRIVACY RIGHTS

The information collected in HMIS is the physical property of the Lead Agency.

Persons with data in HMIS have the following rights:

Right to Request Restrictions

The person has the right to ask the partner agency not to use or disclose his/her protected personal information for a particular reason. The client may ask that family members or other authorized individuals not be informed of specific protected personal information.

That request must be made in writing to the partner agency. If the partner agency agrees to the request, the partner agency must keep the agreement, except in the case of a medical emergency or law enforcement.

Right to Inspect and Copy Protected Personal Information

The person has the right to request to inspect and obtain a copy of his/her protected personal information. The person must submit the request in writing to the partner agency. If the person requests a copy or summary of the information, the partner agency may charge a fee for the costs of copying, summarizing and/or delivery.

If the partner agency agrees to the request, the partner agency will notify the person. The partner agency may deny the request under certain limited circumstances. If the request is denied, the partner agency will let the person know in writing and he/she may be able to request a review of the denial.

Right to Request Amendments to Protected Personal Information

The person has the right to request that the partner agency correct his/her PPI. If the person believes that any PPI in the record is incorrect or that important information is missing, he/she must submit the request for an amendment in writing to the partner agency. The partner agency does not have to agree to the request. If the partner agency denies the request, the partner agency will provide an explanation. The person has the right to submit a statement disagreeing with the decision.

Right to an Accounting of Disclosures of Protected Personal Information

The person has the right to find out what disclosures of his/her PPI have been made. The list of disclosures is called an Accounting. The Accounting may be for up to six (6) years prior to the date on which the request has been made. The partner agency is not required to include disclosures for National Security or



HMIS Privacy Policy

Intelligence purposes, or to correctional institutions and law enforcement officials. The right to have an Accounting may be temporarily suspended if it will impede the partner agency's activities. The notice of suspension should specify required duration of the suspension. Requests for an Accounting of disclosures must be submitted in writing to the partner agency. The person is entitled to one free Accounting in any twelve (12) month period. The agency may charge the client a nominal fee for additional Accountings.

CONTACT INFORMATION

For questions about this policy or to issue a grievance, please contact:

Name:

Address:

Phone:

Fax:

Email:

The partner agency supports a person's right to protect the privacy of personal information. The partner agency will not retaliate in any way if a person chooses to file a grievance.



HMIS Data Sharing Policy

Westchester County Department of Social Services

Partner Agency Name

HMIS Lead Agency Name

PURPOSE

This policy describes the scope of client data sharing within the Westchester County Homeless Management Information System (HMIS).

BACKGROUND

As described in the HMIS Agency Partner Agreement (APA), each partner agency enters into agreement with the HMIS Lead Agency as designated by the Westchester County Continuum of Care Partnership for the Homeless (CoC). This agreement permits client data to be shared with the Lead Agency for administrative purposes. As more fully described in the HMIS Privacy Policy, this agreement permits the Lead Agency to use and disclose data, including protected personal information, collected by the partner agency.

Furthermore, this agreement permits inter-agency client data sharing for purposes related to effective coordination and provision of services.

DATA SHARING

The partner agency must abide specifically by federal and state confidentiality regulations and laws that pertain to PPI (see APA). If inter-agency data sharing is permitted, the partner agency must implement and ensure compliance with procedures to obtain client consent. The following guidelines are meant to clarify how information may be disclosed and used between partner agencies.

Information shared and editable between agencies may include:

- Personally Identifiable Information (PII): Name; Date of Birth, Social Security Number and Gender; Race and Ethnicity;
- Household and Contact Information: Household Name, Family Members and Relationships, and Address.

Information shared on a read-only basis between agencies may include:

- Program Information: Program Name, Program Type, Organization Name, Entry Date and Exit Date;
- Program Assessments: Universal Data; Income and Non-Cash Benefits; Barriers/Disabilities, and Domestic Violence Experience.
- Transactions: Services, Goals, Referrals, Case Notes and Facility Stays.



HMIS Data Sharing Policy

Client Release of Information Procedure

Partner agency users have the ability to set and enforce the HMIS General ROI on the Client Basic Information form by selecting from:

- **Restrict to Organization** will allow only the partner agency to view and access the client record; or,
- **Share with Continuum of Care** allows all partner agencies to view the client's personally identifiable information. Additionally, where sharing is permitted between partner agencies, this preference allows those partner agencies to view program information and transactions.

When a client opts to not share program information or transactions, partner agency users can restrict access to those elements respectively in the system.

The Lead Agency will never disclose any client data to a third party, unless required by law or otherwise permitted by the HMIS Privacy Policy.

Inter-Agency Data Sharing Procedure

The Lead Agency will set and enforce each partner agency's data sharing preference in accordance with the HMIS Agency Participation Agreement. If the partner agency wishes to restrict sharing to specific agencies within the CoC or none at all, the partner agency must submit documentation to the Lead Agency signed by its executive officers.

The Lead Agency will never grant agencies access to client data outside of the policy and procedures described above.



HMIS Site Administrator Agreement

	Westchester County Department of Social Services
Partner Agency Name	HMIS Lead Agency Name

Each Partner Agency shall designate an HMIS Site Administrator (Administrator). This person should be knowledgeable of the Agency's operations, policies and procedures. In addition to his or her role as Administrator, this person may serve in other capacities such as case manager, office manager, service coordinator or program director.

The Administrator is the primary contact for all communication regarding the HMIS at this agency. This person shall:

- Provide a point-of-contact between agency users and Westchester HMIS personnel regarding all project-related issues.
- Maintain a reliable Internet connection for operation of the HMIS and general communication with users and Westchester HMIS personnel.
- Disseminate information on HMIS policies, procedures and system updates.
- Respond to requests for information from Westchester HMIS personnel regarding data quality and reporting requirements.
- Authorize and manage user access on behalf of the Agency.
- Monitor compliance with standards of client confidentiality and data usage as per Westchester HMIS policies and procedures.

Designate Site Administrator (PRINT full name)

Site Administrator Signature Date

Executive Director Signature Date



HMIS User Agreement

Partner Agency Name

Westchester County Department of Social Services
HMIS Lead Agency Name

The Partner Agency coordinates activities and shares information on homeless and at-risk persons and families in the Homeless Management Information System (HMIS) administered by the Lead Agency, and its agents. The partner agency retains the right to client data created or entered in HMIS by its users and shall be bound by all HMIS policies pertaining to data use, access and restrictions.

USER RESPONSIBILITIES

Users shall enter accurate, complete and timely data in accordance with HMIS policies and procedures. Please read each statement below. Failure to uphold these responsibilities may result in loss of access or privileges.

- ✓ My user ID and password are for my use only and must not be shared with anyone.
- ✓ I will take reasonable measures to keep my password secure.
- ✓ I understand that the only authorized users can view information in the system and the clients to whom the information pertains.
- ✓ I will only access and use information that is necessary to perform my job.
- ✓ If I am logged into the system and must leave my computer, I will first log out.
- ✓ Any hard copies of electronic records will be kept in a secure file.
- ✓ When hard copies are no longer needed, I will ensure they are properly destroyed.
- ✓ If I notice or suspect a security breach or abuse of client confidentiality, I will immediately notify my HMIS Site Administrator or the HMIS System Administrator.

CODE OF ETHICS

- ✓ I will treat clients with respect and fairness in good faith.
- ✓ I will maintain high standards of professional conduct in my capacity as an HMIS User.
- ✓ I will be responsible for my client's information.

By signing the User Agreement, you agree to comply with the above terms and conditions.

USER NAME [PRINT]	DATE	ADMINISTRATOR NAME [PRINT]	DATE
USER SIGNATURE	DATE	ADMINISTRATOR SIGNATURE	DATE



**WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS**

c/o WCC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

HMIS Consumer Notice

The U.S. Department of Housing and Urban Development (HUD) requires that each jurisdiction that receives funding from HUD have a Homeless Management Information System (HMIS) in place. This Agency participates in the Westchester County Homeless Management Information System (HMIS), a locally administered, electronic data collection system that stores information about the men, women and children who access homeless and other human services in a community. The purpose of HMIS is to assist in determining your needs and to evaluate the effectiveness of services provided.

We only collect information that is needed to provide you services, or that we consider relevant to helping us understand the scope and dimensions of homelessness in order to design effective service delivery. We do not disclose your information without written consent, except when required by our funders or by law, or for specific administrative or research purposes outlined in our HMIS Privacy Policy. By requesting information and accepting services from this agency, you give consent for us to enter your personal information into the HMIS.

The collection and disclosure of all personal information is guided by strict security standards. You have the right to see your personal information collected by this partner agency and request changes if incorrect. A full copy of our agency's HMIS Privacy Policy is available upon request for your review.



HMIS Client Release of Information

Partner Agency

Welcome! You are enrolling in one of the programs associated with the Westchester County Continuum of Care Partnership for the Homeless (the CoC). In order to provide you with the most effective and efficient service, we must collect relevant data for our Homeless Management Information System (HMIS). This secure and confidential database operated by trained representatives allows providers to work together with you to make sure you are receiving all of the housing services you need and in a timely manner. Beyond that, your participation in the HMIS allows the CoC to get an accurate count of all people experiencing homelessness or who are at risk of homelessness in Westchester County. This helps us to improve our current service system and make plans for new services. In order to make sure individuals are not counted twice if services are received by more than one agency, we need to collect basic personal information. We need: FULL NAME; DATE OF BIRTH; SOCIAL SECURITY NUMBER; GENDER; RACE; ETHNICITY; DISABLED STATUS; VETERAN STATUS; and, ADDRESS. You have the right to restrict this information to just one agency if you wish and you can do that at any time.

Please review the information below and sign/date where indicated. *[Note to staff, if working with a family, please complete the back of this form as well].*

I understand that this agency will enter my basic personal information into the ClientTrack Homeless Management Information System (HMIS). The information I have provided is true and correct. My basic personal information may be shared among local authorized service providers for the purpose of connecting me to services.

I understand that information about me that is in HMIS may be used by the agency, the Westchester County Continuum of Care, and the NYS Office of Temporary and Disability Assistance (OTDA) to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, date of birth, social security number or other information that would identify me personally will never be visible to anyone at OTDA and will never appear on any reports or publications.

An agency representative has answered my questions about my privacy concerns.

By signing this release form, I fully understand the above terms and conditions.

CLIENT NAME [PRINT]	DATE	CLIENT SIGNATURE	DATE
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AUTHORIZED PERSONNEL NAME [PRINT]	DATE	AUTHORIZED SIGNATURE	DATE
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HMIS Client Release of Information

CONSENT ON BEHALF OF HOUSEHOLD MEMBERS

An adult head of household may provide consent on behalf of family members to share their information in the HMIS.

FAMILY MEMBER NAME 1
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 1
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 2
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 3
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 4
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 5
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 6
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 7
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

FAMILY MEMBER NAME 8
[PRINT]

HEAD OF HOUSEHOLD [INITIALS]

Not Applicable

No PHA within our CoC's geographic area has a General or Limited Homeless Preference.



**WESTCHESTER COUNTY CONTINUUM OF CARE PARTNERSHIP FOR THE
HOMELESS**

GUIDING PRINCIPLES – APPROVED 5/17/17

This document sets forth the guiding principles of membership and participation in The Westchester County Continuum of Care Partnership for the Homeless.

Article I – Name

Section 1: The name of this association shall be the Westchester County Continuum of Care Partnership for the Homeless (CoC Partnership)

Article II – Mission, Vision, Purpose

Section 1: The mission of the CoC Partnership is to coordinate all of the stakeholders, systems and resources available to prevent and end homelessness in Westchester County

Section 2: The vision of the CoC Partnership is that within the next ten years, all persons and families experiencing the possibility of homelessness in Westchester County will have a permanent, safe, decent and affordable place to call home, will secure the means to economic stability and that no one will remain homeless in Westchester for more than 30 days before being restored to appropriate housing.

Section 3: The purpose of the CoC Partnership is to assist in the coordination and development of services and housing for homeless and low-income persons with housing needs by seeking to:

- Provide knowledge and engage the general population of Westchester County to understand the issues around homelessness;
- Identify housing and services needs of homeless and low-income persons in Westchester County based upon ongoing needs assessments ;
- Distribute relevant information to Westchester County service providers to address housing needs;
- Mobilize the fullest possible variety of public and private resources to prevent and end homelessness in Westchester County;
- Mobilize resources to help individuals and families achieve economic stability;
- Support planning and development of services to meet prioritized needs within Westchester County;
- Encourage the development of a diverse array of permanent affordable, subsidized and supportive housing throughout Westchester County; and
- Effectuate all Continuum of Care responsibilities as set forth by HUD

Article III – General Membership

Section 1: General Membership shall be comprised of individuals and agencies concerned with the development and coordination of homeless assistance programs. Membership is open and shall include but is not limited to:

- Homeless or formerly homeless individuals and families,
- Developers and landlord organizations,
- Neighborhood groups,
- Not-for-profit organizations representing special needs populations including (but not limited to) veterans, youth, domestic violence survivors, and people with disabilities,
- Representatives of business and financial institutions,
- Representatives of private foundations and funding organizations,
- Social service providers,
- State and local government agencies, and
- Advocates and other interested parties.

Section 2: General Members are entitled to:

- Have voting rights at annual General Membership meetings (One vote per entity unless individual member),
- Receive verification indicating length of membership and level of participation,
- Receive information and updates via e-mail distribution list,
- Serve on committees, and
- Receive selected data related to the homeless population and homeless services in Westchester County collected by the CoC Partnership.

Section 3: General Membership shall be updated annually. Only active members are eligible to vote. For membership to be considered active, a representative must have attended at least 1 of the last 2 General Membership meetings or 50% of a specific CoC committee's meetings in the previous calendar year. Individuals interested in becoming a general or committee member would contact one of the CoC Co-Chairs and complete a contact information form.

Section 4: General Membership motions will be carried by majority vote of those active members present.

Article IV – CoC Board

Section 1: The business of the CoC Partnership shall be managed by a Board of voting members, as follows:

- Continuum of Care Program grant funded recipient and subrecipient agency representatives, 1 from each CoC grant recipient/subrecipient
- One homeless or formerly homeless individual
- One ESG grant recipient
- One vocational/employment services representative
- One educational representative
- One health care representative
- One veterans services representative
- Two or Three at large members so that the total number of Board members is an odd number

Section 2: Voting shares will be allocated to Board members in proportion to the total amount of annual CoC Program grant funding administered by the agency represented as either a grant recipient, subrecipient, or both (in which case the funding counts twice). The number of voting shares allocated to the CoC Program funded Board members will be equal to the total annual CoC Program grant funding administered by the agency represented divided by 1,000,000 rounded up to the nearest whole number.

The number of voting shares allocated to each non-CoC Program funded Board member (the sector representatives and at large members) will be equal to the average number of voting shares allocated to the CoC Program funded Board members.

Board membership and allocation of voting shares will be determined by the Co-Chairs following the final annual CoC Program funding announcement by HUD each year.

Section 3: The grant recipient and subrecipient representatives are assigned by their organization's CEO.

Section 4: ESG, vocational, Educational, Health Care, Veterans, & homeless representatives are nominated by the Co-Chairs with approval by the Board.

Section 5: The two or three at large representatives are elected by the General Membership and can include but not be limited to representatives from the business sector, faith based organizations, law enforcement, non-profit agencies, mental health, victims services, foster-care, veteran's services, homeless or formerly homeless individuals and/or affordable housing development sectors.

At large members must be drawn from individuals or agencies not otherwise represented by other Board member positions.

Elections will be held at a General Membership meeting within 60 days following the submission of the annual HUD application. Nominations will be solicited from the floor, eligibility determined and a vote taken.

Section 6: Each member will serve a term of 2 years. Terms shall be staggered. There is no limit to the number of terms a Board member can serve.

Section 7: Each organizational Board member can designate up to 2 alternates. This notification and any changes must be in written form and submitted to the CoC Co-Chairs.

Section 8: Responsibilities

- The CoC Board as a whole is responsible for meeting the CoC Partnership objectives described in Article II; Section 3: Purpose.
- Each Board member, or their alternate(s), is expected to:
 - Attend at least 50% of Board meetings held
 - If applicable, communicate important CoC activities and decisions to their agencies/sub-recipients
 - Participate in efforts that achieve the objectives in Article II: Section 3: Purpose

Members not in compliance will be notified by the Co-Chairs that their agency is no longer in good standing and will be unable to receive verification indicating CoC length of membership and level of participation until rectified.

Section 9: Board motions will be carried by a majority of the voting shares cast by the Board members (or their named alternates) present, with Board members casting votes according to the allocation of voting shares determined per Section 2 above.

Quorum shall be more than one-half of the number of total voting shares allocated to all Board members. If no Quorum is present, the Co-Chairs may reschedule Board meetings per Article VII, Section 1, as necessary.

Article V – Collaborative Applicant

Section 1: For the purposes of the annual HUD NOFA application and the management of the Continuum of Care planning funds grant, the CoC Board must designate one particular grant recipient to be the “collaborative applicant.” The collaborative applicant is the only entity that can apply for grants from HUD on behalf of the Continuum that the collaborative applicant represents. The collaborative applicant is also the only entity that may apply for and receive Continuum of Care planning funds on behalf of the CoC.

Section 2: The collaborative applicant will be chosen by the CoC Board annually prior to the release of the HUD NOFA and accepted by majority vote of those Board members (or their named alternates) present.

Article VI – HMIS

Section 1: The CoC Board must:

- Designate a single Homeless Management Information System (HMIS) for the CoC;
- Designate an eligible applicant to manage the Continuum’s HMIS, which will be known as the HMIS Lead;
- Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
- Ensure consistent participation of recipients and sub-recipients in the HMIS; and
- Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

Article VII – Co-Chairs

Section 1: The Co-Chairs shall perform the following duties:

- Co-Chairs call, facilitate, and set agendas for all CoC Board meetings. A Co-Chair can call special meetings of the CoC Partnership. Co-Chairs are not voting members of the Board.
- Co-Chairs will be responsible for monitoring membership and tracking CoC meeting attendance. They shall be responsible for the minutes of the Board meetings of the CoC Partnership and for their distribution.
- Co-Chairs shall provide information as requested to the Collaborative Applicant and recipients.
- Co-Chairs shall nominate ESG, vocational, Educational, Veterans, Health Care & homeless representatives to the CoC Board.

Section 2: One of the Co-Chairs shall be appointed by a consensus of the Commissioners of the Westchester County Departments of Community Mental Health and Social Services. One of the Co-Chairs shall be appointed by a vote of the other non-County Board members.

Section 3: To be eligible for Co-Chair, a candidate must be an active member of the CoC as defined in Article III Section 3. Co-Chairs will serve a term of 2 years from the date of election/appointment. There is no limit to the number of terms a Co-Chair can serve.

Section 4: Any vacancies that occur in the appointed seats shall be filled upon the recommendation of those described above.

Article VIII – Committees

Section 1: The CoC Partnership operates standing Committees, including:

- **Data and Systems**
- **Westchester Homelessness Prevention Network**
- **Patriot Housing Initiative**
- **VI-SPDAT Workgroup**
- **Self-Sufficiency Committee**
- **Coordinated Assessment**
- **PIT Count Planning**
- **Housing Retention Workgroup**
- **Landlord Relations**
- **Consumer Advisory**

Section 2: Recipients also operate regular sub-recipient meetings.

Section 3: Ad Hoc Committees can be formed at the request of Co-Chairs and/or the Collaborative Applicant to complete specific tasks, such as the Ad Hoc Application Workgroup.

Section 4: Committee motions will be carried by a majority vote of the those present.

Article IX – Meetings/Attendance

Section 1: General Membership will meet at least twice annually. The Board will meet at least quarterly. Committee meetings will be held at least quarterly.

Section 2: If requested at any time by at least five members of the Board, a special General Membership meeting must be called by a Co-Chair. A notice of the special General Membership meeting must be distributed to the CoC membership at least 2 business days prior to the meeting date.

Section 3: Attendance will be recorded at all CoC Partnership and Committee meetings.

Article X- Amendments

Section 1: These Guiding Principles may be approved and amended by a majority vote at a meeting of the CoC Partnership Board provided that the proposed amendment(s) shall have been distributed in writing to each Board member at least 10 business days before the meeting of the

CoC Partnership. As per HUD regulations, these Guiding Principles will be reviewed, updated as needed and approved by the CoC Partnership Board at least annually.

Article XI – Nondiscrimination

Section 1: The members, officers, and persons served by the CoC Partnership shall be selected/served entirely on a nondiscriminatory basis with respect to age, gender, race, ethnicity, religion, disability, natural origin, actual or perceived sexual orientation, gender identity or marital status in accordance with all state and federal regulations.

Article XII – Conflict of Interest

Section 1: It is the policy of the CoC Partnership that the Co-Chairs and Board members disclose any perceived conflicts of interest. Co-Chairs may require that a Board member recuse themselves from voting depending on the nature of any disclosure.

Article XIII – General Provisions

Section 1: Parliamentary Authority: Robert's Rules of Order, Newly Revised, shall be the parliamentary authority for all matters of procedures not specifically covered by these Guiding Principles.



HMIS Agency Participation Agreement

Westchester County Department of Social Services

Partner Agency Name

HMIS Lead Agency Name

I. BACKGROUND AND PURPOSE

The Homeless Management Information System (HMIS) is the information system designated by the Westchester County Continuum of Care Partnership for the Homeless (CoC Partnership) to comply with HUD's data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

The U.S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs. Through the HMIS, CoC programs and clients benefit from improved internal and external coordination that guides service and systems planning. A robust HMIS also helps communities engage in informed advocacy efforts, including the pursuit of policies that result in targeted services. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of different subpopulations. Additionally, use of the HMIS by agencies not funded by HUD provides benefits to both these agencies and the homeless provider community at large, including the avoidance of service duplication through the sharing of client data. HMIS participation also positions agencies for future funding, as many private foundations now require it.

II. GENERAL PROVISIONS

- A. The CoC Partnership has designated Westchester County Department of Social Services (DSS) as the HMIS Lead Agency. All homeless assistance and homelessness prevention service providers in this CoC are eligible to become HMIS Partner Agencies, except for domestic violence providers covered by the Violence Against Women Act (VAWA). The parties share a common interest in serving the homeless population and those at risk of becoming homeless while reducing the current number of homeless in the CoC jurisdiction. The purpose of this agreement is to set out the provisions for the implementation, maintenance, coordination and operation of the HMIS. DSS – in coordination with its authorized agents, including the HMIS Software Provider and HMIS Administrator – is responsible for administering the HMIS on behalf of the CoC, including the implementation, management, training, maintenance, support and enhancement of the HMIS software. The Partner Agency is responsible for entering client data in the HMIS according to program requirements. Detailed responsibilities are listed in sections below.
- B. The Agency Participation Agreement (APA) addresses the respective responsibilities of DSS and the Partner Agency for ongoing HMIS service and activities. The specific responsibilities of the parties to this agreement for the confidentiality, reporting requirements, training, policies and procedures, hardware and software for the HMIS are clearly defined herein to ensure an effective, efficient and secure system. All addendums referenced in this agreement



HMIS Agency Participation Agreement

are also part of the agreement. DSS will abide by all applicable laws, and the Partner Agency will be expected to do the same.

III. DSS DUTIES AND RESPONSIBILITIES

DSS will:

A. GENERAL

- 1) In consultation with the CoC Partnership, select the HMIS Software Provider, define the HMIS program and implement its standards, promote awareness of the program to all interested parties and monitor the program's successes and failures in order to validate its effectiveness.
- 2) Hold the Partner Agency, and its agents, harmless and indemnify it from any and all damages, liabilities, claims and expenses that may be claimed by any third parties arising from DSS's conduct under this agreement.
- 3) Be the sole liaison between the Partner Agency and the HMIS Software Provider; user questions concerning the software are to be directed only to DSS.
- 4) Develop, implement and maintain privacy, confidentiality and security protocols for the HMIS in consultation with the CoC Partnership.
- 5) Provide standardized HMIS training and technical assistance to all Partner Agencies.
- 6) In collaboration with the HMIS Software Provider, take all necessary precautions to prevent any destructive or malicious programs from being introduced to the HMIS and, through it, to the Partner Agencies. DSS will employ all appropriate measures to detect virus infection and all appropriate resources to efficiently disinfect any affected systems as quickly as possible.
- 7) Notify the Partner Agency of HMIS failure, errors and/or problems immediately upon discovery.
- 8) Provide technical assistance during normal business days, with the exception of federal and scheduled holidays.
- 9) Provide all other reasonably expected activities regarding the operation of the HMIS.

B. PRIVACY, CONFIDENTIALITY AND SECURITY

- 1) Maintain all client-identifying information in strictest confidence. DSS may suspend HMIS access to any user or Partner Agency for the purpose of investigating suspicion of breached confidentiality.
- 2) Contract with the HMIS Software Provider to maintain and administer central and backup server operations including security procedures and daily system backup to prevent the loss of data.
- 3) Designate the HMIS Lead Security Officer in the HMIS Lead Security Certification document, which must be updated at least annually. The contact information is incorporated into the Security Provisions by reference. The duties of the Security Officer must be included in the individual's job description or HMIS Lead Security Certification, and signed by the Security Officer to indicate understanding and acceptance of these responsibilities. These duties include, but may not be limited to:
 - With the HMIS Administrator, review the Security Provisions annually and at the time of any change to the security management process, the HMIS software, the methods of data exchange, and any HMIS data or technical requirements issued by HUD. In the event that changes are required to the HMIS Security Provisions, work with the HMIS Administrator to develop recommendations to the CoC Partnership for review, modification and approval.



HMIS Agency Participation Agreement

- Annually review the HMIS Lead Security Certification document, test the HMIS Lead security practices for compliance, and work with the HMIS Administrator to coordinate communication with HMIS Software Provider to confirm security compliance.
 - Using the HMIS Lead Security Certification document, certify that the HMIS Lead adheres to the Security Provisions or develop a plan for mitigating any shortfall, including milestones to demonstrate elimination of the shortfall over as short a period of time as is possible.
 - Implement any approved plan for mitigation of shortfalls and provide appropriate updates on progress to the CoC Partnership.
 - Respond, in cooperation with the HMIS Administrator, to any security questions, requests, or security breaches to the CoC Partnership, and for communicating security-related HMIS information to the organization's end users.
- 4) Ensure the HMIS Lead Security Officer and any administrative user able to manage and access data from more than one Partner Agency undergo criminal background verification. Record of the completed background check (though not the results) is subject to inspection by the CoC. The HMIS Lead will hire individuals with criminal justice histories only to the extent the hire is consistent with any relevant hiring policies of DSS, unless the background check reveals a history of crimes related to identity theft or fraud. The HMIS Lead will manage the results of any background checks conducted on a case-by-case basis.
 - 5) Monitor access to the HMIS in order to detect violations of information security protocols and maintain for inspection accurate logs of all changes made to the information contained within the database.
 - 6) Issue user accounts, passwords and certificates of participation, when requested, for HMIS users, provided that:
 - a) The Partner Agency has signed the APA;
 - b) The Partner Agency has designated an HMIS Site Administrator;
 - c) The HMIS Lead Agency has received signed User Agreements; and,
 - d) The user has successfully completed HMIS user training, including any tests.
 - 7) Periodically change Partner Agency passwords for security purposes and lock out user accounts after a specified period of inactivity.
 - 8) Comply with the HMIS Privacy Policy and HMIS Data Sharing Policy and not release personally identifiable information to any person, agency or organization, unless allowed by the HMIS Privacy Policy.
 - 9) Configure and maintain inter-agency data sharing options in HMIS.
 - 10) Conduct Partner Agency site visits to ensure compliance with privacy and security protocols.

C. USER TRAINING AND PROGRAM CONFIGURATION

- 1) Conduct training, including security training at least annually, for all HMIS users.
- 2) Authorize user access to HMIS in accordance with the HMIS policies and procedures.
- 3) Provide training materials, which may include user manuals, definitions and instructions, to each individual who attends the training event.
- 4) Configure Partner Agency programs according to the latest HMIS Data Standards, including related grants, services, assessments, housing units, and other applicable options in the HMIS software.
- 5) Provide additional trainings according to the user role, program type, or specific activities. These trainings may include web-based refresher courses in group or one-on-one format.



HMIS Agency Participation Agreement

IV. Partner Agency DUTIES AND RESPONSIBILITIES

The Partner Agency will:

A. GENERAL

- 1) Strictly adhere to all policies and procedures contained in the APA, as it may be amended from time to time, and all of its appendices. A copy of this agreement can be found at <http://programdesign.com/wiki/WCCOCH>, and a signed hard copy will be provided to the Partner Agency.
- 2) Hold DSS, and its agents, harmless and indemnify it from any and all damages, liabilities, claims and expenses that may be claimed by any third parties arising from Partner Agency's conduct under this agreement.
- 3) Maintain at least 1 (one) active user account at any time.

B. PRIVACY AND CONFIDENTIALITY

- 1) Comply with all federal and state laws and regulations, and with all HMIS policies and procedures (particularly the HMIS Data and Technical Standards Final Notice from July 2004, the HMIS Data Standards Revised Notice from March 2010 and subsequent revisions) relating to the collection, storage, retrieval, and dissemination of client data.
- 2) Comply with the HMIS Privacy Policy and the HMIS Data Sharing Policy.
- 3) Obtain client consent before any data is collected and shared. The consent can be:
 - a) Inferred (baseline): The agency must post a visible HMIS Consumer Notice and HMIS Privacy Policy in a reception area or at each intake station.
 - b) Informed Written (optional): The client may sign a release of information (ROI) form stored on location.
 - c) Informed Verbal (optional): The client may give oral permission to Partner Agency personnel with written documentation of consent by witness.
- 4) Where informed written consent applies, utilize the HMIS Client Release of Information Form (ROI), or an alternative approved by DSS. With consent, the Partner Agency is authorized to share data until such time as the client withdraws consent, at which point the Partner Agency shall be responsible for ensuring the client's data entered thereafter is restricted from view. Collect and store records of any ROI authorizations for, at least, 3 (three) years.
- 5) Take all necessary precautions to prevent destructive or malicious programs, including but not limited to viruses or spyware, from being introduced to any part of the HMIS, including users' computers. Employ appropriate measures to detect virus or spyware infection and deploy all appropriate resources to efficiently disinfect any affected systems as quickly as possible.

C. DATA QUALITY AND MONITORING

- 1) Fully comply with the latest HMIS Data Quality Plan. This plan is posted on the website, <http://programdesign.com/wiki/WCCOCH>, and available in hard copy upon request.
- 2) Enter data into the HMIS within the timeframe as specified in the Data Quality Plan. Timely data entry prevents duplication of client records and other shared transactions, such as enrollments and services. It also allows good quality data for both program-specific and aggregate reports. Partner Agencies and their HMIS users may be held liable in the event that a preventable duplication occurs as a result of missing, late or incomplete data entry. Repetitive lack of timely entry can result in official reports of concern and possible findings against the Partner Agency and could culminate in official penalties up to and including loss of project funding.



HMIS Agency Participation Agreement

- 3) Collect all mandatory data elements, according to the data quality requirements.
- 4) Take all steps reasonably necessary to verify the information provided by clients, and to see that it is correctly entered into the HMIS by the Partner Agency user.
- 5) Immediately notify DSS when a programmatic, personnel or other issue arises that precludes the Partner Agency from entering the HMIS data within the allowed timeframe. By informing the DSS in a timely fashion, all parties can work together to craft an interim solution that is minimally disruptive to program operations and the HMIS as a whole.
- 6) Take reasonable steps to ensure that no profanity, offensive language, malicious information or discriminatory comments based on race, ethnicity, religion, national origin, disability, age, gender or sexual orientation are entered into the HMIS.
- 7) Do not upload material into the HMIS that is in violation of any federal or state regulations, including, but not limited to: copyrighted material, material legally judged to be threatening or obscene, and material known to the Partner Agency to be confidential trade secrets.
- 8) Allow the DSS staff to conduct periodic monitoring and reviews of the original documentation in client files to ensure data accuracy. This monitoring is limited only to the client information relevant to HMIS data collection.

D. TRAINING

- 1) Ensure that each Partner Agency HMIS user attends the appropriate training, agrees to and signs the User Agreement, receives HMIS security training prior to being given access to HMIS and participates in security training at least annually.
- 2) Ensure that the Partner Agency program officers or designated HMIS site administrators attend any DSS-sponsored HMIS trainings, stay current with the HMIS policies and procedures, and relate news and updates to its HMIS users.
- 3) Assess the HMIS users' performance and refer for additional training as needed.

E. SECURITY

- 1) Limit HMIS access only to authorized users and follow all HMIS protocols for monitoring those users. DSS reserves the right to terminate access to any HMIS user who breaches client confidentiality or system security protocols.
- 2) Do not permit any person to enter or use the HMIS unless and until:
 - a) The person has completed the required HMIS training;
 - b) DSS has issued that person the appropriate user account and password; and,
 - c) Both the APA and the User Agreement have been signed and returned to DSS.
- 3) Maintain copies of all User Agreements signed by Partner Agency personnel to whom user accounts have been issued.
- 4) Designate an HMIS Security Officer to be responsible for the implementation of the HMIS security provisions at the Partner Agency.
- 5) Fully comply with the HMIS Data Sharing Policy and the HMIS Privacy Policy.
- 6) Not release any HMIS data to any entity that is not part of the HMIS, unless such release is covered by the HMIS Data Sharing Policy or the HMIS Privacy Policy.
- 7) Develop an internal procedure to be used in the event of a violation of any of the HMIS security protocols.
- 8) Develop and adhere to local security standards that should include the following:
 - a) Products: Physical security (door locks, computer screen view, local network passwords, firewall)
 - b) People: Personnel security (authorized users only, local oversight of usage)
 - c) Procedures: Organizational security (policies and procedures are in place)



HMIS Agency Participation Agreement

- 9) Adhere to their own policies regarding conducting background checks and hiring individuals with criminal justice histories, as long as they comply with all relevant laws.
- 10) Notify HMIS Administrator within one business day of the separation of any employee who was a user of the HMIS. Notification should preferably occur by close of business on the day of employee separation.

V. PROPRIETARY RIGHTS OF CLIENTTRACK, INC.

A. The Partner Agency shall not give or share assigned passwords and access codes for HMIS with any other Agency, business, or individual.

B. The Partner Agency shall not cause in any manner, or way, corruption of HMIS.

VI. TERMS AND CONDITIONS

A. Neither the Lead Agency nor the Partner Agency shall transfer or assign any rights or obligations without the written consent of the other party.

B. This Agreement shall be in-force until revoked in writing by either party provided funding is available.

C. This Agreement may be terminated immediately with cause.

The signature of the parties hereto indicates their agreement with the above terms and conditions.

Westchester County Dept of Social Services
Agency NAME

[Signature]
Agency Representative

1/8/2016
Date

Print NAME and TITLE
Commissioner

Westchester County Department of Social Services
[Signature]
Program Coordinator

1/5/2016
Date

D1. Prioritization methodology for homeless housing

A. Prioritizing Permanent Supportive Housing

On 7/25/16 HUD published rules¹ in Notice CPD 16-11 detailing how local Continuums of Care (CoCs) must prioritize Chronically and non-Chronically homeless people into CoC-funded Permanent Supportive Housing (PSH)². The Westchester CoC Board adopted the order of priority described in Notice CPD 16-11 on 08/02/17.

The following details implementation of the HUD order of priority for Westchester County CoC:

1) When Chronically Homeless individuals or families are located within the geographic area of the CoC, Westchester County CoC will place individuals in **PSH units dedicated or prioritized for persons experiencing chronic homelessness** in the following order:

1. CH individuals and families who match the goals and any identified target populations served by the project with the most severe needs.
2. CH individuals and families who match the goals and any identified target populations served by the project who have been homeless in emergency shelters or places not meant for human habitation for the longest amount of time.

2) Westchester County CoC will place individuals in **PSH units not dedicated or not prioritized for persons experiencing chronic homelessness** in the following order; in addition, Westchester County CoC will place individuals in **PSH units dedicated or prioritized for persons experiencing chronic homelessness** when there are no CH individuals and families who match the goals and any identified target populations served by the project in the following order:

1. Homeless individuals and families with a disability who have been homeless for more than 365 days and with the most severe needs (and then for the longest amount of time).
2. Homeless individuals and families with a disability who have been homeless for less than 365 days and with the most severe needs (and then for the longest amount of time).
3. Homeless individuals and families with a disability coming from emergency shelters or places not meant for human habitation.
4. Homeless individuals and families with a disability coming from transitional housing.

Severity of need must be determined using CoC-wide objective assessment tools, adjusted when necessary by well-documented and fairly applied professional judgment. Westchester CoC currently uses VI-SPDAT score to assess severity of need.

The CoC is dedicated to eradicating veteran homelessness and Chronic Homelessness. First priority within all categories above will be veterans. Essentially, this means that if two households present for assistance and both fall under the same order of priority (e.g. both chronically homeless with the same VI-SPDAT score and length of time homeless), but one is a veteran household and the other is not, the veteran household should be prioritized first. In general, the CoC will prioritize any

¹ <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

² Note: only individuals and families with disabilities can be placed in CoC-funded PSH.

veteran households who are not eligible for VA housing or services by targeting those Veterans to the most appropriate CoC-funded projects.

Westchester County will prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, will be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

B. Prioritizing Rapid Rehousing

Recently, HUD provided guidance for rapid rehousing in terms of prioritizing subpopulations. HUD noted in a SNAPS In Focus: Rapid Re-Housing As a Model and Best Practice, August 6, 2014, that:

“Rapid re-housing can be effective for many populations, such as families with children, youth aging out of foster care, domestic violence survivors, single adults, and veterans, but should be targeted to those households that would not be able to get out of homelessness without the assistance. It is particularly a key strategy for achieving the Opening Doors goal of ending family, youth, and child homelessness by 2020.

Rapid re-housing should prioritize people with more challenges, including those with no income, poor employment prospects, troubled rental histories, and criminal records. Providers should link participants with community resources that will help them achieve longer-term stability and well-being. Now is the time for communities to be working together to establish written standards for administering rapid re-housing and thinking strategically about how this type of assistance will be used most effectively within the CoC.”

Recently, HUD also noted on [www.hudexchange.info/resources/documents/Rapid-Re-Housing- Brief.pdf](http://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf) that:

“Rapid re-housing is an effective intervention for many different types of households experiencing homelessness, including those with no income, with disabilities, and with poor rental history. The majority of households experiencing homelessness are good candidates for rapid re-housing. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction.”

According to OrgCode, Rapid Re-Housing Projects should prioritize households with a VI-SPDAT score of at least 4. Rapid Re-Housing is usually the most appropriate intervention for Individuals that score between a 4 and 7 and for families that score between a 4 and 8.

Thus, the Westchester County CoC will prioritize individuals and families for Rapid Re-housing in the following order:

1. Homeless individuals and families with a VI-SPDAT score between 4 and 7 (or 8 for families) that have the most severe needs.
2. Homeless individuals and families with a VI-SPDAT score between 4 and 7 (or 8 for families) that have been homeless for the longest amount of time.
3. Homeless individuals and families with a VI-SPDAT score between 4 and 7 (or 8 for families) within the following subpopulations: families with children, youth ages 18-24, domestic violence survivors, and veterans.
4. Homeless individuals and families with a VI-SPDAT score below 4 or above 7 (or above 8 for families) that otherwise meet the eligibility criteria, and who are not appropriate for Permanent Supportive Housing, that have the most severe needs.

Clients that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction will not be prioritized for Rapid Re-housing.

C. Prioritizing Transitional Housing

Westchester County CoC will prioritize individuals and families for Transitional Housing in the following order:

1. Homeless individuals and families within the following subpopulations:
 - families with children,
 - youth ages 18-24,
 - domestic violence survivors,
 - veterans,
 - households with severe service needs that threaten their immediate health or safety and who cannot safely live in an independent living environment but for whom institutional recovery or treatment services are not desired or available.
2. Homeless individuals and families that have been homeless for the longest amount of time.

All chronically homeless individuals and families will not be served through transitional housing.⁴ Such households will be served by permanent supportive housing through a Housing First approach.

(3) provide a list of the specific project(s) that will be using the funding for this purpose.

CoCs must identify the specific project(s) that will use the funding for this purpose (up to 10 percent of the CoC total awarded) by submitting an attachment to the CoC application in *e- snaps* that must include all the following:

- a. Project name(s) as listed on the CoC Priority Listing; and
- b. Amount of funding in the project or per project that will be used for this purpose.

Project Name	FY2016 Project Number	Amount of funding that will be used to serve Youth defined as homeless under other Federal statues	Total Funding	Percent
Life Bridges	NY0473L2T041609	\$24,749.50	\$49,499	50%
Stepping Stones	NY0864L2T041605	\$164,957.50	\$329,915	50%
The Refuge	NY0624L2T041608	\$53,500.50	\$107,001	50%
	TOTAL	\$243,207.50		
		(1.53% of ARA)		

2017 HDX Competition Report

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	1750	1832
Emergency Shelter Total	916	1,018
Safe Haven Total	0	0
Transitional Housing Total	800	767
Total Sheltered Count	1716	1785
Total Unsheltered Count	34	47

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	131	149
Sheltered Count of Chronically Homeless Persons	117	131
Unsheltered Count of Chronically Homeless Persons	14	18

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	362	383
Sheltered Count of Homeless Households with Children	362	383
Unsheltered Count of Homeless Households with Children	0	0

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	161	128	121
Sheltered Count of Homeless Veterans	152	126	116
Unsheltered Count of Homeless Veterans	9	2	5

2017 HDX Competition Report

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1019	57	962	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	801	0	801	100.00%
Rapid Re-Housing (RRH) Beds	341	0	341	100.00%
Permanent Supportive Housing (PSH) Beds	1396	0	1128	80.80%
Other Permanent Housing (OPH) Beds	375	0	60	16.00%
Total Beds	3,932	57	3292	84.95%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	154	154

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	102	87

2017 HDX Competition Report

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	280	341

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for NY-604 - Yonkers/Mount Vernon/New Rochelle/Westchester CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	3117	3246	3965	69	72	88	16	30	32	44	12
1.2 Persons in ES, SH, and TH	4134	4226	4847	179	184	185	1	75	78	87	9

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	3965	-	103		-	55	
1.2 Persons in ES, SH, and TH	-	4847	-	203		-	105	

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	22	44	1	1	2%	0	5	11%	3	11	25%	17	39%
Exit was from ES	468	69	3	7	10%	13	1	1%	34	13	19%	21	30%
Exit was from TH	65	514	0	11	2%	1	13	3%	2	50	10%	74	14%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	555	130	4	2	2%	14	9	7%	39	8	6%	19	15%
TOTAL Returns to Homelessness	1110	757	8	21	3%	28	28	4%	78	82	11%	131	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1797	1750	-47
Emergency Shelter Total	820	916	96
Safe Haven Total	0	0	0
Transitional Housing Total	950	800	-150
Total Sheltered Count	1770	1716	-54
Unsheltered Count	27	34	7

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	4156	4262	4882	620
Emergency Shelter Total	3140	3300	4002	702
Safe Haven Total	0	0	0	0
Transitional Housing Total	1531	1538	1379	-159

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	644	895	926	31
Number of adults with increased earned income	22	33	42	9
Percentage of adults who increased earned income	3%	4%	5%	1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	644	895	926	31
Number of adults with increased non-employment cash income	120	142	125	-17
Percentage of adults who increased non-employment cash income	19%	16%	13%	-3%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	644	895	926	31
Number of adults with increased total income	136	165	157	-8
Percentage of adults who increased total income	21%	18%	17%	-1%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	461	471	449	-22
Number of adults who exited with increased earned income	73	74	63	-11
Percentage of adults who increased earned income	16%	16%	14%	-2%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	461	471	449	-22
Number of adults who exited with increased non-employment cash income	182	184	152	-32
Percentage of adults who increased non-employment cash income	39%	39%	34%	-5%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	461	471	449	-22
Number of adults who exited with increased total income	232	234	202	-32
Percentage of adults who increased total income	50%	50%	45%	-5%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3526	3507	3726	219
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	690	699	1040	341
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2836	2808	2686	-122

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3842	3851	4214	363
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	809	820	1331	511
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3033	3031	2883	-148

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	230	234	277	43
Of persons above, those who exited to temporary & some institutional destinations	81	100	45	-55
Of the persons above, those who exited to permanent housing destinations	96	81	85	4
% Successful exits	77%	77%	47%	-30%

Metric 7b.1 – Change in exits to permanent housing destinations

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	2887	2883	3367	484
Of the persons above, those who exited to permanent housing destinations	1284	1298	1113	-185
% Successful exits	44%	45%	33%	-12%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	1365	1487	1579	92
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1307	1424	1513	89
% Successful exits/retention	96%	96%	96%	0%

2017 HDX Competition Report FY2016 - SysPM Data Quality

NY-604 - Yonkers/Mount Vernon/New Rochelle/Westchester CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	902	939	927	879	1344	1367	1233	966	1622	1634	1639	1900		154	311	280				
2. Number of HMIS Beds	704	723	846	872	1163	1322	1228	966	901	1036	1012	1316		154	311	280				
3. HMIS Participation Rate from HIC (%)	78.05	77.00	91.26	99.20	86.53	96.71	99.59	100.00	55.55	63.40	61.74	69.26		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	8	603	3300	4002	1324	1402	1538	1379	1162	1193	1237	1357	48	484	792	661	266	146	277	206
5. Total Leavers (HMIS)	0	186	2283	3085	554	650	763	634	116	109	150	149	1	81	533	325	102	24	102	135
6. Destination of Don't Know, Refused, or Missing (HMIS)	0	123	1620	1962	28	67	229	33	14	9	6	4	0	16	149	6	5	3	13	51
7. Destination Error Rate (%)		66.13	70.96	63.60	5.05	10.31	30.01	5.21	12.07	8.26	4.00	2.68	0.00	19.75	27.95	1.85	4.90	12.50	12.75	37.78

2017 HDX Competition Report

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/25/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/21/2017	Yes
2017 HIC Count Submittal Date	4/21/2017	Yes
2016 System PM Submittal Date	6/5/2017	Yes



Westchester County Continuum of Care: 2017 Priorities for Emergency Solutions Grant

Adopted by the Board of the Westchester County Continuum of Care on September 7, 2017.

Background:

24 CFR 578.7 details the responsibilities of each Continuum of Care mandated by the Department of Housing and Urban Development. Under 578.7 (c)(5) Continuum of Care planning, HUD requires each CoC to “[Consult] with State and local government Emergency Solutions Grants program recipients within the Continuum’s geographic area on the plan for allocating Emergency Solutions Grants program funds”.

General Requirements:

All ESG recipients within the Westchester County Continuum of Care geographic area are expected to work collaboratively to coordinate funding that addresses the needs of the entire continuum.

The Westchester County CoC is in the process of implementing a Coordinated Entry system. Coordinated Entry is expected to be operational before the end of 2017. HUD and the Westchester Continuum of Care require that all ESG projects providing Homelessness Prevention and Rapid Re-housing participate in Coordinated Entry, using the guidelines, assessment tools, and procedures established by the Board of the CoC.

The CoC expects that each ESG recipient and subrecipient provider agency within the Westchester County Continuum of Care geographic area will designate a staff member as a point of contact for Coordinated Entry staff during the implementation of this new system.

Subrecipient agencies will be required to have staff involved in the assessment, intake, referral, and transfer of clients attend Coordinated Entry training sessions which will be offered by the Westchester CoC shortly before Coordinated Entry system becomes operational, and then annually thereafter.

Funding Allocation Priorities:

The Board of the Westchester County CoC recommends that ESG recipients fund additional Street Outreach activities during the opportunity to distribute ESG funds within the Westchester County Continuum of Care geographic area. Westchester County has recently lost significant capacity for Street Outreach; ESG funding is identified as a significant source of new funding for these activities.

In addition, Westchester County CoC recommends that ESG recipients and subrecipients administering Rapid Re-housing projects target eligible participants currently homeless and living in Transitional Housing for homeless persons. This population is eligible for Rapid Re-housing funded with ESG but is not currently eligible for Rapid Re-housing funded with Continuum of Care (which may only serve homeless households living on the streets, in emergency shelter, or fleeing domestic violence).