

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:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:

- This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.

- For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.

- Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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 Dept. of Social Services

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	No	No	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	No	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran services representative	Yes	Yes	Yes
Eviction Prevention representatives	Yes	Yes	Yes
Vocational Services representative	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

Each year, our CoC hosts an Open Forum Meeting on Priorities to solicit public opinion on the needs of the community. This year, Hope's Door, an emergency shelter for survivors of domestic violence came to the Open Forum to bring to our attention the lack of permanent housing for survivors once they leave their shelter. It was decided by the CoC Board that a CoC subcommittee would be established to examine this issue, inviting the most knowledgeable and experienced professionals in the field. Exploration with this new subcommittee led to our incorporating this need into our PH Bonus Project Application to provide RRH to this population as another resource towards PH. We also made strides this year recruiting to our CoC Board homeless/formerly homeless individuals through a youth peer support program called the Bravehearts. These young people bring the unique perspective of youth who have aged out of foster care who also have experience with homelessness to the Board and its decisions.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Children's Village	Yes	No	Yes
Westhab	No	Yes	Yes
HOPE Community Services	No	Yes	Yes
Board of Cooperative Educational Services (BOCES)	No	Yes	Yes
Westchester County Dept. of Social Services	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Hope's Door	No	No
My Sister's Place	No	No
Victims' Assistance Services	No	No
Westchester County Dept of Social Services	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	No
Set a Path to End All Homelessness by 2020	No

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The CoC assigns tasks based on experience, capacity, leadership ability and willingness to serve.

To reach the goal of ending Veteran homelessness, staff from WC DCMH, local VA, and veterans service providers were trained in 2013 by 100,000 Homes Rapid Results Institute to reinvent our system of care for homeless veterans. These trained leaders have created a Patriot Housing Initiative (PHI) that has met weekly ever since and rehoused over 330 vets.

The Westchester CoC Board coordinates our efforts to end Chronic Homelessness, partnering with WC DSS, DCMH, the VA, and local providers.

Westchester DSS has been assigned lead role in ending family and youth homelessness. DSS manages TANF, Safety Net assistance for families, Food Stamps, Medicaid, Child Welfare, child care subsidies, and services for women, and DV survivors.

The Westchester CoC Board will coordinate our efforts to Set a Path to End All Homelessness by 2020.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

We hold an annual public homeless needs assessment forum. 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, mobility-impaired 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 run these types of projects by submitting a form outlining their plan & qualifications. Our Board votes to choose the subrecipients.

We proposed new partners in 4 of the last 5 years.

This year we prioritized PHB rapid rehousing for 3 groups: families/singles, youth & DV survivors. Our RFP invited preapps for each group and our Board voted to select the subrecipients. This year our DV PHB was given to a group that attended its 1st CoC meeting in Sept.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?

Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	5	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	5	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	5	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	3	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	3	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	66.67%
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

We have 5 Con Plan areas: Yonkers-YO, Mt. Vernon-MV, New Rochelle-NR, White Plains-WP, and Westchester. A senior YO Planning Dept. staff is on our CoC Board & spends 10 hrs/wk on CoC meetings, emails & calls. A senior MV Planning Dept. official is on our CoC Board, chairs a local CoC group & works full-time running HUD housing programs. WP chose its major local shelter CEO to be its rep on our CoC Board. A WP Planning Dept. Deputy Commissioner also attends CoC meetings. NR chose the CEO of its major homeless housing group (HOPE) to be its rep on our Board. HOPE does NR-funded street outreach & rehousing and reports monthly to NR's Mayor, City Council, City Mgr. & Planning Dept.

All 4 City reps play major roles in creating their local Con Plans. They provide PIT & HIC data, detail CoC activities & local services, identify unmet needs and priorities, serve as our liaisons to their Mayors, participate in public hearings & draft/edit Con Plan parts on homelessness & housing.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

We have 3 ESG recipients: City of Yonkers, Westchester County, and New York State.

A CoC Board Co-Chair led the development of the current operational and evaluation plans used by Westchester ESG and Yonkers ESG to make funding decisions.

A City of Yonkers ESG representative sits on Board of the Westchester CoC, and collaborates to develop local priorities for homeless services. The CoC and Yonkers ESG have developed performance standards and monitoring tools for ESG projects. The CoC has conducted monitoring visits to Yonkers ESG annually since 2015.

Note: Westchester County ESG funding has been frozen for several years due to Fair Housing litigation. The Westchester CoC has therefore not been able to monitor County ESG projects. We will do so as soon as this funding is restored. Our CoC has identified local priority needs for NYS OTDA, such as HPRP-style intermediate-term rent subsidies & services. Last year OTDA funded multiple projects addressing the needs we identified.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Safety & security are paramount to this process whether they present at a homeless assistance provider or victim service provider. Providers refer to DSS, where the client is offered shelter & a Domestic Violence Liaison (DVL). The DVL provides a choice of DV shelters in & out of county. If there is no availability, or if they choose not to go, a safety assessment is completed & they are placed in a DSS shelter for women. No data is scanned into any database and DV disclosure is not shared unless the customer signs a release of info. Interviews are conducted in a private office 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 will follow up with them through placement. A confidential hotline is also available 24/7 where other ancillary services such as Victims Assistance, survivor support, &/or legal services are made available.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
The Municipal Housing Authority for the City of Yonkers	7.00%	No
Westchester County Housing Choice Voucher Program	0.00%	No
City of New Rochelle Housing Authority	9.00%	No
White Plains Housing Authority	0.00%	No
Town of Mamaroneck Housing Authority	9.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Westchester has 1,582 formerly homeless households receiving ongoing county- and state-funded rent subsidies called Shelter Supplements. We have 232 HUD-VASH vouchers for veterans. NYS is using Medicaid Redesign Team funding to provide housing subsidies and services for high-cost Medicaid-eligible homeless people. We have 40 NYS-funded units: 17 for the mentally ill + 23 for substance users. In October 2015 the City of New Rochelle approved the use of HOME funds for rental assistance targeted to homeless people found on the streets or homeless shelters.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Westchester County helps ensure that communities do not criminalize homelessness by offering instant and unfettered access to low-demand overnight emergency shelter in each of 4 regions of our county. Making it possible for police to offer access to shelter reduces the frequency of homeless people being arrested for trespass, though some are still arrested for trespassing if they refuse to leave commercial properties. The Westchester County Department of Community Mental Health (WCDCMH) also has a specially trained outreach worker who "rides-along" with police officers in one of our largest cities (White Plains). This very successful program has helped police engage mentally ill people on the streets and link them to appropriate services. WCDCMH also has a Transitional Management program for individuals being released from prison to help ensure shelter as needed. WCDCMH also helps train police officers in how to respond appropriately to mentally ill people including those found homeless and living on the streets. We have city-sponsored homeless outreach programs in two other major cities: New Rochelle and White Plains. We also have a countywide outreach team targeting homeless substance abusers and an outreach van targeting homeless youth.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? 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-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. 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-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

The Westchester CoC is developing a fully operational Coordinated Entry Process. Our Coordinated Entry has key components in place and is expected to be fully developed soon. A CoC Board appointed committee has met continuously since Feb. 2015 to plan implementation.

We will use a “no-wrong door” approach providing multiple ways for homeless to access our Coordinated Entry, including DSS offices, outreach teams, homeless shelters, service providers, and a 24-hour number.

We have 7 outreach teams that target different populations and together cover the entire CoC geographic area. We also have 4 low-demand overnight shelters to reach those who otherwise would not access services.

Once implemented, our Coordinated Entry will use a standardized assessment to prioritize persons presenting as homeless. DSS will create by-name lists using HMIS to priority order referrals to housing, a process to track vacant units, and a marketing strategy to advertise availability of homeless housing.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Veteran Services Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	36
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	34
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
substance use; LGBTQ; HIV	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (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.

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; victims of domestic violence; families with children; persons experiencing chronic homelessness; and veterans.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)

Local recipients were informed of the internal competition in writing on September 25, 2015. Copies of these letters are attached.

The local ranking criteria, local scores for each project based on that criteria, and resulting ranking order for Continuum of Care projects were approved by the entire CoC Board, including all stakeholders, on 10/02/15 and 10/14/15. Minutes from these Board meetings are attached.

The local ranking criteria, local scores for each project based on that criteria, and resulting ranking order for Continuum of Care projects was posted to the internet on October 20, 2015. A screenshot of the web page is attached.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/16/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/02/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC conducts annual site visits to each homeless provider to audit CoC and ESG projects. The visits include random chart review, client interview, HMIS audit and fiscal audit. Participant eligibility following HUD regulations is reviewed carefully to ensure compliance, as well as bed utilization vs. HUD targets.

Results are sent to the provider with a request for any needed corrective actions. When serious deficiencies are detected, TA is provided and/or another site visit is conducted that may lead to disciplinary action. Audit results are used as part of the project ranking formula for the NOFA each year.

The CoC also reviews project performance by gathering data from submitted APRs and HMIS on length of time homeless, housing stability (or exit to Permanent Housing), increases in income after enrollment, and amount of funds recaptured by HUD.

Recipient performance is reported annually to the CoC Board, including on-time APR submission and full expenditure of awarded funds.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. pages 4-5 of attachment #6 governance charter and pages 2-3 of attachment #10 HMIS Agency Participation Agreement

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ClientTrack
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? ClientTrack, Inc.
Applicant will enter the name of the vendor (e.g., ABC Systems).

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$345,652
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$345,652

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$86,413
State	\$0
State and Local - Total Amount	\$86,413

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$432,065
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/08/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,017	90	846	91.26%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,233	0	1,228	99.59%
Rapid Re-Housing (RRH) beds	311	0	311	100.00%
Permanent Supportive Housing (PSH) beds	1,304	0	1,012	77.61%
Other Permanent Housing (OPH) beds	335	0	0	0.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

Permanent Supportive Housing coverage in HMIS is below 85% primarily due to the U.S. Dept of Veterans Affairs not including their HUD-VASH beds in HMIS. 232 out of 292 PSH beds not in HMIS are HUD-VASH. The Westchester CoC will continue to encourage HMIS participation by the VA. On the date of the January 2015 PIT count, a locally funded 60-bed PSH project was not entering data into HMIS. The Westchester CoC and DSS subsequently mandated HMIS participation by this project, and currently this project has entered data for all clients.

Other Permanent Housing beds includes a locally funded 145-bed project that was not entering data into HMIS on the date of the January 2015 PIT count. The Westchester CoC and DSS subsequently mandated HMIS participation by this project, and currently this project has entered data for all clients. OPH beds also includes a privately funded project with 190 beds. The Westchester CoC will continue to work with this provider to encourage HMIS participation.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	5%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	1%
3.9 Residence prior to project entry	0%	6%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	6%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 8

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 04/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

All Homeless persons sleeping in Emergency Shelters and Transitional Housing on the night of the PIT Count were interviewed by shelter staff using a survey provided by the Continuum of Care. Written instructions were provided to interviewers to ensure consistent administration of the survey. The Continuum of Care followed up with shelters after the night of the count to ensure the maximum possible response rate.

The survey allowed shelter staff to obtain subpopulation data from the homeless interviewees including age, gender, race, ethnicity, disability, veteran status, and survivors of domestic violence.

Survey data was cross-checked with information in HMIS to reduce errors and discrepancies.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

Not applicable

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

The following emergency shelters ceased operation during 2014 and so were included in the 2014 count but were not part of the 2015 count: Mount Vernon Warming Center, VOA Valhalla Residence.

Similarly, the Westchester CoC reallocated a HUD CoC Transitional Housing project into family Rapid Re-housing during 2014. That CoC TH project was therefore included in the 2014 count but was not part of the 2015 count.

We also excluded 11 beds of Department of Parole-funded housing, which were erroneously counted as homeless beds in 2014, from the 2015 count.

Finally, we added a 7-bed VA HCHV project, which began in late 2014, to the 2015 count.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

Not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Prior to the count, law enforcement was surveyed to provide us with details of where they typically encounter homeless. Teams of trained outreach workers were assembled & assigned to various catchment areas in the county, including all major cities. Each outreach team was partnered with a law enforcement contact. 2015 was the first year that we offered the VI-SPDAT so we could not only count but begin to engage and immediately assign them an outreach worker. Written instructions and training sessions were provided to interviewers to ensure consistent administration of the survey. Through our Planning Grant, individuals who completed the VI-SPDAT were given a gift card for participating & we were able to provide stipends to our volunteers. We chose this methodology because we felt it was the most effective & efficient use of the outreach workers we had, utilizing our law enforcement resources as well to make a concentrated effort in areas where we knew homeless individuals to be.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

There was no change in methodology from the 2014 to 2015 count.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
VI-SPDAT offered	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

We expanded our recruitment of outreach workers to conduct the count, & made a conscious effort to choose those that were excellent at engagement, well-trained & experienced on the use of the VI-SPDAT. We also matched them, wherever possible, to areas they already work in so they were familiar with their law enforcement contact prior to the count, and in many cases, familiar to the individuals they encountered. Some of the outreach workers were bi-lingual (English-Spanish); they were assigned to areas with high concentrations of Spanish-only speakers. Multiple conference calls were conducted to make sure that each team was familiar with each other & to review safety & logistical plans. Incentives of gift cards were also provided if individuals were willing to complete a VI-SPDAT survey. All of these elements strengthen the quality of the data as it gave us a greater chance of the individuals being comfortable enough & motivated to complete the surveys & provide accurate information.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,138	1,797	-341
Emergency Shelter Total	904	820	-84
Safe Haven Total	0	0	0
Transitional Housing Total	1,214	950	-264
Total Sheltered Count	2,118	1,770	-348
Total Unsheltered Count	20	27	7

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	2,528
Emergency Shelter Total	1,460
Safe Haven Total	0
Transitional Housing Total	1,135

3A-2. Performance Measure: First Time Homeless.

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.

(limit 1000 characters)

DSS has specially trained workers in each DSS office who assess people seeking homeless assistance. It refers people facing eviction to local agencies who do in-depth needs assessment & budget counseling. DSS has won 5 years of DHHS funding to create and pilot system reform to prevent foster care youth from aging out into homelessness. Our researchers identified 3 risk factors most closely associated with youth becoming homeless: # of entries from home, # of facility transfers, & if the foster youth was ever AWOL.

WCDSS provides \$200,000/ year in locally funded eviction prevention rent arrears. It also funds eviction prevention workers in each DSS district office and legal services. Our CoC also helped multiple local agencies win 5-year NYS grants for eviction prevention counseling, short- and intermediate-term rent subsidies, and legal services. Our CoC Self-Sufficiency Committee expands job opportunities and our Homelessness Prevention Committee coordinates prevention planning.

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

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

WCDSS created an 11-person Homeless Services Division (HSD) to coordinate housing & services for homeless people with complex needs & longest stays, using HMIS & shelter placement records to identify them. HSD works with shelter staff to plan & expedite rehousing.

Our CoC Homeless System Transformation Team meets biweekly with DSS leaders to swiftly refocus our system on rapid rehousing and homelessness prevention. Our CoC’s Coordinated Assessment System (CAS) planning team meets weekly to guide CAS implementation. We will use the VI-SPDAT and Family SPDAT to identify Rapid Rehousing candidates. Our CoC Board has adopted CPD Notice 14-012 rehousing priorities including prioritizing those homeless the longest. Our CoC has won Rapid Rehousing funding from Yonkers’ ESG and NYS.

This application focuses on reducing lengths of stay. We seek \$2,485,814 in Permanent Housing Bonus funds for new Rapid Rehousing for families, single adults, youth aging out of foster care and DV survivors.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	1,018
Of the persons in the Universe above, how many of those exited to permanent destinations?	869
% Successful Exits	85.36%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	1,197
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,140
% Successful Retentions/Exits	95.24%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

DSS has an 11-person Homeless Services Division to coordinate housing & services for individuals & families who have been homeless the longest & with repeated episodes. These are currently identified by DSS database, but will soon be tracked via HMIS. They are also reviewing drop-in shelter records & identifying those homeless most often for prioritization. Our Coordinated Assessment will use HMIS to track people with repeated homeless episodes so we can target specialized housing retention services to them. Our CoC won \$2.1 million/year in FY14 CoC PSH Bonus funds to provide housing subsidies & intensive support services to CH adults & families. Services to this population will focus on housing retention. The CoC has established a Self-Sufficiency subcommittee to explore & develop resources to most effectively prevent recidivism. We have hosted one successful workshop geared to breaking barriers for formerly homeless people with disabilities, & are planning an event on debt mgmt.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Our CoC created a Patriot Employment/Self-Sufficiency Sub-committee to coordinate employment services for homeless veterans. Over 125 veterans found jobs with starting salaries averaging \$13.66/hour. Common Ground's VA Grant/Per Diem program & WestCOP's SSVF program are two of our largest employment service providers for veterans. We are hoping to apply this model to our non-Veteran homeless population as well. In 2012 our CoC was provided SAMHSA TA to create SOAR services to provide disabled homeless people with expedited access to SSI/SSD. SOAR helps secure stable incomes not subject to sanctions for treatment non-compliance. Legal Services of the Hudson Valley is our leading SOAR provider and is leveraging NYS funding for SSI/SSD and other disability advocacy. Our CoC has developed linkages to our local USDOL-funded Workforce Investment Board. Our WIB has developed specialized services and programs for veterans and youth aging out of foster care.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

1) Our CoC has developed linkages to our local USDOL-funded Workforce Investment Board to help provide increased services to unemployed homeless people Our WIB has hired two employment specialists targeting unemployed veterans. It also recently created a summer jobs program that is specifically targeting youth about to age out of foster care.

2) Our CoC created a Patriot Housing Self-Sufficiency Committee to coordinate employment services for homeless veterans. We have used public events and media coverage to encourage local employers to provide jobs for homeless veterans. Our County Executive has been active in this effort. The Committee has also worked with ACCES-VR, the NYS-funded employment service for the disabled, our local Workforce Investment Board, and local adult education programs. Our CoC is trying to create a CoC Self-Sufficiency Committee to expand these employment efforts to our broader homeless population.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?

(limit 1000 characters)

We have 7 homeless outreach teams which cover the entire CoC geographic area, including 3 NYS-funded mobile mental health outreach, a CoC-funded outreach worker in Mt. Vernon, a City-funded outreach worker in New Rochelle, VA-funded outreach workers, and CoC- and NYS-funded countywide outreach for substance abusers. These outreach projects enter all persons engaged into HMIS for identification, tracking, and referral.

We are using a "no-wrong door" approach that provides multiple ways for homeless people to enter our system. Our major access points are 4 DSS district offices. And 4 low-demand drop-in emergency overnight shelters that accept EVERYONE who requests shelter.

Our developing Coordinated Entry Process receives referrals from street outreach and drop-in shelters and reviews EVERY case of street homeless at least biweekly in order to prioritize homeless for housing based on severity of need and length of time homeless and expedite rehousing and remove housing barriers.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	205	175	-30
Sheltered Count of chronically homeless persons	193	156	-37
Unsheltered Count of chronically homeless persons	12	19	7

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

Sheltered Count of chronically homeless persons decreased by 37 from 2014 to 2015 (19%), and the Total PIT count of chronically homeless persons decreased by 30 (15%). The decrease in sheltered chronic homeless is due to increased targeting of Permanent Supportive Housing beds to chronically homeless persons using CoC-wide collaborative efforts joining shelters, housing providers, outreach teams, and WC DSS, to prioritize beds for individuals with the greatest needs (as measured using the VI-SPDAT tool) and longest durations of homelessness.

Unsheltered Count of chronically homeless persons increased by 7 from 2014 to 2015 (58%). It is difficult to interpret trends in numbers as small as these. For the 2015 PIT count, we increased the number of outreach workers canvassing for unsheltered persons. Having more outreach workers working with law enforcement, as opposed to law enforcement alone, may have made individuals more willing to be interviewed, resulting in the observed increase.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

This year we increased the % of turnover in non-CH units that give priority to CH from 75% to 89%. We will convene a new PSH Providers group by 4/15/14 to monitor compliance. HUD-VASH now serves only CH. We now work with a 2nd VA system in NYC that gave us 25 new HUD-VASH units for CH.

In August we began a 100-Day Veterans Rapid Rehousing Challenge. Our Patriot Housing Initiative's goal was to house 75 homeless vets in 100 days, including 45 CH vets. We housed 85 including 47 CH. Our CH placement rate rose 500%. We used 7 core strategies: Set ambitious short-term objectives, Use VI-SPDAT to prioritize needs, Create a single prioritized list of vets to be housed, Create a shared list of available units, Meet weekly to monitor progress, Meet biweekly to develop strategies for highest-risk clients, and Expedite 1-time rehousing assistance. The 100,000 Homes Campaign's monthly national webinar on 2/12/14 will showcase our success. We will use these 7 strategies with all CH adults in 2014.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Beginning in Oct. 2014, the CoC informed all homeless services & providers of the CH procedures. This was conducted via email blasts, Board & grantee provider mtgs, & at all site visits. A PSH Providers Group was not convened; instead, in March 2015, the Board decided to temporarily dissolve the Shelter/Service Providers subcommittee & create 3 workgroups to manage the Coordinated Assessment System (CAS) & the Turning Point project for CH only. These workgroups, working with the VI-SPDAT placement team, monitor CH individuals and families & have established the foundation of our CAS, which is in process. In Aug. 2013, Patriot Housing was started. To date, 330 homeless veterans have been housed. All of the above strategies were implemented for vets & some for non-vets; most are still being used. Due to our success, on Oct 5, 2015, the VA awarded us a waiver to allow HUD-VASH vouchers to be used for non-CH vets. We are working with Vets@Home to help us review the latest benchmarks.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	57	57	0

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The number of PSH beds dedicated for use by chronically homeless persons did not change from 2014 to 2015. This is because no projects with chronically homeless dedicated beds opened or closed and no existing projects dedicated additional beds.

Please note that during 2015 (but after the date of the HIC), the Westchester CoC added 97 additional beds dedicated for use by chronically homeless (an increase of 170%) using the new FY2014 Permanent Supportive Housing bonus project awarded to us by HUD.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. 1

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	873
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	116
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	99
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	85.34%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

- 1) Our CoC won \$2.1 million/year in FY14 CoC Permanent Supportive Housing Bonus funds to provide housing subsidies and intensive mobile support services to 90 chronically homeless adults and families.

- 2) Our CoC Steering Committee has adopted the rehousing priorities outlined in CPD Notice 14-012 including prioritizing those homeless the longest. Our Coordinated Assessment System will prioritize people to Permanent Supportive Housing (PSH) in this priority order.

- 3) Our CoC has encouraged our PSH providers to give chronically homeless households priority for PSH turnover beds.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

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 has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Westchester CoC and DSS are focused on rapidly rehousing homeless families. Coachman Family Center, our main family emergency shelter had a median length of stay of 69 days over the last year, quickly moving clients from shelter to Permanent or Transitional Housing.

DSS will use a Family Service Prioritization Decision Assistance Tool to identify families whose needs are best suited to brief assistance, Rapid Rehousing, or PSH. Families are placed based only on factors affecting future housing success.

We have greatly expanded available RRH beds for families with CoC and ESG. In the 2013 HIC we had 0 RRH beds. In 2014 we had 153 in RRH and in the 2015 HIC we had 311 family members in RRH beds. We are requesting FY15 Permanent Housing Bonus funds for more Rapid Rehousing, part of which is targeted to families.

Our developing Coordinated Entry Process receives referrals from family shelters and prioritizes homeless for housing based on severity of need and length of time homeless.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	55	118	63

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	467	375	-92
Sheltered Count of homeless households with children:	467	375	-92
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There were 92 (20%) fewer households with children housed in congregate family shelters and scattered-site transitional units.

Westchester County has made a focused effort to reduce the time homeless families spend in Emergency Shelter and Transitional Housing before moving to Permanent Housing. Reducing the average length of homelessness has reduced the PIT count number of homeless families.

We reallocated a HUD CoC Transitional Housing project into family Rapid Re-housing during 2014; in addition New York State- and locally-funded Rapid Re-housing projects began to reach capacity. This expansion, in 2013 and 2014, of Rapid Re-Housing projects has decreased the need for transitional beds. We will continue working to accelerate the movement of family homeless from emergency and transitional beds into permanent housing.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ 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?
Unaccompanied minors/youth below the age of 18?

Yes
Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	5	5	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Not applicable. We had only 5 youth in each year.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,917,986.00	\$2,040,676.00	\$122,690.00
CoC Program funding for youth homelessness dedicated projects:	\$486,415.00	\$486,415.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,431,571.00	\$1,554,261.00	\$122,690.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	9
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	28
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (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. The CoC recently worked with her to revise DSS transportation policy allowing more children to finish out the school year in their district post PH placement. This has led to significant quality of life improvements for families transitioning from the shelter to PH. DSS contracts with the Urban League for the Educational Success Program (ESP), that enhances attendance & performance of homeless students. ESP staff also identify & work with students assessed to be 'high risk' due to low attendance rates. All school districts in WC have designated staff to address the needs of homeless children. ESP staff maintain a Homeless Students Program Database, validate registration & program placement. This data is brought back to the Board as needed. CoC Co-Chair convenes monthly with Mt.Vernon CSD reps to discuss attendance barriers, inc. homelessness.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

All ESG- & CoC-funded housing/service providers are required by the Board to have a designated staff person to ensure that any families or unaccompanied youth admitted to their programs are informed of their educational rights, & enrolled in school & receive educational services, as appropriate. On Dec 4, 2015, So.West. BOCES is sponsoring training on the McKinney-Vento Act; the Board has made this mandatory for all family housing providers. Having the So.West. BOCES Homeless Student Liaison on the CoC Board allows us to bring updates & info. to the Board to be funneled to sub-recipients and other provider members. All shelter/housing providers are required to collaborate with school district liaisons & ESP Case Managers who provide educational case mgmt services. The ESP CM reviews daily shelter placement records from DSS. The CoC plans to invite ESP staff to play a larger role in the CoC and to help establish formal CoC policies regarding the educational needs of homeless children.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	183	181	-2
Sheltered count of homeless veterans:	180	179	-1
Unsheltered count of homeless veterans:	3	2	-1

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

We have virtually eliminated veteran homelessness on the streets & in our general-pop shelters. We created Patriot Housing in 2013, which meets weekly to coordinate outreach & rehousing for homeless vets. We now average 0-1 unsheltered veterans even after massive outreach detailed in 3A-7. We average 4-9 in our general-population low-demand overnight and structured 24-hour shelters. ALL of the other homeless vets are in VA programs (Domiciliary, GPD & HCHV) with 175 beds & serve all of NYC, Long Island & the Hudson Valley. We rehouse Westchester vets there but cannot rehouse the whole NY metro region.

We have rehoused 330 vets, many homeless for years or decades. We found vets in cellars, sheds, tents, cars, parking garages, etc. We have rehoused EVERY one of these unsheltered veterans who stayed in Westchester, except 1 recently found living in a car.

We have dramatically accelerated rehousing. Our shelters have NO veterans homeless over 1 year & only 1 homeless over 90 days.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

In 2013 100,000 Homes trained our CoC to transform our system to rapidly rehouse veterans. Our Patriot Housing Initiative meets weekly to coordinate rehousing & services. It includes DSS, DCMH & all local VAMC, HUD-VASH, SSVF, VA Grant/Per Diem, major adult & family shelter & homeless outreach programs. We review the status of EVERY homeless veteran on the streets or in our general-population shelters at EVERY weekly PHI meeting.

Our VA has mobile homeless outreach. We have 5 cities: 3 have outreach workers, 2 have homeless drop-in centers, 4 have low-demand drop-in shelters, 3 have local veteran service offices. We have 4 countywide homeless outreach teams: 3 for mental health & 1 for everyone else. All are trained to identify & refer vets.

Our local VAMC Homeless Services Coordinator determines VA eligibility & coordinates VA referrals. Our HMIS explains how to contact him and allows users to upload & share VA eligibility DD-214 forms. New HCHV housing fast-tracks VAMC services

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

When our VAMC Homeless Service Coordinator determines that a vet is not VA-eligible he immediately refers them to WCDSS and Patriot Housing. PHI meets weekly to review the status of EVERY homeless vet on the streets or in our general-population shelters. PHI coordinates & expedites every step of our outreach, engagement, needs assessment, service linkage and rehousing processes.

Our CoC has 22 PSH/RR projects; 9 (41%) give priority to non-VA eligible vets. Mt. Vernon manages 8 CoC permanent housing programs; 1 ONLY serves non-VA eligible vets & the other 7 give them priority. Our CoC's New Rochelle Rehousing Initiative gives priority to non-VA eligible vets who now fill 43% of their 14 beds.

The City of New Rochelle just approved using HOME funds for permanent housing subsidies for local homeless vets & other adults with no other subsidies. Veterans not eligible for VA or CoC housing are referred to local low-cost housing and our County-funded Shelter Rent Subsidy program.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	187	179	-4.28%
Unsheltered count of homeless veterans:	8	2	-75.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

We have virtually eliminated veteran homelessness on the streets and in our general-population shelters. With 100,000 Homes training & TA, we created Patriot Housing in 2013. It meets weekly to coordinate outreach & rehousing for homeless vets. We now average 0-1 unsheltered veterans even after massive outreach detailed in 3A-7. We average only 4-9 in our general-population low-demand overnight and structured 24-hour shelters.

NOTE: ALL of the other homeless vets are in VA programs in our local VA center, which serves all of NYC, Long Island & the Hudson Valley. We rehouse Westchester vets there but we cannot rehouse the whole NY metro region.

We've rehoused 330 vets. We found unsheltered vets in cellars, sheds, tents, cars & parking garages. We rehoused EVERY unsheltered vet who stayed in Westchester except 1 recently found living in a car.

We've dramatically accelerated HUD-VASH & CoC rehousing. Our shelters have NO vets homeless over 1 year and only 1 homeless over 90 days.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	36
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	36
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

The CoC has developed relationships with various healthcare organizations, & as the landscape in NYS (Medicaid expansion state) changes rapidly, we have had to change how the CoC interacts with this system. From 2013-2014, Hudson Health Plan had a rep on the Board, at a time when Medicaid Redesign & Health Homes were being implemented. When that individual left, we lost the support of the larger organization. We now have a new Board Member this year from our County Dept of Health who oversees insurance navigator programs catering to homeless & migrant workers. DSS contracts with a CoC-member agency to perform comprehensive assessments on all individuals that register through the DSS shelter system. The agency provides Health Home Care Mgmt as well as other services. Individuals are offered care mgmt services & can be enrolled immediately in the Health Home of their choice. We will continue to utilize these relationships to increase engagement & enrollment in mainstream benefits.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	36
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	30
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	83%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	36
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	13
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	36%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	56	118	62

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)**

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

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input checked="" type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Homeless subpopulations Vets@Home	10/26/2015	4
CoC Governance - leveraging	11/13/2014	2
CoC Governance - HQS	03/13/2015	4
Rapid Re-housing - Veterans - 100,000Homes Boot Camp/RRI	08/01/2013	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	2015 CoC Consolid...	11/12/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	2015 CoC Consolid...	11/16/2015
03. CoC Rating and Review Procedure	Yes	CoC Rating and Re...	11/12/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	11/16/2015
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	11/12/2015
06. CoC's Governance Charter	Yes	Governance Charter	10/30/2015
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	11/13/2015
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	Mamaroneck HA Adm...	11/05/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS Agency Parti...	11/13/2015
11. CoC Written Standards for Order of Priority	No	Order of Priority	11/04/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects

Attachment Details

Document Description: 2015 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

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

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: Mamaroneck HA Administration Plan excerpt

Attachment Details

Document Description: HMIS Agency Participation Agreement

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description:

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Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/16/2015
1C. Coordination	11/16/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/16/2015
1F. Project Review	11/16/2015
1G. Addressing Project Capacity	11/16/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/13/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/16/2015
3B. Objective 1	11/13/2015
3B. Objective 2	11/16/2015
3B. Objective 3	11/16/2015
4A. Benefits	11/13/2015
4B. Additional Policies	11/13/2015
4C. Attachments	11/16/2015
Submission Summary	No Input Required

Note: The Westchester County Continuum of Care (NY-604) did not reject any Project Applications for FY2015. All Project Applications were accepted and ranked.

Two projects were reduced or eliminated through reallocation.

In both cases, the Project Applicants had requested the 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.



October 2, 2015

Shawyn Patterson-Howard
President and CEO
YMCA of Yonkers
17 Riverdale Ave
Yonkers, NY 10701

RE: FY15 Continuum of Care application project reallocation

Dear Ms. Patterson-Howard:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we review all current projects for possible reallocation.

In a Board meeting held on 10/2/15, YMCA of Yonkers staff requested, with agreement from grant recipient the Municipal Housing Authority of Yonkers (MHACY) the reallocation of the project NY0914L2T041402 known as Yonkers RA Vets. The CoC, MHACY, and the YMCA of Yonkers agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.

The decision was approved by the CoC Board.

On behalf of the CoC, I want to thank you for your work on this project and your candor in this process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY15 CoC competition as they become available. 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



October 2, 2015

Anne D'Addona
Westchester County Department of Social Services
85 Court Street
White Plains, NY 10601

RE: FY15 Continuum of Care application project reallocation

Dear Ms. D'Addona:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we review all current projects for possible reallocation.

In a Board meeting held on 10/2/15, the Westchester County CoC Partnership for the Homeless proposed and DSS agreed to the reallocation of part of the project NY0749L2T041405 known as HMIS. The CoC and DSS agreed that the reallocation will not affect the capacity of the CoC and DSS to operate a functioning HMIS. The CoC and DSS agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.

The decision was approved by the CoC Board.

On behalf of the CoC, I want to thank you for your work on this project and cooperation in this review and re-evaluation.

We will, of course, keep you up to date with further developments regarding the FY15 CoC competition as they become available. 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



November 2, 2015

Ms. Danielle Scholar
Program Director
City of Mount Vernon
City Hall - Roosevelt Square
Mount Vernon, New York 10550

RE: FY15 Continuum of Care application project prioritization

Dear Ms. Scholar:

This letter serves to inform you that **all 9** Project Applications submitted by the City of Mount Vernon will be prioritized and will be submitted as part of the Westchester County CoC 2015 Consolidated Application.

The FY15 NOFA for the Continuum of Care Program Competition released 09/18/15 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 FY2015 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 FY15 application. At a meeting of the Westchester County CoC Board held on 10/14/15, the Mount Vernon Supportive Services, Harm Reduction and Outreach, Shallow Rent, Mt Vernon OWN, CMV RA 04, CMV RA 05 projects were chosen as Tier 2 projects based on the scoring under criteria adopted by the Board on 10/02/15. A copy of the scoring tally details is attached.

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 early 2016) 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.

Sincerely,

Annette Peters-Ruvolo, LCSW

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

Approved Westchester County CoC FY2015 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	5 points for one or more	
Significant health or behavioral health challenges or functional impairments Unique service to CoC structure 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	Subjective award of 0-2 points 5 2 0	FY14 rankings
Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 40

HMIS is rank #1

Applicant Name	Project Name	Grant Number	Total ADA	Length of term (027)	Percent of Performance (027)	Percent of Budget (027)	Percent of Participation (027)	Utilization (027)	Frequency of Project (027)	Project Type	Need for Project (027)	Feasibility (027)	Unique Service to Structure (027)	Ranking	Rank	Project Name	Number of total funding
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	97%	89%	100%	100%	100%	PSH	5	5	2	37.473	1	SNAP	519,051,907
Medicare County Dept. of Social Services	Extended	WY02421024483	844,188	12/01/2018	100%	99%	100%	100%	100%	PSH	10	5	0	37.473	2	Homebased	518,197,907
Medicare County Dept. of Social Services	Swing Community BA	WY02421024483	644,188	12/01/2018	100%	99%	100%	100%	100%	PSH	10	5	0	36.143	2	Swing Community BA	518,197,907
Medicare County Dept. of Social Services	Residential Outreach	WY02421024483	172,778	12/01/2018	97%	54%	100%	103%	103%	PSH	5	5	2	31.894	4	Residential Outreach	517,826,137
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	31.761	5	Residential Outreach	517,102,402
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	31.762	6	Residential Outreach	516,751,454
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	31.762	7	Residential Outreach	516,669,938
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	31.713	8	Residential Outreach	515,826,716
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	30.523	9	Residential Outreach	515,514,488
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	30.523	10	Residential Outreach	513,393,168
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	30.044	11	Residential Outreach	513,343,400
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	28.757	14	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	28.307	15	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	27.883	16	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	27.811	17	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	27.271	18	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	27.082	19	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	26.855	21	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	26.566	22	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.572	23	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	24	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	25	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	26	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	27	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	28	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	29	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	30	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	31	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	32	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	33	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	34	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	35	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	36	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	37	Residential Outreach	513,175,618
Medicare County Dept. of Social Services	SNAP	WY02421024483	135,000	12/01/2018	100%	89%	100%	100%	100%	PSH	5	5	2	24.351	38	Residential Outreach	513,175,618

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November 2, 2015

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

RE: FY15 Continuum of Care application project prioritization

Dear Mr. Shuldiner:

This letter serves to inform you that **all 8** 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 2015 Consolidated Application.

The FY15 NOFA for the Continuum of Care Program Competition released 09/18/15 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 FY2015 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 FY15 application. At a meeting of the Westchester County CoC Board held on 10/14/15, the Medical And Substance Abuse Outreach, HOST II Drop-In Center, Job Plus, and Yonkers OWN projects were chosen as Tier 2 projects based on the scoring under criteria adopted by the Board on 10/02/15. A copy of the scoring tally details is attached.

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 early 2016) from HUD informing the Municipal Housing Authority of the status of projects placed in Tier 2.

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

Approved Westchester County CoC FY2015 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	
Unique service to CoC structure 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	Subjective award of 0-2 points 5 2 0	FY14 rankings
Project Component PSH, RRH TH SSO	10 5 0	

maximum total = 40

HMIS is rank #1

Applicant Name	Project Name	Grant Number	TOTAL AIA	Length of Project (227)	Percent of permanent jobs on APR1	Percent of income (Q224)	Resident (Q225)	Utilization (Q226)	Amount of HUD (Q227)	Project Type	Number of Specialized services	Feasibility to sustain HUD funding	Unique services to structure	RANKING SCORE	RANK	Project Name	Funding % of total funding amount
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1,005	97%	84%	100%	100%	100%	PSH	10	5	2	37.473	1	HHS	\$19,057,307
Westchester County Dept. of Social Services	Homeless	NY0682.2104.407	1,000,000	1,005	97%	84%	100%	100%	100%	PSH	10	5	2	37.473	2	Homeless	\$18,797,907
The Manhattan Housing Authority for the City of Yonkers	Shelter, Community BA	NY0682.2104.403	1,200,000	2,351	89%	69%	124%	100%	95%	PSH	10	5	0	36.143	3	Shelter/Community BA	\$18,564,724
Westchester County Dept. of Social Services	Project 138	NY0682.2104.403	1,200,000	439	97%	54%	100%	100%	94%	PSH	10	5	2	34.842	4	HHS	\$17,826,137
The Manhattan Housing Authority for the City of Yonkers	Homeless	NY0682.2104.403	1,200,000	1st Year	100%	75%	100%	100%	67%	PSH	10	5	2	33.761	5	Homeless	\$17,102,402
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1,000	100%	88%	100%	100%	83%	PSH	10	5	1	33.455	6	Homeless	\$16,751,454
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1,123	88%	62%	100%	100%	83%	PSH	10	5	0	31.792	7	Homeless	\$16,669,658
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	822	84%	64%	100%	100%	73%	PSH	10	5	2	31.713	8	Homeless	\$15,826,216
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	955	73%	100%	100%	100%	73%	PSH	10	5	0	30.523	9	Homeless	\$15,669,200
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1st Year	100%	75%	100%	100%	73%	PSH	10	5	0	30.523	10	Homeless	\$15,669,200
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1,166	100%	67%	100%	100%	67%	PSH	10	5	0	30.523	11	Homeless	\$15,514,488
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1,450	95%	58%	100%	100%	90%	PSH	10	5	0	30.481	12	Homeless	\$13,343,488
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	327	100%	50%	100%	100%	50%	PSH	10	5	0	30.044	13	Homeless	\$13,343,488
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	350	80%	14%	100%	100%	72%	PSH	10	5	0	28.757	14	Homeless	\$5,527,859
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	512	100%	67%	100%	100%	78%	PSH	10	5	0	28.397	15	Homeless	\$5,438,389
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	865	80%	20%	100%	100%	75%	PSH	10	5	2	27.811	17	Homeless	\$5,388,890
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	316	87%	33%	100%	100%	100%	PSH	10	5	2	27.222	18	Homeless	\$5,347,955
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1,239	82%	30%	100%	100%	64%	PSH	10	5	0	27.082	19	Homeless	\$5,024,985
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	789	86%	57%	100%	100%	72%	PSH	10	5	0	26.855	21	Homeless	\$4,899,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	337	100%	64%	100%	100%	92%	PSH	10	5	2	26.566	22	Homeless	\$4,899,914
The Manhattan Housing Authority for the City of Yonkers	Homeless	NY0682.2104.403	1,200,000	946	100%	33%	100%	100%	86%	PSH	10	5	1	24.527	23	Homeless	\$4,067,069
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	422	71%	33%	100%	100%	127%	PSH	10	5	0	24.361	24	Homeless	\$4,460,250
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	962	91%	64%	100%	100%	93%	PSH	10	5	0	23.676	25	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	114	95%	33%	100%	100%	44%	PSH	10	5	2	23.403	26	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1512	0%	43%	100%	100%	89%	PSH	10	5	0	23.224	27	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	251	79%	83%	100%	100%	83%	PSH	10	5	0	22.924	28	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	184	100%	0%	100%	100%	25%	PSH	10	5	0	22.210	29	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	284	67%	65%	100%	100%	150%	PSH	10	5	0	21.638	30	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	143	89%	17%	100%	100%	77%	PSH	10	5	0	21.618	31	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	1679	69%	50%	100%	100%	100%	PSH	10	5	0	18.288	32	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	876	50%	82%	100%	100%	86%	PSH	10	5	0	17.710	33	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	325	73%	33%	100%	100%	91%	PSH	10	5	0	17.210	34	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	349	39%	33%	100%	100%	96%	PSH	10	5	0	17.138	35	Homeless	\$4,317,914
The Manhattan Housing Authority for the City of Yonkers	Homeless	NY0682.2104.403	1,200,000	306	44%	6%	100%	100%	88%	PSH	10	5	1	17.131	36	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	31	100%	0%	100%	100%	11%	PSH	10	5	1	14.490	37	Homeless	\$4,317,914
Westchester County Dept. of Social Services	Homeless	NY0682.2104.403	1,200,000	31	100%	0%	100%	100%	11%	PSH	10	5	1	14.490	38	Homeless	\$4,317,914

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November 2, 2015

Ms. Anne Daddona
Program Administrator-Homeless Services/HUD
Westchester County Department of Social Services
85 Court Street
White Plains, New York 10601

RE: FY15 Continuum of Care application project prioritization

Dear Ms. Daddona:

This letter serves to inform you that **all 14** Project Applications submitted by the Westchester County DSS will be prioritized and will be submitted as part of the Westchester County CoC 2015 Consolidated Application.

The FY15 NOFA for the Continuum of Care Program Competition released 09/18/15 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 FY2015 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.

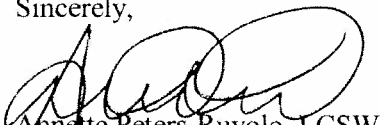
HUD has given local CoC's the opportunity to rank projects and decide which projects will be listed in Tier 2 in their FY15 application. At a meeting of the Westchester County CoC Board held on 10/14/15, the STAIR, The Refuge, Stepping Stones, Family Supportive Services, Apartment Finding Initiative, DSS Supportive SRO, and Westchester Coordinated Entry projects were chosen as Tier 2 projects based on the scoring under criteria adopted by the Board on 10/02/15. A copy of the scoring tally details is attached.

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 early 2016) from HUD informing the 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.

Sincerely,



Annette Peters-Ruvolo, LCSW

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

Approved Westchester County CoC FY2015 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	
Unique service to CoC structure 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	Subjective award of 0-2 points 5 2 0	FY14 rankings
Project Component PSH, RRH TH SSO	10 5 0	

HMIS is rank #1

maximum total = 40

Applicant Name	Project Name	Grant Number	Total ARA	Length of Project (Q21)	Percent of population (P-Part on APR)	Percent of income (Q2203)	Participant eligibility	Validation (pass/fail)	Priority of need (Q20)	Project Type	Need for special services	Feasibility to assist HUD funding	Unique services to provide	RANKING SCORE	RANK	Project Name	Funding total amount
MediStar County Dept. of Social Services	Homeless	WY058212104403	138,000	1305	97%	84%	100%	100%	100%	PHS	5	5	2	37.473	1	Homeless	\$15,057,907
MediStar County Dept. of Social Services	Sheltering Community for	WY058212104407	184,118	2351	98%	69%	89%	144%	100%	PHS	10	5	0	36.143	2	Sheltering Community for	\$18,197,907
MediStar County Dept. of Social Services	First Steps	WY058212104403	172,778	439	97%	54%	100%	103%	94%	PHS	5	5	2	34.842	4	First Steps	\$18,564,774
The Housing Authority for the City of Denver	Homeless Housing	WY058212104403	172,778	1000	100%	74%	100%	67%	100%	PHS	10	5	2	33.761	5	Homeless Housing	\$17,826,137
MediStar County Dept. of Community Mental Health	SCMH Van Home 03	WY058212104403	98,328	1600	100%	64%	100%	97%	63%	PHS	10	5	1	33.456	6	SCMH Van Home 03	\$16,751,454
MediStar County Dept. of Social Services	SCMH Sanitation Initiative	WY058212104403	98,328	822	88%	62%	100%	97%	91%	PHS	10	5	0	32.406	7	SCMH Sanitation Initiative	\$16,669,638
MediStar County Dept. of Community Mental Health	SCMH Sanitation Initiative	WY058212104404	138,000	955	73%	100%	100%	100%	73	PHS	10	5	2	31.762	8	SCMH Sanitation Initiative	\$16,097,200
MediStar County Dept. of Social Services	SCMH Learning Project	WY058212104404	138,000	955	73%	100%	100%	100%	73	PHS	10	5	0	30.523	9	SCMH Learning Project	\$15,826,716
MediStar County Dept. of Community Mental Health	SCMH Learning Project	WY058212104404	138,000	1166	100%	67%	100%	100%	67	PHS	10	5	0	31.713	10	SCMH Learning Project	\$15,514,488
MediStar County Dept. of Community Mental Health	SCMH Van Home	WY058212104403	98,328	1166	100%	58%	88%	108%	83%	PHS	10	5	1	30.481	11	SCMH Van Home	\$13,393,188
MediStar County Dept. of Community Mental Health	SCMH Van Home	WY058212104404	98,328	2412	95%	58%	88%	108%	83%	PHS	10	5	0	30.044	12	SCMH Van Home	\$13,343,400
City of Denver	SCMH Van Home	WY058212104404	1450	1450	100%	50%	7%	86%	72%	PHS	10	5	0	28.964	13	SCMH Van Home	\$5,115,618
City of Denver	SCMH Van Home	WY058212104404	1450	327	100%	33%	109%	72%	53	PHS	10	5	0	28.757	14	SCMH Van Home	\$5,527,859
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104403	98,328	350	80%	14%	100%	89%	11%	PHS	5	0	0	28.307	15	SCMH Van Home	\$5,438,389
The Housing Authority for the City of Denver	SCMH Van Home	WY058212104403	98,328	532	100%	67%	100%	78%	75%	PHS	10	2	0	27.883	16	SCMH Van Home	\$5,388,890
The Housing Authority for the City of Denver	SCMH Van Home	WY058212104403	98,328	865	80%	20%	40%	75%	69%	PHS	10	5	2	27.811	17	SCMH Van Home	\$5,347,955
City of Denver	SCMH Van Home	WY058212104403	138,000	376	89%	33%	67	106	9	PHS	10	5	2	27.225	18	SCMH Van Home	\$5,181,599
City of Denver	SCMH Van Home	WY058212104403	138,000	1239	82%	30%	7%	14	6	PHS	10	5	0	27.062	19	SCMH Van Home	\$5,024,982
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104403	138,000	789	86%	57%	7%	77%	7%	PHS	10	5	0	26.855	20	SCMH Van Home	\$4,727,646
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104403	138,000	337	100%	64%	100%	57%	57%	PHS	5	5	2	26.566	21	SCMH Van Home	\$4,607,089
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104403	138,000	946	100%	33%	33%	86%	33%	PHS	10	5	1	24.527	22	SCMH Van Home	\$4,460,256
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	422	71%	71%	86%	12.7%	96%	PHS	5	2	0	24.361	23	SCMH Van Home	\$4,271,419
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	482	91%	64%	50%	93%	100%	PHS	10	0	0	23.976	24	SCMH Van Home	\$4,271,419
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	114	95%	41%	100%	44%	93%	PHS	0	2	0	23.402	25	SCMH Van Home	\$4,271,419
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	1512	0%	83%	103%	103%	99%	PHS	0	5	0	22.924	26	SCMH Van Home	\$4,137,779
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104403	138,000	251	79%	83%	89%	88%	11	PHS	5	5	0	22.210	27	SCMH Van Home	\$4,137,779
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104403	138,000	184	no exits	0%	100%	25%	100%	PHS	5	5	2	22.210	28	SCMH Van Home	\$4,137,779
City of Denver	SCMH Van Home	WY058212104407	138,000	1348	69%	44%	100%	310%	100%	PHS	10	5	0	21.638	29	SCMH Van Home	\$3,902,307
City of Denver	SCMH Van Home	WY058212104407	138,000	1619	no exits	0%	100%	51%	100%	PHS	10	5	0	19.121	30	SCMH Van Home	\$3,902,307
City of Denver	SCMH Van Home	WY058212104406	82,000	876	50%	82%	50%	92%	100%	PHS	0	5	1	18.288	31	SCMH Van Home	\$3,902,307
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	325	73%	32%	83%	91%	91%	PHS	0	0	0	17.710	32	SCMH Van Home	\$3,600,772
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	349	39%	35%	25%	101%	96%	PHS	5	2	0	17.158	33	SCMH Van Home	\$3,600,772
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	506	44%	6%	88%	139%	100%	PHS	5	5	1	17.131	34	SCMH Van Home	\$3,600,772
MediStar County Dept. of Social Services	SCMH Van Home	WY058212104407	138,000	31	no exits	0%	67%	3%	11%	PHS	0	5	1	14.990	35	SCMH Van Home	\$3,600,772

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November 2, 2015

Mr. Paul Anderson-Winchell
Executive Director
Lifting Up Westchester
35 Orchard Street
White Plains, New York 10603

RE: FY15 Continuum of Care application project prioritization

Dear Mr. Anderson-Winchell:

This letter serves to inform you that the **1** Project Application submitted by Lifting Up Westchester will be prioritized and will be submitted as part of the Westchester County CoC 2015 Consolidated Application.

The FY15 NOFA for the Continuum of Care Program Competition released 09/18/15 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 FY2015 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 FY15 application. At a meeting of the Westchester County CoC Board held on 10/14/15, the Another Way Home project was chosen as a Tier 2 project based on the scoring under criteria adopted by the Board on 10/02/15. A copy of the scoring tally details is attached.

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 early 2016) from HUD informing Lifting Up Westchester of the status of projects placed in Tier 2.

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

Approved Westchester County CoC FY2015 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS		
Length of stay	0-3 points based on in-component performance	last APR submitted to HUD Q27
Percent of permanent housing exit destinations	0-3 points based on in-component performance	last APR submitted to HUD Q36 Performance Measure 1
Percent increases in income	0-3 points based on in-component performance	last APR submitted to HUD Q24b3
Monitoring Criteria		
Participant eligibility	0-3 points	CoC monitoring findings letter
Utilization rates	0-3 points based on in-component performance	last APR submitted to HUD Q8
Frequency or amounts of funds recaptured by HUD	0-3 points based on in-component performance	last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs		
Youth	5 points for one or more	
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		
Unique service to CoC structure	Subjective award of 0-2 points	FY14 rankings
Feasibility to sustain without HUD funding		
No alternate funding identified	5	
Housing part of another program or structure	2	
Significant number of family households with TANF/ Safety Net or other alternate funding readily available	0	
Project Component		
PSH, RRH	10	
TH	5	
SSO	0	

maximum total = 40

HMIS is rank #1



**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)

November 2, 2015

Mark Herceg, Ph.D.
Commissioner
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, New York 10601

RE: FY15 Continuum of Care application project prioritization

Dear Dr. Herceg:

This letter serves to inform you that **all 5** 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 2015 Consolidated Application.

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

Approved Westchester County CoC FY2015 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS		
Length of stay	0-3 points based on in-component performance	last APR submitted to HUD Q27
Percent of permanent housing exit destinations	0-3 points based on in-component performance	last APR submitted to HUD Q36 Performance Measure 1
Percent increases in income	0-3 points based on in-component performance	last APR submitted to HUD Q24b3
Monitoring Criteria		
Participant eligibility	0-3 points	COC monitoring findings letter
Utilization rates	0-3 points based on in-component performance	last APR submitted to HUD Q8
Frequency or amounts of funds recaptured by HUD	0-3 points based on in-component performance	last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs		
Youth	5 points for one or more	
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		
Unique service to CoC structure	Subjective award of 0-2 points	FY14 rankings
Feasibility to sustain without HUD funding		
No alternate funding identified	5	
Housing part of another program or structure	2	
Significant number of family households with TANF/ Safety Net or other alternate funding readily available	0	
Project Component		
PSH, RRH	10	
TH	5	
SSO	0	

maximum total = 40

HMIS is rank #1

Applicant Name	Project Name	Grant Number	Total ARA	Length of stay (Q27)	Percent of permanent housing exit destinations (#PM1 on APR)	Percent increases in income (Q24b3)	Participant eligibility	Utilization rates (Q8)	Frequency or amounts of funds recaptured by HUD (Q30-31)	Project Type	Project Type	Need for specialized population services	Feasibility to sustain without HUD funding	Unique service to CoC structure	RANKING SCORE	RANK	Project Name	Running tally of total funding amount
Westchester County Dept. of Social Services	HMIS	NY0743.21041405	\$260,000							HMIS						1	HMIS	\$19,057,907
Westchester County Dept. of Social Services	Homestead	NY0478.21041407	\$483,189	1305	97%	84%	100%	100%	100%	PSH	10	5	5	2	37.473	2	Homestead	\$18,797,907
The Municipal Housing Authority for the City of Yonkers	Sharing Community RA	NY0468.21041407	\$338,697	2351	98%	69%	89%	12.4%	99%	PSH	10	5	5	0	36.143	3	Sharing Community RA	\$18,364,774
Westchester County Dept. of Social Services	First Steps	NY0862.21041403	\$779,776	439	97%	54%	100%	103%	94%	PSH	10	5	5	2	34.842	4	First Steps	\$17,826,137
The Municipal Housing Authority for the City of Yonkers	Rapid Road To Housing	NY0953.21041401	\$760,843	first year	first year	first year	100%	first year	first year	RRH	10	5	5	2	33.761	5	Rapid Road To Housing	\$17,107,402
Westchester County Dept. of Community Mental Health	DCMH Vet Home 03	NY0882.21041401	\$61,939	1600	100%	75%	100%	67%	69%	PSH	10	5	5	1	33.456	6	DCMH Vet Home 03	\$16,751,454
Westchester County Dept. of Social Services	DSS Samaritan Initiative	NY0750.21041401	\$677,498	1123	88%	62%	100%	97%	83%	PSH	10	5	5	0	32.406	7	DSS Samaritan Initiative	\$16,669,638
Graydon Health Services, Inc.	Isaan House	NY0481.21041407	\$285,998	822	84%	64%	25%	91%	100%	PSH	10	5	5	2	31.762	8	Isaan House	\$16,097,700
Westchester County Dept. of Community Mental Health	DCMH Samaritan Initiative	NY0815.21041404	\$392,940	955	73%	100%	100%	100%	73%	PSH	10	5	5	0	31.713	9	DCMH Samaritan Initiative	\$15,826,216
Westchester County Dept. of Community Mental Health	DCMH Leasing Project	NY0904.21041401	\$348,788	first year	first year	first year	no visit yet	first year	first year	PSH	10	5	5	0	30.523	10	DCMH Leasing Project	\$15,663,276
Westchester County Dept. of Social Services	Turning Point	NY0982.21041400	\$2,121,320	first year	first year	first year	no visit yet	first year	first year	PSH	10	5	5	0	30.523	11	Turning Point	\$15,514,488
City of Mount Vernon (NY)	QMV RA Vets	NY0887.21041403	\$68,769	1166	100%	67%	0%	83%	67%	PSH	10	5	5	1	30.481	12	QMV RA Vets	\$13,393,168
Westchester County Dept. of Community Mental Health	DCMH RA Project	NY0982.21041407	\$7,277,792	2413	95%	58%	88%	108%	90%	PSH	10	5	5	0	30.044	13	DCMH RA Project	\$13,343,409
City of Mount Vernon (NY)	QMV RA 06	NY0814.21041404	\$387,719	1450	100%	50%	0%	86%	86%	PSH	10	5	5	0	28.964	14	QMV RA 06	\$5,715,618
Westchester County Dept. of Social Services	QMV RA 07	NY0627.21041406	\$68,770	327	100%	33%	100%	72%	55%	PSH	10	5	5	0	28.757	15	QMV RA 07	\$5,527,859
Westchester County Dept. of Social Services	Life Bridges	NY0472.21041407	\$61,099	350	80%	14%	100%	89%	100%	TH	5	5	5	0	28.307	16	Life Bridges	\$5,438,389
The Municipal Housing Authority for the City of Yonkers	Westlab RA SRO	NY0745.21041405	\$40,839	532	100%	67%	100%	78%	78%	PSH	10	5	2	0	27.883	17	Westlab RA SRO	\$5,388,899
The Municipal Housing Authority for the City of Yonkers	HIV RA	NY0886.21041403	\$68,987	865	80%	20%	40%	75%	6%	PSH	10	5	5	2	27.811	18	HIV RA	\$5,347,958
HOST Community Services, Inc.	CNR Rehousing Initiative	NY0812.21041403	\$264,618	371	89%	33%	67%	106%	98%	PSH	10	5	5	2	27.225	19	CNR Rehousing Initiative	\$5,311,999
City of Mount Vernon (NY)	QMV RA 05	NY0816.21041404	\$215,841	1231	82%	30%	0%	14%	64%	PSH	10	5	5	1	27.082	20	QMV RA 05	\$5,024,985
City of Mount Vernon (NY)	QMV RA 04	NY0751.21041405	\$68,568	789	86%	57%	0%	77%	73%	SH	10	5	5	0	26.855	21	QMV RA 04	\$4,809,314
Grace Church Community Center, Inc.	Another Way Home	NY0859.21041403	\$136,989	337	100%	64%	100%	57%	92%	TH	5	5	2	2	26.566	22	Another Way Home	\$4,727,636
Westchester County Dept. of Social Services	Westchester Coordinated Entry	new project	\$134,819	946	100%	33%	0%	86%	33%	PSH	10	5	2	1	24.522	23	Westchester Coordinated Entry	\$4,597,069
The Municipal Housing Authority for the City of Yonkers	Yonkers OWN	NY0505.21041407	\$186,811	422	71%	33%	86%	12.7%	96%	TH	5	5	0	0	24.361	24	Yonkers OWN	\$4,410,250
Westchester County Dept. of Social Services	DSS Supportive SRO	NY0498.21041407	\$30,140	982	91%	64%	50%	93%	100%	PSH	10	5	2	0	23.676	25	DSS Supportive SRO	\$4,273,419
Westchester County Dept. of Social Services	Apartment Finding Initiative	NY0504.21041407	\$182,000	114	95%	33%	100%	44%	93%	SSO	0	5	5	2	23.403	26	Apartment Finding Initiative	\$4,139,759
Westchester County Dept. of Social Services	Family Supportive Services	NY0484.21041403	\$174,098	1512	0%	41%	100%	103%	99%	SSO	0	5	5	0	23.254	27	Family Supportive Services	\$4,117,759
Westchester County Dept. of Social Services	Stepping Stones	NY0864.21041403	\$129,933	251	79%	8.33%	80%	83%	5%	TH	5	5	5	0	22.924	28	Stepping Stones	\$4,013,663
Westchester County Dept. of Social Services	The Refuge	NY0824.21041406	\$107,061	184	no exits	0%	100%	25%	6%	TH	5	5	5	2	22.210	29	The Refuge	\$3,987,748
City of Mount Vernon (NY)	Mt Vernon OWN	NY0501.21041407	\$95,323	284	67%	65%	100%	15.0%	100%	TH	5	5	2	0	21.638	30	Mt Vernon OWN	\$3,876,347
City of Mount Vernon (NY)	Shallow Rent	NY0479.21041407	\$98,178	1343	89%	44%	17%	51%	77%	PSH	10	5	0	0	21.618	31	Shallow Rent	\$3,842,814
City of Mount Vernon (NY)	Harm Reduction And Outreach	NY0479.21041407	\$90,697	1619	no exits	65%	50%	92%	100%	SSO	0	5	0	0	19.121	32	Harm Reduction And Outreach	\$3,191,036
City of Mount Vernon (NY)	MV Homeless Outreach	NY0479.21041406	\$82,698	876	50%	82%	20%	152%	86%	SSO	0	5	1	1	18.288	33	MV Homeless Outreach	\$3,140,339
Westchester County Dept. of Social Services	STAR	NY0502.21041407	\$399,690	325	73%	32%	83%	91%	95%	TH	5	0	0	0	17.710	34	STAR	\$3,057,113
The Municipal Housing Authority for the City of Yonkers	Job Plus	NY0482.21041407	\$68,911	349	39%	35%	25%	10.1%	96%	TH	5	5	2	0	17.158	35	Job Plus	\$2,988,333
The Municipal Housing Authority for the City of Yonkers	HOST II Drop-In Center	NY0479.21041407	\$341,187	506	44%	6%	88%	139%	100%	SSO	0	5	1	1	17.151	36	HOST II Drop-In Center	\$2,981,422
The Municipal Housing Authority for the City of Yonkers	Medical And Substance Abuse Outreach	NY0484.21041407	\$34,441	31	no exits	0%	67%	3%	11%	SSO	0	5	5	1	14.450	37	Medical And Substance Abuse Outreach	\$2,960,255
Westchester County Dept. of Social Services	New Start	new PHB project	\$1,899,814													38	New Start	\$2,885,814

AR0 \$16,572,093
AR0 plus PHB \$19,057,907
Tier 1 \$14,086,279
Tier 2 \$2,485,814
Tier 2 with PHB \$4,971,628

\$53,357

replaces Yonk



**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)

November 2, 2015

Mr. Jonathan Greengrass
Vice-President, Development & Programs
Greyston Foundation
21 Park Avenue
Yonkers, New York 10703

RE: FY15 Continuum of Care application project prioritization

Dear Mr. Greengrass:

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 2015 Consolidated Application.

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

Approved Westchester County CoC FY2015 Project Ranking Criteria

Ranking Criteria	Score	Source
Performance Outcomes from APR/HMIS		
Length of stay	0-3 points based on in-component performance	last APR submitted to HUD Q27
Percent of permanent housing exit destinations	0-3 points based on in-component performance	last APR submitted to HUD Q36 Performance Measure 1
Percent increases in income	0-3 points based on in-component performance	last APR submitted to HUD Q24b3
Monitoring Criteria		
Participant eligibility	0-3 points	CoC monitoring findings letter
Utilization rates	0-3 points based on in-component performance	last APR submitted to HUD Q8
Frequency or amounts of funds recaptured by HUD	0-3 points based on in-component performance	last APR submitted to HUD Q30
Need for specialized population services or serves population with severe needs		
Youth	5 points for one or more	
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		
Unique service to CoC structure	Subjective award of 0-2 points	FY14 rankings
Feasibility to sustain without HUD funding		
No alternate funding identified	5	
Housing part of another program or structure	2	
Significant number of family households with TANF/ Safety Net or other alternate funding readily available	0	
Project Component		
PSH, RRH	10	
TH	5	
SSO	0	

maximum total = 40

HMIS is rank #1



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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)

November 2, 2015

Ms. Carole Troum
Executive Director
HOPE Community Services
50 Washington Avenue
New Rochelle, New York 10801

RE: FY15 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 2015 Consolidated Application.

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

Approved Westchester County CoC FY2015 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	5 points for one or more	
Significant health or behavioral health challenges or functional impairments Unique service to CoC structure	Subjective award of 0-2 points	FY14 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 = 40

HMIS is rank #1

Applicant Name	Project Name	Grant Number	TOTAL ADA	Length of Term (QTY)	Percent of total ADA (FTE)	Percent of total income (Q2019)	Particular Eligibility	Utilization rate (Q2)	Frequency of Reporting (Q20)	Project Type	Need for additional services	Feasibility: to sustain HUD housing	Unique services to structure	RANKING SCORE	RANK	Project Name	Running tally of total funding amount
Metropolitan County Dept. of Social Services	Homeless Supportive Housing	WY0284.2104.403	150,000	12/18	97%	84%	100%	100%	100%	PHS	5	5	2	37.473	2	Homeless Supportive Housing	\$19,057,947
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	98%	69%	89%	124%	99%	PHS	5	5	2	36.143	3	Supportive Community Care	\$18,797,907
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	97%	54%	100%	103%	94%	PHS	5	5	2	34.842	4	Supportive Community Care	\$18,364,774
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	97%	54%	100%	103%	94%	PHS	5	5	2	33.761	5	Supportive Community Care	\$17,892,137
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	88%	73%	100%	67%	69%	PHS	5	5	1	33.456	6	Supportive Community Care	\$16,751,454
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	84%	64%	100%	97%	83%	PHS	5	5	2	32.406	7	Supportive Community Care	\$16,665,638
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	73%	100%	100%	100%	100%	PHS	5	5	2	31.713	8	Supportive Community Care	\$16,092,200
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	100%	67%	100%	83%	67%	PHS	5	5	0	30.523	9	Supportive Community Care	\$15,826,216
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	100%	58%	100%	108%	100%	PHS	5	5	0	30.481	10	Supportive Community Care	\$15,514,488
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	100%	50%	100%	86%	86%	PHS	5	5	0	30.044	11	Supportive Community Care	\$13,343,400
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	100%	33%	100%	72%	55%	PHS	5	5	0	28.964	12	Supportive Community Care	\$5,575,618
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	80%	14%	100%	69%	100%	PHS	5	5	0	28.307	13	Supportive Community Care	\$5,438,389
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	80%	20%	100%	75%	60%	PHS	5	5	2	27.811	14	Supportive Community Care	\$5,188,890
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	82%	30%	100%	14%	64%	PHS	5	5	0	27.082	15	Supportive Community Care	\$5,147,956
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	86%	57%	100%	57%	72%	PHS	5	5	0	26.855	16	Supportive Community Care	\$4,809,104
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	100%	64%	100%	57%	93%	PHS	5	5	2	24.522	17	Supportive Community Care	\$4,272,656
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	94%	33%	100%	92%	86%	PHS	5	5	2	24.361	18	Supportive Community Care	\$4,002,390
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	92%	64%	100%	93%	100%	PHS	5	5	0	23.676	19	Supportive Community Care	\$4,273,419
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	95%	33%	100%	44%	99%	PHS	5	5	0	23.224	20	Supportive Community Care	\$4,117,796
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	91%	43%	100%	103%	100%	PHS	5	5	0	22.914	21	Supportive Community Care	\$4,000,748
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	79%	6%	100%	89%	57%	PHS	5	5	0	22.210	22	Supportive Community Care	\$3,840,748
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	84%	65%	100%	51%	77%	PHS	5	5	0	21.618	23	Supportive Community Care	\$3,557,117
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	89%	44%	100%	92%	100%	PHS	5	5	0	17.710	24	Supportive Community Care	\$3,160,306
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	50%	82%	100%	137%	86%	PHS	5	5	1	18.288	25	Supportive Community Care	\$3,000,139
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	73%	32%	100%	91%	95%	PHS	5	5	0	17.158	26	Supportive Community Care	\$2,840,113
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	44%	6%	100%	88%	139%	PHS	5	5	1	14.490	27	Supportive Community Care	\$2,680,255
Metropolitan County Dept. of Social Services	Supportive Community Care	WY0284.2104.403	150,000	12/18	81%	67%	100%	3%	11%	PHS	5	5	0	14.490	28	Supportive Community Care	\$2,485,814

AFO plus P&B
 Tier 1
 Tier 2
 Tier 3 with P&B

53,357
 53,357



September 25, 2015

Mr. Paul Anderson-Winchell
Executive Director
Lifting Up Westchester
35 Orchard Street
White Plains, New York NY 10607

RE: FY15 Continuum of Care application internal competition deadlines

Dear Mr. Anderson-Winchell:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

(1) **Project Applicants.** All project applications are required to be submitted to the CoC through e-snaps no later than 7:59:59 p.m on October 21, 2015 (no later than 30 days before the application deadline to HUD).

(2) **CoC Notification to Project Applicants.** The CoC will notify all project applicants no later than 7:59:59 p.m on November 5, 2015 (no later than 15 days before the application deadline to HUD) regarding whether their project applications will be submitted as part of the CoC Consolidated Application.

Any project applicants that are rejected by the CoC will be notified in writing, outside of e-snaps, with an explanation for the decision to reject the project application.

We will, of course, keep you up to date with further developments regarding the FY15 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, Westchester County Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



September 25, 2015

Ms. Anne Daddona
Program Administrator-Homeless Services/HUD
85 Court Street
White Plains, New York 10601

RE: FY15 Continuum of Care application internal competition deadlines

Dear Ms. Daddona:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

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Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW
Program Director, Westchester County 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 WCC DCMH
112 East Post Road, 2nd Floor
White Plains, NY 10601
(914) 995-5220
(914) 995-6220 (fax)

September 25, 2015

Mr. Jonathan Greengrass
Vice-President, Development & Programs
Greyston Foundation
21 Park Avenue
Yonkers, New York 10703

RE: FY15 Continuum of Care application internal competition deadlines

Dear Mr. Greengrass:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

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Thank you.

Sincerely,

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



September 25, 2015

Mark Herceg, Ph.D.
Commissioner
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, New York 10601

RE: FY15 Continuum of Care application internal competition deadlines

Dear Dr. Herceg:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

(1) Project Applicants. All project applications are required to be submitted to the CoC through e-snaps no later than 7:59:59 p.m on October 21, 2015 (no later than 30 days before the application deadline to HUD).

(2) CoC Notification to Project Applicants. The CoC will notify all project applicants no later than 7:59:59 p.m on November 5, 2015 (no later than 15 days before the application deadline to HUD) regarding whether their project applications will be submitted as part of the CoC Consolidated Application.

Any project applicants that are rejected by the CoC will be notified in writing, outside of e-snaps, with an explanation for the decision to reject the project application.

We will, of course, keep you up to date with further developments regarding the FY15 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, Westchester County Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



September 25, 2015

Ms. Danielle Scholar
Program Director
City of Mount Vernon
City Hall - Roosevelt Square
Mount Vernon, New York 10550

RE: FY15 Continuum of Care application internal competition deadlines

Dear Ms. Scholar:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

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Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

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



September 25, 2015

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

RE: FY15 Continuum of Care application internal competition deadlines

Dear Mr. Shuldiner:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

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Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

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



September 25, 2015

Ms. Carole Troum
Executive Director
HOPE Community Services
50 Washington Avenue
New Rochelle, New York 10801

RE: FY15 Continuum of Care application internal competition deadlines

Dear Ms. Troum:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we must establish internal competition deadlines as outlined below:

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Thank you.

Sincerely,

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

FY15 CoC Application

Revision as of 12:04, 16 November 2015 by Yspeigel (Talk | contribs | block) (diff) ← Older revision | Latest revision (diff) | Newer revision → (diff)

HUD FY2015 NOFA [edit]

- FY2015 CoC Program NOFA
- FY2015 Grant Inventory Worksheet for Westchester County CoC
- FY2015 Westchester County CoC Board Project Ranking Criteria
- FY2015 Westchester County CoC Board Priority List
- FY2015 Westchester County CoC Board Priority List showing component criteria scores
- Description of process used by Westchester CoC Board to decide on proposed reallocations for FY2015 CoC competition

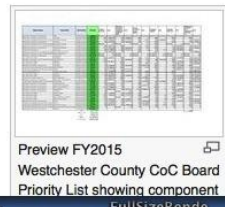
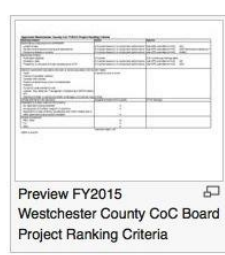
FY2015 Westchester County Application Documents [edit]

FY2015 Westchester County CoC Application

- Westchester County FY2015 CoC Application exported from e-snaps ←
- Westchester County FY2015 CoC Priority Listing exported from e-snaps ←

FY2015 Westchester County Project Applications

- City of Mount Vernon
 - Shallow Rent
 - Harm Reduction And Outreach
 - Mt Vernon OWN
 - MV Supportive Services
 - CMV RA 04
 - CMV RA 05
 - CMV RA 06
 - CMV RA 07
 - CMV RA Vets
- Lifting Up Westchester
 - Another Way Home
- Greyston Health Services, Inc.
 - Issan House
- Hope Community Services, Inc.





Yoav Spiegel <yoavnat@gmail.com>

NY-604 CoC Consolidated Application Public Posting

Peters-Ruvolo, Annette <apr5@westchestergov.com>

Mon, Nov 16, 2015 at 1:26 PM

Good afternoon,

The NY-604 Westchester County FY2015 CoC Application and FY2015 CoC Priority Listing have been posted to the Program Design & Development wiki for public review at:

http://www.programdesign.com/MediaWiki/index.php?title=FY15_CoC_Application

They are listed under this section of the webpage:

FY2015 Westchester County Application Documents

FY2015 Westchester County CoC Application

- [Westchester County FY2015 CoC Application exported from e-snaps](#)
- [Westchester County FY2015 CoC Priority Listing exported from e-snaps](#)

If you have any questions or concerns, please contact me **and** Yoav Spiegel at apr5@westchestergov.com and yspiegel@programdesign.com BEFORE noon on Wednesday, 11/18/15.

We plan to submit Wednesday afternoon, which will afford us extra points for submitting prior to Friday's deadline.

Thank you for your continued support of the Westchester County CoC Partnership for the Homeless and I apologize for duplicates.

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

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.**

The project ranking criteria and resulting ranking order were approved by the entire CoC Board, including all stakeholders, on 10/02/15 and 10/14/15. Minutes from those Board meetings are attached.

Approved Westchester County CoC FY2015 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	
Unique service to CoC structure	Subjective award of 0-2 points	FY14 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 = 40

HMIS is rank #1

grant funds expended	grant award	Project Type	Project Type	Need for specialized population services	Serves population with severe needs and vulnerabilities	score	Feasibility to sustain without HUD funding	Feasibility to sustain without HUD funding	Unique service to CoC structure	Unique service to CoC structure	RANKING SCORE	RANK	Project Name	Running tally of total funding amount	
		HMIS										1	HMIS	\$19,057,907	
\$313,238	\$313,238	PSH	10		Significant he	5		5	very		2	37.473	2	Homestead	\$18,797,907
\$485,183	\$490,629	PSH	10	Chronic Hom	Significant he	5		5			0	36.143	3	Sharing Community RA	\$18,364,724
\$629,319	\$668,081	PSH	10	Youth		5		5	very		2	34.842	4	First Steps	\$17,826,137
		RRH	10	Families		5		5	very		2	33.761	5	Rapid Road To Housing	\$17,102,402
\$50,368	\$73,105	PSH	10	Veterans		5		5	yes		1	33.456	6	DCMH Vet Home 03	\$16,751,454
\$441,772	\$535,192	PSH	10	Chronic Homeless		5		5			0	32.406	7	DSS Samaritan Initiative	\$16,669,638
\$255,985	\$255,985	PSH	10	Chronic Hom	HIV	5		5	very		2	31.762	8	Issan House	\$16,092,200
\$108,419	\$147,512	PSH	10	Chronic Homeless		5		5			0	31.713	9	DCMH Samaritan Initiative	\$15,826,216
		PSH	10	Chronic Hom	Current or pa	5		5			0	30.523	10	DCMH Leasing Project	\$15,663,276
		PSH	10	Chronic Homeless		5		5			0	30.523	11	Turning Point	\$15,514,488
\$30,910	\$45,916	PSH	10	Veterans		5		5	yes		1	30.481	12	CMV RA Vets	\$13,393,168
\$6,238,665	\$6,947,711	PSH	10					5			0	30.044	13	DCMH RA Project	\$13,343,400
\$61,788	\$107,137	PSH	10		Current or pa	5		5			0	28.964	14	CMV RA 06	\$5,715,618
\$45,093	\$82,496	PSH	10		Current or pa	5		5			0	28.757	15	CMV RA 07	\$5,527,859
\$49,499	\$49,499	TH	5	Youth		5		5			0	28.307	16	Life Bridges	\$5,438,389
\$11,314	\$19,075	PSH	10	Chronic Homeless		5	Housing part	2			0	27.883	17	Westhab RA SRO	\$5,388,890
\$42,814	\$61,782	PSH	10		HIV	5		5	very		2	27.811	18	HIV RA	\$5,347,956
\$232,384	\$238,253	PSH	10					5	very		2	27.225	19	CNR Rehousing Initiative	\$5,281,599
\$59,028	\$91,832	PSH	10		Current or pa	5		5			0	27.082	20	CMV RA 05	\$5,024,985
\$54,505	\$75,499	PSH	10		Current or pa	5		5			0	26.855	21	CMV RA 04	\$4,809,324
\$119,457	\$130,387	TH	5					5	very		2	26.566	22	Another Way Home	\$4,727,456
\$81,847	\$246,300	PSH	10	Veterans		5	Housing part	2	yes		1	24.522	23	Westchester Coordinated Entry	\$4,597,069
\$155,147	\$162,002	TH	5	Families		5	significant nu	0			0	24.361	24	Yonkers OWN	\$4,460,250
\$30,600	\$30,600	PSH	10				Housing part	2			0	23.676	25	DSS Supportive SRO	\$4,273,419
\$94,642	\$102,000	SSO	0	Families		5		5	very		2	23.403	26	Apartment Finding Initiative	\$4,239,759
\$122,467	\$124,096	SSO	0	Families		5		5			0	23.254	27	Family Supportive Services	\$4,137,759
\$193,791	\$329,915	TH	5	Youth		5		5			0	22.924	28	Stepping Stones	\$4,013,663
\$70,972	\$107,001	TH	5		LGBTQ status	5		5	very		2	22.210	29	The Refuge	\$3,683,748
\$33,923	\$33,923	TH	5				Housing part	2			0	21.638	30	Mt Vernon OWN	\$3,576,747
\$112,476	\$145,757	PSH	10					5			0	21.618	31	Shallow Rent	\$3,542,824
\$50,697	\$50,697	SSO	0					5			0	19.121	32	Harm Reduction And Outreach	\$3,191,036
\$32,945	\$38,521	SSO	0					5	yes		1	18.288	33	MV Homeless Outreach	\$3,140,339
\$198,978	\$209,400	TH	5				significant nu	0			0	17.710	34	STAIR	\$3,057,733
\$45,061	\$46,911	TH	5				Housing part	2			0	17.158	35	Job Plus	\$2,848,333
\$241,167	\$241,167	SSO	0					5	yes		1	17.131	36	HOST II Drop-In Center	\$2,801,422
\$8,106	\$74,441	SSO	0		Current or pa	5		5	yes		1	14.490	37	Medical And Substance Abuse Outreach	\$2,560,255
													38	New Start	\$2,485,814

\$53,357

replaces Yonl

\$10,702,560 \$12,276,060

Westchester County
Continuum of Care Partnership for the Homeless
EMERGENCY BOARD MEETING IN PREP FOR HUD NOFA
October 2, 2015

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Geoffrey Anderson, Dahlia Austin, Stephanie Bennett, Bethany Bensen, David Booker, Nadine Burns-Lyons, Marcie Ciuffetelli, James Coughlin, Anne Daddona, Helen Frankel, Michelle Gonzalez (by phone), Charlie Knight, Ron Maurer (by phone), Maria McGinty, Carolyn Musha, James Rather (by phone), Danielle Scholar, Laurie Smalley, Yoav Spiegel, John Thompson.

Topic #1:	Discussion:
Review of FY15 NOFA (webinar slides)	<ul style="list-style-type: none"> Annette and Karl presented slides from HUD’s NOFA webinar: “HUD FY 2015 Continuum of Care Program Competition: Strategies for Success” that aired 9/29/15. Relevant parts of the webinar 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 and Yoav reviewed the proposed priority ranking criteria and items were discussed by the Board. One item was requested to be amended: the Project Component item. Board members requested that the weight of the components be changed from PSH/RRH = 5, TH=2 and SSO=0 to PSH/RRH = 10, TH=5 and SSO=0. After questions were answered and any concerns discussed, a vote took place to accept the proposed ranking with that one amendment in place. 12 in favor, 0 not in favor, no abstentions.

Topic #3	
Proposed FY2015 Reallocations	<ul style="list-style-type: none"> John Thompson (from Yonkers YMCA) and Philippa Seltzer (from DSS) presented proposed reallocations for FY2015 CoC competition. The YMCA proposed that the CoC reallocate 100% of funding for Yonkers RA Vets project for FY2015; DSS proposed that \$85,652 be reallocated from HMIS project for FY2015. In both cases reallocated funds would be used for a new Coordinated Entry SSO project under DSS. These proposals for the reallocations were unanimously approved by the Board. See reallocation process attached.

Topic #4	
Permanent Supportive Housing Bonus: HUD requirements and priorities; WC CoC priorities	<ul style="list-style-type: none"> Karl, Yoav and Annette described this year’s PSHB and proposed various ideas for the Project Application. All Board members were in favor of pursuing the PSHB and agreed on the following: The CoC would RFP for a RRH project that would be included in this year’s NOFA that would serve singles, families, and survivors of domestic violence. It was agreed that PD&D would issue the RFP on behalf of the CoC immediately.

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

Topic #5	
Low barrier and Housing First	<ul style="list-style-type: none"> Annette presented on the concepts of Low Barrier and Housing First and asked that each grantee carefully consider their projects in relation to these concepts when completing their Project Applications.

Topic #6	
Forms due: DFWP, 2880s, match letters, match MOUs, leverage letters	<ul style="list-style-type: none"> Yoav and Annette reviewed what documents were outstanding from the grantees and reviewed due dates.

Topic #7	Discussion:
Next steps	<ul style="list-style-type: none"> Board members were asked to be cognizant of emails from Annette, Karl and/or Yoav relating to the NOFA and to make sure they respond to deadlines in order for all involved to stay on course for the 11/18/15 deadline.

Meeting was adjourned at 3:45pm.

Respectfully submitted: Annette Peters-Ruvolo

Date: 11/12/15

Next Meeting Date: 10/14/15

Time: 3-4:30pm

Location: DCMH Rm 217

Westchester County

Continuum of Care Partnership for the Homeless

FY2015 Process for Reallocation

For FY2015, the Westchester CoC used the Reallocation process to reduce or eliminate projects only when the project recipient (or subrecipient) proposed the reallocation.

1) The grant recipient (Municipal Housing Authority for the City of Yonkers) and the subrecipient (Yonkers YMCA) proposed to the CoC that 100% of the funding for the **Yonkers RA Vets** project be reallocated.

This project provides PSH in SRO units in the YMCA to disabled homeless veterans. It has become increasingly difficult to fill the project beds. Once housed in this project, veterans are no longer eligible for other housing subsidies, including HUD-VASH. Many veterans prefer to wait for a HUD-VASH subsidy in scattered-site units, rather than enroll permanently in this project in an SRO.

Sufficient PSH exists to serve veterans in our CoC. The CoC, MHACY and the YMCA agree that the reallocated funding will better serve our homeless population by funding Coordinated Entry.

2) The grant recipient (Westchester County DSS) proposed to the CoC that a portion of the funding for the **HMIS** project be reallocated.

This project is the primary funding source for our HMIS software and HMIS Administrator costs. However, we have never claimed all allocated funds from this project grants while operating the HMIS. Thus, in order to minimize funds recaptured by HUD, DSS proposes to reallocate funds to reduce the HMIS project renewal amount. The amount retained is sufficient to cover current HMIS costs and any projected increases.

The CoC and DSS agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.

Westchester County
Continuum of Care Partnership for the Homeless
MONTHLY COC BOARD MEETING
October 14, 2015

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair – by phone), Gordon Albert, Paul Anderson-Winchell, Dahlia Austin, Bethany Bensen, Seth Berman (by phone), Jenny Besch, Donna Besteiro, David Booker, Marcie Ciuffetelli (by phone), James Coughlin, Anne Daddona, Michelle Gonzalez (by phone), Alba Guevara (by phone), Maria McGinty, Allison McSpedon, Shawyn Patterson-Howard (by phone), Trish Quattrocchi, James Rather, Danielle Scholar (by phone), Philippa Seltzer (by phone), Yoav Spiegel.

Topic #1:	Discussion:
Goodbye and Good Luck to James Rather, Greyston	<ul style="list-style-type: none"> It was announced that James Rather of Greyston is moving on to another position outside of social services. James was thanked for his service to the CoC and we wish him the best in his new role. Eric Talbott is slated to take James' place as Board member representative for Greyston.

Topic #2	
Update of FY15 NOFA process; Progress on forms due: DFWP, 2880s, match letters, match MOUs, leverage letters	<ul style="list-style-type: none"> Yoav and Annette reviewed the progress made on the application, what documents were outstanding from the grantees and reviewed due dates.

Topic #3	
Permanent Supportive Housing Bonus: results and next steps	<ul style="list-style-type: none"> Karl, Yoav and Annette reviewed this year's PSHB plan that was approved by the Board at the 10/2/15 meeting that included 3 subpopulations that candidates could apply to serve in the RRH project: (A) individuals/families; (B) survivors of DV and (C) youth. RFP results were reviewed: Four (4) RFPs were received by the CoC; 15 ballots were submitted. For population A, WestCOP received 56 votes, Westhab received 280 votes. For population B, Hope's Door received 319 votes and for population C, Westhab received 292 votes. Westhab and Hope's Door was invited to apply with the CoC and work has already begun on the Project Application.

Topic #4	
CoC Project ranking criteria and rank list	<ul style="list-style-type: none"> Yoav reviewed the results of the project ranking criteria and the significance of Tier 1 and Tier 2 placement. Board members discussed their concerns and reluctance to rank projects in this manner, as we have fewer non-PSH projects to select for Tier 2. After concerns were addressed, the Board voted to accept the ranking as presented. 15 in favor; 1 opposed; no abstentions.

Topic #5	

Westchester County Continuum of Care Partnership for the Homeless

HMIS documents for approval by Board	<ul style="list-style-type: none"> Annette reported on the progress of the HMIS documents we would like to have approved prior to the HUD application submission. These documents have been reviewed and revised by the Data/Systems subcommittee and Annette is waiting for final formatting by Daniel Gore to send out to the Board for approval. Although draft copies were available for the meeting, it was decided that, due to the volume of information, members could review all documents and Annette would send the final copies for review/vote via email.
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Topic #6	
Ad-Hoc Application workgroup	<ul style="list-style-type: none"> First meeting of grantees for Ad-Hoc Application workgroup: Thursday 10/22 10am-noon, Room 217, DCMH

Topic #7	Discussion:
Next steps	<ul style="list-style-type: none"> Board members were asked to continue to be cognizant of emails from Annette, Karl and/or Yoav relating to the NOFA and to make sure they respond to deadlines in order for all involved to stay on course for the 11/18/15 deadline.

Meeting was adjourned at 4:45pm.

Respectfully submitted: Annette Peters-Ruvolo Date: 11/12/15

Next Meeting Date: 11/18/15 (County offices are closed 11/11/15)

Time: 3-4:30pm

Location: DCMH Rm 217



- Main Page
- PD&D Home
- Tools
- What links here
- Related changes
- Upload file
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FY15 CoC Application

Revision as of 16:05, 20 October 2015 by XBertrand (Talk | contribs | block) (diff) | Older revision | Latest revision (diff) | Newer revision -> (diff)

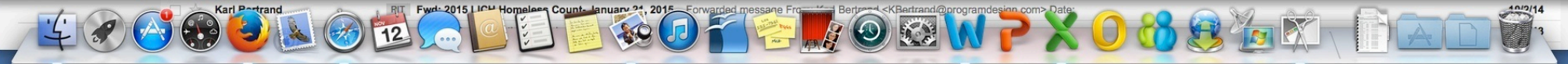
HUD FY2015 NOFA

- FY2015 CoC Program NOFA
- FY2015 Grant Inventory Worksheet for Westchester County CoC
- FY2015 Westchester County CoC Board Project Ranking Criteria
- FY2015 Westchester County CoC Board Priority List



FY2015 Westchester County Project Applications

- City of Mount Vernon
 - Shallow Rent
 - Harm Reduction And Outreach
 - Mt Vernon OWN
 - MV Supportive Services
 - CMV RA 04
 - CMV RA 05
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 - Issan House
- Hope Community Services, Inc.
 - CNR Rehousing Initiative
- Municipal Housing Authority for the City of Yonkers
 - HOST II Drop-In Center
 - Job Plus
 - Medical And Substance Abuse Outreach
 - Sharing Community RA
 - Yonkers OWN
 - Westhab RA SRO



Please find attached:

- 1) FY2015 Reallocation Process narrative**
- 2) Screen shot of CoC webpage showing public posting of the FY2015 Reallocation Process on 11/12/15.**
- 3) Letters to the two Project Applicants affected by the reallocations informing them of the Board approval of the reallocations.**
- 4) Minutes from 10/02/15 meeting of the Board of the Westchester CoC where FY2015 reallocations were proposed and approved by the CoC Board.**

Westchester County

Continuum of Care Partnership for the Homeless

FY2015 Process for Reallocation

For FY2015, the Westchester CoC used the Reallocation process to reduce or eliminate projects only when the project recipient (or subrecipient) proposed the reallocation.

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2) The grant recipient (Westchester County DSS) proposed to the CoC that a portion of the funding for the **HMIS** project be reallocated.

This project is the primary funding source for our HMIS software and HMIS Administrator costs. However, we have never claimed all allocated funds from this project grants while operating the HMIS. Thus, in order to minimize funds recaptured by HUD, DSS proposes to reallocate funds to reduce the HMIS project renewal amount. The amount retained is sufficient to cover current HMIS costs and any projected increases.

The CoC and DSS agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.



- Main Page
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 - Related changes
 - Special pages
 - Printable version
 - Permanent link
 - Page information

FY15 CoC Application

Revision as of 14:31, 12 November 2015 by Yspeigel (Talk | contribs)
(diff) ← Older revision | Latest revision (diff) | Newer revision → (diff)

HUD FY2015 NOFA

- FY2015 CoC Program NOFA
- FY2015 Grant Inventory Worksheet for Westchester County CoC
- FY2015 Westchester County CoC Board Project Ranking Criteria
- FY2015 Westchester County CoC Board Priority List
- FY2015 Westchester County CoC Board Priority List showing component criteria scores
- Description of process used by Westchester CoC Board to decide on proposed reallocations for FY2015 CoC competition ←

FY2015 Westchester County Project Applications

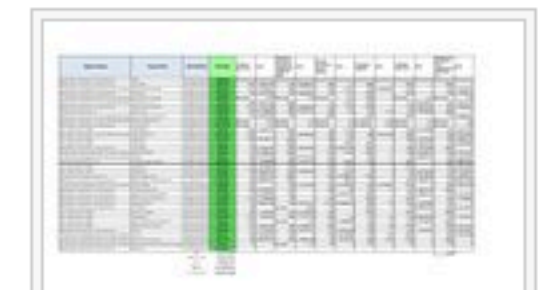
- City of Mount Vernon
 - Shallow Rent
 - Harm Reduction And Outreach
 - Mt Vernon OWN
 - MV Supportive Services
 - CMV RA 04
 - CMV RA 05
 - CMV RA 06
 - CMV RA 07
 - CMV RA Vets
- Lifting Up Westchester
 - Another Way Home
- Greyston Health Services, Inc.
 - Issan House
- Hope Community Services, Inc.
 - CNR Rehousing Initiative
- Municipal Housing Authority for the City of Yonkers
 - HOST II Drop-In Center
 - Job Plus
 - Medical And Substance Abuse Outreach



Preview FY2015 Westchester County CoC Board Project Ranking Criteria



Preview FY2015 Westchester County CoC Board Priority List



Preview FY2015 Westchester County CoC Board Priority List showing component





October 2, 2015

Shawyn Patterson-Howard
President and CEO
YMCA of Yonkers
17 Riverdale Ave
Yonkers, NY 10701

RE: FY15 Continuum of Care application project reallocation

Dear Ms. Patterson-Howard:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we review all current projects for possible reallocation.

In a Board meeting held on 10/2/15, YMCA of Yonkers staff requested, with agreement from grant recipient the Municipal Housing Authority of Yonkers (MHACY) the reallocation of the project NY0914L2T041402 known as Yonkers RA Vets. The CoC, MHACY, and the YMCA of Yonkers agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.

The decision was approved by the CoC Board.

On behalf of the CoC, I want to thank you for your work on this project and your candor in this process of self-evaluation.

We will, of course, keep you up to date with further developments regarding the FY15 CoC competition as they become available. 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



October 2, 2015

Anne D'Addona
Westchester County Department of Social Services
85 Court Street
White Plains, NY 10601

RE: FY15 Continuum of Care application project reallocation

Dear Ms. D'Addona:

The FY2015 NOFA for the Continuum of Care Program Competition was released on 09/18/15. 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. As part of this process, we review all current projects for possible reallocation.

In a Board meeting held on 10/2/15, the Westchester County CoC Partnership for the Homeless proposed and DSS agreed to the reallocation of part of the project NY0749L2T041405 known as HMIS. The CoC and DSS agreed that the reallocation will not affect the capacity of the CoC and DSS to operate a functioning HMIS. The CoC and DSS agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.

The decision was approved by the CoC Board.

On behalf of the CoC, I want to thank you for your work on this project and cooperation in this review and re-evaluation.

We will, of course, keep you up to date with further developments regarding the FY15 CoC competition as they become available. 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
EMERGENCY BOARD MEETING IN PREP FOR HUD NOFA
October 2, 2015

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Geoffrey Anderson, Dahlia Austin, Stephanie Bennett, Bethany Bensen, David Booker, Nadine Burns-Lyons, Marcie Ciuffetelli, James Coughlin, Anne Daddona, Helen Frankel, Michelle Gonzalez (by phone), Charlie Knight, Ron Maurer (by phone), Maria McGinty, Carolyn Musha, James Rather (by phone), Danielle Scholar, Laurie Smalley, Yoav Spiegel, John Thompson.

Topic #1:	Discussion:
Review of FY15 NOFA (webinar slides)	<ul style="list-style-type: none"> Annette and Karl presented slides from HUD’s NOFA webinar: “HUD FY 2015 Continuum of Care Program Competition: Strategies for Success” that aired 9/29/15. Relevant parts of the webinar 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 and Yoav reviewed the proposed priority ranking criteria and items were discussed by the Board. One item was requested to be amended: the Project Component item. Board members requested that the weight of the components be changed from PSH/RRH = 5, TH=2 and SSO=0 to PSH/RRH = 10, TH=5 and SSO=0. After questions were answered and any concerns discussed, a vote took place to accept the proposed ranking with that one amendment in place. 12 in favor, 0 not in favor, no abstentions.

Topic #3	
Proposed FY2015 Reallocations	<ul style="list-style-type: none"> John Thompson (from Yonkers YMCA) and Philippa Seltzer (from DSS) presented proposed reallocations for FY2015 CoC competition. The YMCA proposed that the CoC reallocate 100% of funding for Yonkers RA Vets project for FY2015; DSS proposed that \$85,652 be reallocated from HMIS project for FY2015. In both cases reallocated funds would be used for a new Coordinated Entry SSO project under DSS. These proposals for the reallocations were unanimously approved by the Board. See reallocation process attached.

Topic #4	
Permanent Supportive Housing Bonus: HUD requirements and priorities; WC CoC priorities	<ul style="list-style-type: none"> Karl, Yoav and Annette described this year’s PSHB and proposed various ideas for the Project Application. All Board members were in favor of pursuing the PSHB and agreed on the following: The CoC would RFP for a RRH project that would be included in this year’s NOFA that would serve singles, families, and survivors of domestic violence. It was agreed that PD&D would issue the RFP on behalf of the CoC immediately.

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

Topic #5	
Low barrier and Housing First	<ul style="list-style-type: none"> Annette presented on the concepts of Low Barrier and Housing First and asked that each grantee carefully consider their projects in relation to these concepts when completing their Project Applications.

Topic #6	
Forms due: DFWP, 2880s, match letters, match MOUs, leverage letters	<ul style="list-style-type: none"> Yoav and Annette reviewed what documents were outstanding from the grantees and reviewed due dates.

Topic #7	Discussion:
Next steps	<ul style="list-style-type: none"> Board members were asked to be cognizant of emails from Annette, Karl and/or Yoav relating to the NOFA and to make sure they respond to deadlines in order for all involved to stay on course for the 11/18/15 deadline.

Meeting was adjourned at 3:45pm.

Respectfully submitted: Annette Peters-Ruvolo

Date: 11/12/15

Next Meeting Date: 10/14/15

Time: 3-4:30pm

Location: DCMH Rm 217

Westchester County Continuum of Care Partnership for the Homeless

FY2015 Process for Reallocation

For FY2015, the Westchester CoC used the Reallocation process to reduce or eliminate projects only when the project recipient (or subrecipient) proposed the reallocation.

1) The grant recipient (Municipal Housing Authority for the City of Yonkers) and the subrecipient (Yonkers YMCA) proposed to the CoC that 100% of the funding for the **Yonkers RA Vets** project be reallocated.

This project provides PSH in SRO units in the YMCA to disabled homeless veterans. It has become increasingly difficult to fill the project beds. Once housed in this project, veterans are no longer eligible for other housing subsidies, including HUD-VASH. Many veterans prefer to wait for a HUD-VASH subsidy in scattered-site units, rather than enroll permanently in this project in an SRO.

Sufficient PSH exists to serve veterans in our CoC. The CoC, MHACY and the YMCA agree that the reallocated funding will better serve our homeless population by funding Coordinated Entry.

2) The grant recipient (Westchester County DSS) proposed to the CoC that a portion of the funding for the **HMIS** project be reallocated.

This project is the primary funding source for our HMIS software and HMIS Administrator costs. However, we have never claimed all allocated funds from this project grants while operating the HMIS. Thus, in order to minimize funds recaptured by HUD, DSS proposes to reallocate funds to reduce the HMIS project renewal amount. The amount retained is sufficient to cover current HMIS costs and any projected increases.

The CoC and DSS agreed that the reallocated funding will better serve the homeless population of Westchester County in order to fund Coordinated Entry.



WESTCHESTER COUNTY CONTINUUM OF CARE PARTNERSHIP FOR THE HOMELESS

GUIDING PRINCIPLES – APPROVED 12/17/14

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 100,000, 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, Social Services and/or Planning. 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:

- Shelter and Service Providers
- Data and Systems
- Westchester Homelessness Prevention Network
- Patriot Housing Initiative

- Recovery Housing Network/ VI-SPDAT placement team
- Self-Sufficiency Committee

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 Privacy Policy

Partner Agency Name

Westchester County Department of Social Services

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

Partner Agency Name

Westchester County Department of Social Services

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 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 Agency Participation Agreement

Partner Agency Name	Westchester County Department of Social Services HMIS Lead Agency Name
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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 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
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Executive Director Signature	Date
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HMIS User Agreement

Partner Agency Name	Westchester County Department of Social Services HMIS Lead Agency Name
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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
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USER SIGNATURE	DATE	ADMINISTRATOR SIGNATURE	DATE
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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]

- Two or more people sharing residency as a family, regardless of age
- A single person of any age who is an expectant mother, or in the process of obtaining legal custody of a minor
- A single person of any age
- A person or family that has been involuntarily displaced through government action

Disability is defined as it applies to the individual applicant in accordance with Section 223 of the Social Security Act, Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act, or the Americans with Disabilities Act.

An involuntarily displaced family is one that has been displaced by a government action and is required by the federal, state or local government to move, or a family that is required to move due to a disaster that is declared or formally recognized by the federal government.

An involuntarily displaced family may also be one that is required to move as a result of domestic violence, dating violence or stalking."

A homeless family includes any individual or family who currently lives in substandard housing defined as a unit that:

- Is dilapidated and does not provide safe and adequate shelter, and in its present condition poses a danger to the health, safety, or well being of a family, or has one or more critical defects in sufficient numbers or extent to require considerable repair or rebuilding. These defects may involve original construction, or they may result from neglect or lack of repair or from serious damage to the structure, and the unit or building has been cited as unsafe by the local building inspector; or
- Does not have
 - operable indoor plumbing, or
 - a useable flush toilet inside the unit for the exclusive use of the family, or
 - a useable bathtub or shower in the unit for the exclusive use of the family, or
 - electricity, or has inadequate or unsafe electrical service, or
 - a safe or adequate source of heat, or
 - a kitchen, or

- Has been declared unfit for habitation by an agency or unit of government.

A homeless family is also defined as a family that lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations. This includes welfare motels, congregate shelters, and transitional housing for the mentally ill and victims of domestic violence.
- An institution that provides a temporary residence for individuals intended to be institutionalized, or
- A public or private facility not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

A homeless family does not include any individual imprisoned or otherwise detained pursuant to an act of Congress or federal or state law.

CONTINUOUSLY ASSISTED FAMILY

A family that has been continuously assisted under the 1937 Housing Act will be placed on the waiting list or assisted using the low-income limits published by the Department of Housing and Urban Development.

A family will be considered continuously assisted if the family is already receiving assistance under any 1937 Housing Act Program when the family is admitted to the PHA.

If a continuously assisted family's assistance is temporarily interrupted for more than 60 days before changing programs and prior to admittance to this Agency's program, such interruption will cause that family to lose their status as a continuously assisted family.

VERIFICATION PROCEDURES

The PHA independently verifies family income, family composition, full-time student status, the value of assets, factors determining eligibility for a preference, immigration status, criminal history and other factors relating to eligibility *before* an applicant is issued a Voucher, and at the time of Interim and Annual Certification.

Methods of verification include, but are not limited to, utilization of all HUD online systems active at the time of verification including EIV, The Work Number employment verification system, written requests to third parties including but not limited to current or previous landlords, employers, child care providers, pharmacies, disability assistance providers, Westchester County Child Support Unit, Department of Social Services, Social Security Administration, NYS Department of Labor, United States Citizenship Information Service, Veterans Administration, local, state and federal criminal justice agencies and any other entity necessary to obtain verification of information required.

In rare circumstances where written verification is not able to be obtained, the PHA may telephone the third party to obtain oral verification, and will note in writing the date, time, name of person providing verification and nature of the verification in the tenant file.

RELEASE OF INFORMATION

All household members 18 years of age and older are required to sign a HUD and a PHA Authorization to Release Information form as part of the Tenant Information Packet issued when an applicant reaches the top of the waiting list, and annually at the time of recertification. These signed, dated authorization forms serve as proof that the family members understand the type and nature of information being sought, and give their consent to third parties for the release of information.

If any household member 18 years of age and older refuses to sign these forms to provide authorization as required by HUD and the PHA, housing assistance will not be provided. Applicants will be removed from the waiting list. Current participants will have their assistance terminated in accordance with HUD regulations.

VERIFICATION OF PREFERENCES

To document verification of a residency preference for applicants who claim they lived in the jurisdiction at the time of application, applicants must present at least two of the following documents with name of the head of household or other adult named on the application, and dated at the time of application:

- copy of an executed lease in the applicant's name, with the address of the unit and effective date of the lease term

- copies of at least three cancelled checks or money order receipts documenting payment of rent to the landlord of the leased unit
- copy of a utility bill in the applicant's name containing the local unit address
- copies of three months worth of bank statements in the applicant's name documenting the local address
- applicant's driver's license with the local address
- applicant's photo ID issued by an employer or government entity with the local address

For applicants who claim they work or were hired to work in the jurisdiction at the time of application, applicants must provide one of the following employment verification documents:

- copies of three months worth of applicant's pay stubs from a local company with that company's local address
- an original letter on company letterhead mailed directly to the PHA documenting the applicant's employment including the location and dates of employment in the jurisdiction, a telephone number and a contact name
- applicant's photo ID issued by an employer with the local address

Households claiming a residency/employment preference who cannot provide the above documentation, or who cannot otherwise prove entitlement to a residency preference to the satisfaction of the PHA will not be granted the preference and will be returned to the waiting list and re-ranked without the residency preference.

Applicants claiming a disability preference must provide eligibility documentation as described in the section entitled DEFINITIONS AND ELIGIBILITY.

Applicants claiming a displacement preference must provide documentation verifying a qualifying event or government action containing the date and reason for the action.

Applicants claiming a homelessness preference must provide residency documentation from the qualified shelter or residence.

Applicants claiming a preference as a victim of domestic violence, dating violence or stalking must provide written verification on a HUD-approved certification form, or other form deemed acceptable by the PHA, that the individual is a victim

of domestic violence, dating violence or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse. Such certification must include the name of the perpetrator (a HUD requirement).

In lieu of a HUD-approved certification form, applicants may submit a notarized statement from a professional employee, agent or volunteer of a victim services provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault or stalking, or the effects of the abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents of abuse. The applicant/victim of domestic violence, dating violence or stalking must also sign the statement attesting to the validity of the documentation. If available, a police report and/or court record must be attached.

Applicants must provide such certification within 14 business days after the PHA requests such certification in writing. Applicants who fail to submit the requested certification within the 14 business day timeframe will not be entitled to a preference on the waiting list and if admitted to the program, will not be entitled to certain termination and eviction protections available to victims of domestic violence, dating violence or stalking afforded under the federal regulations. An extension of the deadline may be provided, at the Director's sole discretion.

The certification information provided by the victim will be treated as confidential and will not be entered into any shared database nor provided to any related entity except when disclosure is consented to by the individual in writing, required for use in eviction proceedings, or otherwise required by law.

APPLICANT BRIEFING AND VOUCHER ISSUANCE

Following verification of eligibility information, an appointment will be scheduled for an interview and briefing with the Director. The applicant must bring any additional documentation requested to support the information regarding income, assets, family composition and any preference(s) claimed on the Tenant Information Form. All members of the applicant household ages 18 or older must attend the briefing meeting with the Director.



HMIS Agency Participation Agreement

Partner Agency Name	Westchester County Department of Social Services HMIS Lead Agency Name
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I. BACKGROUND AND PURPOSE

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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



Priorities for Homeless Housing Placement in CoC-Funded Permanent Supportive Housing (revised 7/23/15)

On 7/28/14 HUD published rules detailing how local Continuums of Care (CoCs) must prioritize chronically homeless (CH) people in CoC-funded Permanent Supportive Housing (PSH)¹ that is either dedicated exclusively or committed to giving priority to CH.² It mandated that CoCs place CH in these units in the following priority order.

1. CH individuals and families who have been homeless for 12 months³ **and** have the most severe needs⁴
2. Other CH individuals and families who have been homeless for 12 months
3. CH individuals and families who have been homeless less than 12 months **and** have the most severe needs
4. All other CH individuals and families who have been homeless less than 12 months.

Non-CH families and individuals can be placed in CoC-funded housing that is:

- a) not dedicated or prioritized to CH or
- b) prioritized to CH but only after all known CH have been offered PSH. They must be placed in the following priority order.
 1. Homeless individuals and families with a disability who have the most severe needs
 2. Homeless individuals and families with a disability who have been homeless for at least 6 months⁵
 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.

¹ Note: only individuals and families with disabilities can be placed in CoC-funded PSH.

² <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf>

³ Defined as being either continuously homeless for 12 months or having at least **4** separate episodes in the last **3** years with a cumulative total of 12 months or more.

⁴ Severity of need must be determined using CoC-wide objective assessment tools, adjusted when necessary by well-documented and fairly applied professional judgment. We propose that Westchester's CoC define severe needs for adults as having a VI-SPDAT score of 10-15 points.

⁵ Defined as being either continuously homeless for 6 months or having at least **3** separate episodes in the last **3** years with a cumulative total of 6 months or more.