

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Other:(limit 50 characters)		
Veterans Services Representative	Yes	Yes
Eviction Prevention representative	Yes	Yes
Health Services Representative	Yes	Yes

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

Each year our CoC hosts an Annual Meeting & Meeting on Priorities to solicit public opinion on community needs from organizations and/or persons that have an interest in preventing & ending homelessness. These events are publicized via broad distribution lists, inc. all those associated with DCMH & DSS, advocacy groups, our largest cities & all CoC subcommittees. This year, we heard from service providers & community advocates who called for an increase in housing for families, survivors of DV, people with physical disabilities & older adults. Individuals pointed out the need for outreach interventions to be more connected with the PIT Count & more RRH opportunities for the working poor, a day program for individuals in shelters & improvements in the quality of consumer involvement in the CoC. These issues were brought back to the Board for further discussion & evaluation in terms of need & strategies to address them through current/future funding opportunities, & through our relationships with agencies such as DSS. One outcome is that the CoC Co-Chairs are currently working with Homeless Are People Too (HAPT), a local subsidiary of Community Voices Heard to develop an MOU to increase partnership with the CoC.

Discussion is encouraged at monthly CoC Board meetings, from many points of view, including housing providers, gov't agencies, behavioral health providers, education & health providers, DV service providers, advocates & consumers. This past May, we also held a Symposium that included events for consumers, direct service staff, supervisory staff, Board members, & the general public. We included a follow up survey to obtain feedback from attendees of the symposium to help plan future events. Under our Planning Grant, we sent an anonymous survey out to all of our CoC distribution lists and anyone who attended the symposium events on the general operations and effectiveness of the CoC. Results will be brought back to the Board for further discussion.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

CoC General Membership shall be comprised of individuals and agencies

concerned with the development and coordination of homeless assistance programs. Membership is open; individuals interested in membership contact one of the Co-Chairs for more information. Membership information is distributed at our Annual Meeting, Meeting on Priorities and Symposium, as well as via email communication publicizing these events and on our Wiki page under Guiding Principles.

We also print Co-Chair contact info on distributed materials with an invitation to contact us if they are interested in hearing more about the CoC. At every public event, we promote upcoming subcommittee meetings to encourage larger participation.

Board members actively recruit individuals or agencies; one of the Co-Chairs then contacts them regarding membership. Individuals that contact a Co-Chair regarding other housing-related info are invited to become CoC members. Over the past few years, we have seen an increase in the number of requests for CoC information and support letters based on requirements of various funding streams and RFP processes. We use that to illustrate the importance for housing & service providers to be involved in the CoC's activities. We continue to try a variety of methods to have persons experiencing homelessness/formerly homeless persons join the CoC. We have had individual Board members & we have launched a Consumer Advisory Committee. However, during a consumer-driven panel held during our Symposium week, the consumers asked if, instead of joining a subcommittee identified for formerly homeless people, they could just join other subcommittees so they can "blend in" and be part of the operations of the CoC on every level. We are also currently in conversations with Homeless Are People Too (HAPT), a local subsidiary of Community Voices Heard to create ways for them to work with us that will be beneficial to both. Efforts such as these will continue.

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

Our CoC Board sets priorities for new projects based on our needs assessment, HUD communications, results of our open meetings & member experience. We then widely email a notice that agencies can apply to operate new projects by submitting a form outlining their plan & qualifications. Our Board votes to choose the providers. This year, we released two RFPs; one for Permanent Supportive Housing for families and one for a DV Bonus JOINT TH and PH-RRH project. The RFPs were released on 7/13/18 and included an ADDITIONAL point for any proposals submitted by an organization that had not previously received CoC program funding. Notices of the RFPs were emailed to agencies doing business with DSS, DCMH & our largest cities, as well as to all CoC member agencies. We ask people to distribute the emails widely and encourage any agency to apply for funding, regardless of whether they already receive HUD funding.

New potential grantees are strongly encouraged to become CoC members so they may become familiar with the processes & expectations of being a HUD

grantee/sub-recipient. Technical assistance related to HMIS, applying for projects & understanding CoC operations is available at no cost to the agency if they need help to negotiate or understand the system.

This year we held our annual Open Forum Meeting on Priorities, our Annual Meeting and a Symposium that included information sessions for the general public. At any of these public forum events, individuals/agencies can (and do) approach the Co-Chairs for more information about the CoC, its processes & possible funding opportunities. Notice of these events is emailed to agencies doing business with DSS, DCMH & our largest cities. We ask people to distribute the emails widely. These outreach efforts have led to new CoC partners serving veterans, LGBTQ youth, DV survivors, & people with physical disabilities.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:

- (1) consulted with ESG Program recipients in planning and allocating ESG funds; and**
 - (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.**
- (limit 2,000 characters)**

Our CoC Board formally adopted and distributed to all local ESG recipients a set of 2018 ESG Funding Priorities (see Other Attachment #1). In 2017, Westchester CoC distributed a similar set of ESG funding recommendations which were followed by Yonkers ESG and resulted in additional ESG funding for

street outreach and Rapid Re-housing. One of our CoC Board Co-Chairs led the development of the current plan used by Yonkers ESG to make funding decisions.

The Westchester CoC and Yonkers developed performance standards for ESG projects. Westchester CoC has conducted monitoring visits to ESG projects annually since 2015; both Yonkers ESG and NYS ESG projects are again being monitored in 2018.

Our CoC provides local ESG recipients (Yonkers, NYS, Westchester County) and all 4 local municipal Con Plan jurisdictions (Yonkers, New Rochelle, Mount Vernon, White Plains) with essential information & statistical data to address the needs of the homeless in their Con Plans, including PIT count, Housing Inventory Chart and CoC funding data; HMIS database access & data sharing; details on CoC activities and local services; and assistance identifying unmet needs to create their local Con Plan sections on homelessness & housing. CoC staff helped Mount Vernon to write the Affordable Housing and Homeless sections of their CDBG Annual Action Plan and CAPER. City of Yonkers also uses CoC staff assistance to submit the CAPER.

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

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

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

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:

- (1) the CoC’s protocols, including the existence of the CoC’s emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and**
 - (2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.**
- (limit 2,000 characters)**

1) The CoC has adopted a VAWA compliant Emergency Transfer Plan allowing DV survivors to request priority housing transfer if they feel unsafe in their current placement.

Our CoC works closely with Westchester’s Domestic Violence Council to ensure housing services provided for DV survivors are safety-focused, trauma-informed and victim-centered. The DV Council is led by our County Office for Women. It includes survivors, the DA, Probation, civil and criminal legal services providers, judges, and DV advocacy groups. Our CoC has a designated liaison to the Council and an experienced DV provider is a voting member of our CoC board. Our DV Council is a Coordinated Community Response to domestic violence integrating DV responses from residential and non-residential DV service providers, police departments, Probation, DSS, DCMH, Department of Health, faith communities, and CBOs.

The Office for Women coordinates the Family Justice Center at the White Plains courthouse, a 24-agency consortium that provides one-stop integrated services to survivors of DV, sexual assault, elder abuse, stalking and dating violence. Services include safety planning, advocacy, legal assistance, court accompaniment, help getting orders of protection, emergency shelter and other housing needs. Referrals are made for other services.

2) Through the coordinated network of CoC and DV Council members, survivors of DV are referred to the CoC’s Coordinated Entry system for housing placement and prioritized based on their safety and other needs. (To preserve confidentiality the clients self-refer to the Coordinated Entry team when they are ready for housing.) They are then connected with a housing provider who helps them find an apartment and needed subsidies and other supports. Clients choose their housing type and location and are counseled with respect to the safety implications of different housing options. DSS has two DV liaisons who help assess and refer DV survivors.

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

My Sisters’ Place (MSP) is Westchester’s largest DV services, shelter and training provider. It provided training this year to two of our largest shelter providers: Westhab (primarily serving families) and The Sharing Community (primarily serving single adults). My Sisters’ Place will be conducting a CoC-wide training session in October. In the training, CoC shelter and housing providers will learn the dynamics of intimate partner/domestic violence, gain skills for assessing survivor needs in trauma-informed, client-centered ways, and acquire basic safety planning approaches.

In May our CoC conducted a three-day Symposium of training sessions for CoC and Coordinated Entry staff members that included trauma-informed care and other relevant trainings to ensure services are delivered with a person-centered philosophy in mind.

All CoC members are invited to the monthly DV Council meetings and to trainings offered by the DV Council and the Family Justice Center including:

- * serving survivors of domestic violence strangulation;
- * identifying and responding to stalking;

* victim safety and offender accountability: intimate partner violence intervention

Other collaborative training efforts include an annual police conference co-hosted by the Police Chiefs' Association and the Office for Women, conferences on multiple topics including teen dating abuse, campus sexual assault and neurobiology of trauma led and/or organized by individual partners and trainings at Westchester Police Academy by the District Attorney, Family Justice Center and others.

The Office for Women and My Sisters' Place are our two largest DV training providers. They will routinely send all their training notices to our CoC co-chairs who will distribute them to our entire CoC email list. A senior administrator from Hope's Door, our other major DV shelter and services provider, is a voting member of our CoC board and will announce training opportunities during our meetings.

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

The Westchester Office for Women helps coordinate our communities' response to DV, dating violence, sexual assault and stalking. The Office for Women compiles statistics on the number of Domestic Incident Reports (DIRs) reported by 45 police departments in Westchester including county and state police. This is the most comprehensive measure of reported DV in Westchester. WC had 12,947 Domestic Incident Reports in 2016 - 4% more than in 2014.

Westchester has 2 DV shelter providers. In 2017 My Sisters' Place (MSP) received 1,428 requests for shelter. Hope's Door received 701 requests for shelter. Many people called both shelters. In 2016 Westchester Family Court and our Integrated Domestic Violence Court issued 4,022 orders of protection. MSP's hotline answered 4,300 calls. MSP's Legal Center assisted 1,200 individuals with brief legal services, advice and representation related to orders of protection, child support, custody and immigration. MSP's counseling programs provided individual and group support for 1,000 adult survivors and specialized children's services for 130 children.

National data suggests the problem is even larger due to under reporting. The CDC's 2011 National Intimate Partner and Sexual Violence Survey reported the following national estimates:

* 22.3% of women and 14% of men experienced severe physical violence by an intimate partner during their lifetimes and by 2.3% of women and 2.1% of men during the prior year.

* 43.9% of women and 23.4% of men experienced other forms of sexual violence during their lifetimes; 5.5% of women and 5.1% of men experienced these during the prior year.

* 19.3% of women and 1.7% of men have been raped during their lifetimes; 1.6% of women were raped during the prior year.

* 15.2% of women and 5.7% of men have been a victim of stalking during their lifetimes; with 4.2% of women and 2.1% of men stalked during the prior year.

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

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

SSO Coordinated Entry	<input type="checkbox"/>
RRH	<input type="checkbox"/>
Joint TH/RRH	<input checked="" type="checkbox"/>

1C-4b. Applicants must describe:

- (1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;**
- (2) the data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**
(limit 2,000 characters)

1) Our CoC served 151 households coded in HMIS as being DV survivors during the 12-month period ended 6/30/2018. This HMIS data does not include people served by our DV-specific emergency shelters, who are not entered into HMIS while staying at the DV shelters. In 2017 My Sisters’ Place provided emergency DV shelter to 96 unique households and Hope’s Door provided emergency DV shelter to 45 unique households. Many of the 141 DV shelter residents timed out of the 6-month maximum stay in DV shelters and moved on to the regular countywide shelter system. MSP and Hope’s Door agree that roughly 2/3 of their shelter residents left either precariously housed or else exited directly to county shelters. Many of their DV shelter residents are therefore also included among the 151 households served by our CoC. We estimate that with this considerable overlap Westchester was able to provide any form of housing in 2017 to only 200-250 unique households.

We had only 3 DV shelters with a total of 57 beds in 2017. In 2018 one DV shelter closed, leaving us now with only two DV-specific emergency shelters with 39 beds – a 32% drop.

2) The data on DV survivors’ utilization of our CoC programs is drawn from the self-reported DV status entered on their HMIS assessment forms. The data on DV shelter utilization is provided directly by My Sisters’ Place and Hope’s Door, our only two local DV-specific emergency shelter providers.

3) Our CoC HMIS Administrator pulled the data from our countywide HMIS. My Sister’s Place and Hope’s Door provided their shelter utilization data.

1C-4c. Applicants must describe:

- (1) how many domestic violence survivors need housing or services in the CoC’s geographic area;**
- (2) data source the CoC used for the calculations; and**
- (3) how the CoC collected the data.**

(limit 2,000 characters)

- 1) Our local need for housing and services far exceeds our current capacity.
 - * In 2016 local police filed 12,947 Domestic Incident Reports.
 - * In 2016 Westchester Family Court and our Integrated Domestic Violence Court issued 4,022 orders of protection.
 - * MSP’s hotline answered 4,300 calls.
 - * MSP’s Legal Center assisted 1,200 individuals with brief legal services, advice and representation related to orders of protection, child support, custody and immigration. MSP’s counseling programs provided individual and group support for 1,000 adult survivors and specialized children’s services for 130 children.

Our unmet needs for safe specialized housing are particularly acute. In 2017:

- * MSP received 1,428 requests for shelter and was able to accept only 96,
- * Hope’s Door received 701 requests for shelter and was able to accept only 45, and
- * DSS’ two DV Liaisons served 737 DV survivors and were able to place only 95 in any shelter.

Our need for rapidly accessible safe housing is now more acute. In 2017 we had 3 DV shelters with 57 beds. In 2018 one closed, leaving us with only two DV shelters with 39 beds – a 32% drop.

We also have an acute unmet need for permanent affordable housing. Women fleeing violence arrive at the DV shelters and soon learn that their maximum length of stay there is only 6 months so they have only 6 months to become financially self-sufficient in one of America’s most expensive housing markets. MSP and Hope’s Door estimate that the percentage of their shelter residents exiting to precarious housing or directly to a non-DV shelter in 2017 was 67% and 69% respectively.

2) The County Office for Women compiled DIR data from 45 police departments and order of protection data from Family and IDV Courts. MSP and Hope’s Door provided their data. DSS provided the DV Liaison outcome data.

3) Our CoC convened multiple meetings with all these sources to identify and gather data.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
- (2) quantify the unmet need for housing and services for DV survivors;**
- (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
- (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**

(limit 3,000 characters)

1) Our need for safe rapidly accessible transitional housing is acute. In 2017 MSP received 1,428 shelter requests and could accept only 96, Hope’s Door received 701 shelter requests and could accept only 45, and DSS’ 2 DV Liaisons served 737 DV survivors and were able to place only 95 in any shelter.

Our need for safe permanent housing is even more acute. The maximum length of stay in our specialized DV shelters is 6 months. MSP and Hope’s Door estimate that the % of their shelter residents exiting to precarious housing or directly to a non-DV shelter in 2017 was 67% and 69% respectively.

Our DV survivors need a mix of services not adequately available in our general-population shelters. They need experienced DV counselors who understand the many forms of danger and intimidation they face. They also often need intensive employment counseling to help them transfer their job skills to a new community and rapidly raise their income so they can afford to sustain safe permanent housing without ongoing CoC rent subsidies.

We are following HUD’s guidance and best practices and moving away from ES to focus on rapid rehousing and Housing First models. In 2018 alone we increased our supply of RRH subsidies from 341 to 498– a 46% increase!

2) It’s impossible to precisely measure our unmet need for housing and services but the evidence suggests that well over a thousand survivors per year go unserved in Westchester. In 2016 police in WC filed 12,947 Domestic Incident Reports, local Family/DV Courts issued 4,022 orders of protection, and MSP’s hotline alone answered 4,300 calls. Most of those received only brief assistance. In 2017 our major provider, MSP, was able to provide legal services to only 1,200 and its counseling programs provided individual and group support for only 1,000 adults.

The housing needs are even more acute. In 2017 MSP’s hotline turned away 1,332 requests for shelter, Hope’s Door turned away 656, and DSS’ two DV Liaisons served 642 survivors who were not placed in any shelter. The amount of overlap and duplication among those numbers is unknown. In 2017 MSP and Hope’s Door were able to shelter only 141 households and only 1/3 exited their shelters with stable permanent housing. HMIS shows that in 2017 all of our general population shelters and CoC-funded programs together housed only 151 households headed by known DV survivors and only 27 of those exited to permanent housing.

Another way to estimate our unmet need for housing is to compare the number of DV shelter beds available in WC to the number in neighboring NYC. NYC has 42 times more DV shelter beds per capita than WC. WC needs roughly 1,500 DV beds to proportionately match NYC’s per capita supply. We have only 39.

3) Data sources used include police DIRs, court orders of protection, DV hotline records, DV shelter placements & HMIS.

4) Our CoC held multiple meetings with local DV providers and the Office for Women to compile and evaluate available data.

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

Our project will offer 10 TH and 20 RRH units. The TH units will be scattered across multiple cities so survivors can be quickly relocated to safe housing in an area away from their abuser. We will serve individuals & small families.

Participants will hold the leases for the RRH units. The amount of subsidy will be decreased gradually as the family income increases.

We will offer residents access to both immediate safe transitional housing in already-leased scattered-site units located throughout the county and placement in permanent housing of their choice anywhere in Westchester with rent subsidies individually tailored to their immediate financial situation and prospects for increased financial self-sufficiency. We will strongly emphasize helping families secure transitional or permanent housing in communities that are consistent with their self-chosen safety plan.

We will have 2.6 staff with a shared caseload of 30 households. A 1.0 Case Manager will help participants develop household budgets, fill gaps in independent living skills, and access healthcare, childcare and other mainstream services, and will lead the team and coordinate the program. A 1.0 DV Counselor will help residents develop and implement appropriate safety plans and access the panoply of DV-specific counseling, legal and other services available. A 0.5 Employment Specialist will help residents move swiftly to financial self-sufficiency through education, vocational training and employment, and a 0.1 Housing Case Manager will help them secure suitable safe and affordable housing in the community of their choice. Our budget includes essential support for training and education costs, childcare, emergency food, and transportation.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

- (1) rate of housing placement of DV survivors;**
- (2) rate of housing retention of DV survivors;**
- (3) improvements in safety of DV survivors; and**
- (4) how the project applicant addresses multiple barriers faced by DV survivors.**

(limit 4,000 characters)

1) The applicant for our DV TH-RRH Bonus Project is the Westchester County Dept. of Social Services (DSS). It manages over \$55 million/year in Federal, state and county funding for homeless housing and services. It administers funding for TANF and Safety Net, homelessness prevention, homeless outreach, and shelter programs. It has more power to restructure our system of care for the homeless than any other local agency.

This project will enable us to transform how we offer housing to DV survivors. Our CoC has historically focused on providing PSH to the severely disabled who have been homeless longest. Few DV survivors qualified because most lacked the disability required for eligibility or the length of time homeless required to top our HUD-mandated Coordinated Entry priority list. As a result, our housing placement rate has been unacceptably low.

MSP and Hope’s Door report that in 2017 only 33% and 31% respectively of their shelter resident households exited to stable permanent housing. The others exited to precarious unstable housing or directly to general-population homeless shelters. Our DV-specific shelters don’t enter data into HMIS but general-population shelters do. During the year ending 6/30/18, HMIS shows

152 DV households left general-population shelters and only 22 (14.5%) exited to permanent housing.

2) Our HMIS shows an excellent 92% 2-year housing retention rate for DV survivors. From 7/1/15-6/30/16, 60 DV households moved into permanent housing. Over the next 2 years only 5 (8%) returned to the shelter system.

3) Safety will be paramount in our project. Services include safety planning, advocacy, legal assistance, court accompaniment, help getting orders of protection, safe housing placement, and other client-driven needs. We will offer residents access to both immediate safe transitional housing in already-leased scattered-site units located throughout the county and placement in permanent housing of their choice anywhere in Westchester with rent subsidies individually tailored to their immediate financial situation and prospects for increased financial self-sufficiency. A full-time DV Counselor (subcontracted from a leading DV housing and service provider) will help residents develop and implement appropriate safety plans and access the panoply of DV-specific counseling, legal and other services available.

4) We are committed to dramatically improving our housing placement rate for DV survivors. This year we increased our supply of RRH subsidies by 46% from 341 to 498. Local leaders from our CoC and DV systems of care have met multiple times to plan how to ensure a steady flow of referrals of DV survivors to these new RRH beds.

To remove barriers to housing, we are building interagency relationships, improving communication & group cohesion, and helping to ensure that all parties prioritize and sweep away barriers for DV housing placement. We have added an experienced DV service provider to our CoC board and designated a CoC liaison to WC's DV Council. That liaison, who coordinates our Patriot Housing placement process for veterans and co-chairs our Coordinated Entry Referral Committees for PSH and for RRH, will now convene monthly meetings with all key DV and CoC stakeholders to expedite all RRH referrals for DV survivors.

Our project team includes a Case Manager, DV Counselor, Employment Specialist, and Housing Case Manager. A 1.0 DV Counselor will help residents develop and implement appropriate safety plans and access the panoply of DV-specific counseling, legal and other services available. A 0.5 Employment Specialist will help residents move swiftly to financial self-sufficiency through education, vocational training and employment. A 0.1 Housing Case Manager will help them secure suitable safe and affordable housing in the city of their choice. Our budget includes funds to remove barriers by paying for training and education costs, childcare, emergency food, and transportation.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**

**(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
 (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
The Municipal Housing Authority for the City of Yonkers	6.67%	No	No
Westchester County Housing Choice Voucher Program	18.13%	No	No
City of New Rochelle Housing Authority	6.19%	No	No
White Plains Housing Authority	0.00%	No	No
Town of Mamaroneck Housing Authority	12.50%	No	No

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

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

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? No

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender

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

In response to public concern presented at the 2013 Meeting on Priorities, the CoC established The Refuge TH project for LGBTQ youth with an LGBT-led experienced housing provider. This project houses 14-17 young adults annually. In October and December 2016, we encouraged member agencies to participate in webinars provided by HUD in relation to the Equal Access Rule & Gender Identity Rule. We also forwarded the webinar slides and discussed the topic in CoC Board mtgs, referring to Board Member agency Westchester Residential Opportunities (WRO) for more information. WRO will be the lead in follow-up education regarding this policy as they have provided free mandatory training for agency members on various fair housing topics, including discrimination, in 2015 and 2016. Our Guiding Principles have included an anti-discrimination statement since their adoption in January 2013, as does our CES policy/procedures adopted 09/20/17. These policies are reviewed in training settings, implemented via technical assistance to provider agencies and consumers, and monitoring is completed through site visit review of terminations to ensure discriminatory practices are not being employed.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Other:(limit 50 characters)	

Trained outreach workers "ride-along" with police	<input checked="" type="checkbox"/>
Police take homeless to shelter instead of arrests	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

(1) Our Coordinated Entry System (CES) uses multiple sites where customers can be enrolled including:
 DSS’ 4 district offices located throughout Westchester; Overnight emergency shelters in multiple cities allow clients to enroll into Coordinated Entry AFTER business hours; Countywide street outreach allows unsheltered homeless to be enrolled in CES.

Together these access points cover the entire CoC geographic area.

(2) Multiple access points allow us to reach varied populations. DSS district offices refer single adults, families, victims of DV, & youth to 24-hour shelter. Overnight shelters house homeless unable to comply with DSS requirements. Street outreach teams enroll street homeless persons in CES without shelter entry.

All access points are wheelchair accessible. All written CES materials are available in both English and Spanish.

The Westchester 211 number for County services advises homeless callers on how to access Coordinated Entry.

(3) We use the Homeless Assessment Tool (HAT), a modified version of the VI-SPDAT as our standardized assessment. The HAT is used at ALL Coordinated Entry access points to ensure that persons with the greatest needs receive priority for homeless services.

Our CoC requires that EVERY person in emergency shelters or contacted on the street is rapidly enrolled in CES and assessed with the HAT.

CES identifies the housing needed, client eligibility for specific programs, and refers homeless to available units in priority order so that those with highest needs and length of time homeless are housed first.

We sort all those in need of PSH in the HUD-mandated priority order according to CPD notice 16-11, with additional ranking based on HAT score and length of time homeless.

CoC Coordinated Referral Committee case conferences households in CES.

The group coordinates action among street outreach, shelter staff, housing providers, and supportive service agencies to move customers into housing as rapidly as possible.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

Instructions

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

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
- (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**

(limit 2,000 characters)

Projects serving populations that have severe needs, are hard to serve, or are especially vulnerable were given extra points in the ranking criteria used by the Westchester County CoC (specifically, 5 points out of the maximum 85 possible in our scoring system).

This includes projects with target populations including participants in the following populations:

- 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
- Significant health or behavioral health challenges or functional impairments

See attachment 1E-1 Objective Criteria–Rate, Rank, Review, and Selection Criteria.

1E-3. Public Postings. Applicants must indicate how the CoC made public:

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

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

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

Reallocation: No

1E-4a. If the answer is “No” to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects. (limit 2,000 characters)

For FY2018, the Westchester County CoC used the Reallocation process to reallocate lower performing projects to create new high performing projects.

All 25 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on the objective Performance Measure criteria contained in the Ranking and Review Process approved by the CoC Board on 07/18/18.

At a meeting held 07/31/18, the CoC Board decided to reallocate the LOWEST

ranking project (#25 out of 25) based on the objective Performance Measures. This project is Life Bridges Transitional Housing project (\$49,499 ARA).

The CoC Board reallocated the funds from this lowest ranking project to create an expansion project for the renewal First Steps PSH project. Reallocation to First Steps expansion was chosen because First Steps was the HIGHEST ranked renewal housing project.

Westchester County CoC therefore reallocated funds from the LOWEST ranked project into an expansion of the HIGHEST ranked housing project.

This same process was followed in prior years. For FY2017, the three lowest ranking projects (#26 to #28 out of 28) were reallocated into a new PSH project. For FY2016 the four lowest ranking projects (#29 to #32 out of 32) were reallocated into a new Rapid Re-housing project.

In all cases our CoC reallocated funds from the LOWEST ranked projects into new higher performing projects aligned with HUD and CoC strategic goals.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

2A-1a. Applicants must: Page 5 of the Governance Charter and pages 2-3 of the HMIS Agency Participation Agreement
(1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and
(2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

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

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

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,023	57	966	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	691	0	691	100.00%
Rapid Re-Housing (RRH) beds	498	0	438	87.95%
Permanent Supportive Housing (PSH) beds	1,405	0	1,137	80.93%
Other Permanent Housing (OPH) beds	410	0	75	18.29%

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

PSH coverage in HMIS is below 85% entirely due to the local VA not including their HUD-VASH beds in HMIS. Every single one of the 268 PSH beds not in HMIS are HUD-VASH.

The local VA has recently agreed to correct this deficiency and enter their HUD-VASH beds into our HMIS. By the end of 2018, at least 70 HUD-VASH beds will be in HMIS (allowing us to reach 85% PSH coverage in HMIS), with the rest to follow during 2019.

Other Permanent Housing includes a local County-funded project with 75 beds. The CoC worked with this local provider and the project was added to HMIS and now has all residents entered into HMIS.

OPH beds also includes eleven projects with 335 beds which are funded using a variety of sources such as tax credits, private funding, and NYS HHAP capital funding; none of these funding sources require HMIS participation.

During 2018, the Westchester CoC Board Co-chairs made CoC support letters required for NYS ESSHI funding applications contingent on agencies committing to enter their OPH beds into our HMIS.

This resulted in new commitments to have 323 of the 335 uncovered beds into HMIS by the end of 2018. 272 have already been entered, with the remaining 51 to follow shortly.

Our next HIC will show over 85% Permanent Supportive Housing and over 95% Other Permanent Housing beds in HMIS.

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

2A-7. CoC Data Submission in HDX. 04/25/2018 Applicants must enter the date the CoC

**submitted the 2018 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

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

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

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/25/2018

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

Instructions:

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

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

We made two main changes to sheltered PIT count implementation Data Quality for 2018:

#1 Data was gathered by Emergency Shelter and Transitional Housing staff using a Westchester CoC- provided electronic PIT Count survey to interview residents rather than the paper surveys used in prior years. This allowed the data collected to be more easily and extensively cross-checked with the PIT count report generated by our HMIS to reduce errors and discrepancies. Extensive corrections to the PIT count data were made when the two data sources did not match to ensure maximum accuracy.

#2 We also provided extensive in-person training in multiple sessions to shelter staff on the PIT survey and newest definition of chronic homeless to ensure that data collected, especially the number of sheltered chronic homeless, was accurate.

Both of these changes made our sheltered PIT count results more accurate.

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

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

Beds Added:	0
Beds Removed:	110
Total:	-110

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory No

**because of funding specific to a
Presidentially declared disaster, resulting in a
change to the CoC’s 2018 sheltered PIT
count?**

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

For 2018 we added the following to improve unsheltered PIT count Data Quality:

- i) We operated a PIT count Headquarters on the night of the count which stayed open until all enumerator teams had concluded their work. Enumerator teams then brought back completed PIT count surveys to Headquarters and all surveys were collected and reviewed for accuracy and completeness by CoC staff with the enumerators still present. This allowed any errors or omissions to be corrected on the night of the count while the encounters with homeless persons were still fresh in the enumerator's minds.
- ii) A PIT Count Planning Committee was established to encourage planning throughout the year instead of only in the months preceding the count.
- iii) The CoC recruited a larger number of volunteer enumerators to join the experienced homeless services professionals which we had been using in prior years. Each enumerator team included both volunteers and a professional supervisor. This allowed us to expand the number of teams for better coverage in urban areas.
- iv) We engaged local partners to donate items such as thermal socks and brown bag dinners for distribution to street homeless persons encountered to encourage PIT count survey participation. Each bag also included a personalized note from a young person expressing their warm wishes and concern for people experiencing homelessness.

These changes improved our ability to encounter and engage street homeless persons and made our unsheltered PIT count results more accurate.

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

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

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

Westchester Building Futures (WBF) is a Federal Department of Health and Human Services-funded collaborative of local government and non-profit agencies with the aim of reducing youth falling into homelessness as they leave the child welfare system. The Westchester CoC PIT Count involved WBF in our planning for the PIT Count, including soliciting information on where to look for homeless youth and how to best engage any youth encountered on the streets.

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

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

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

(1) We provided multiple sessions of extensive in-person training to shelter staff on the PIT survey and newest definition of chronic homeless (particularly chronic homeless families) to ensure that data collected on the number of sheltered chronic homeless, was accurate.

PIT count survey data on the number of chronic homeless was cross-checked with HMIS data and corrections made where there were discrepancies.

(2) Westchester has very rarely encountered a homeless family on the streets (only one family in the last decade) because all homeless families and agencies serving them know that families are guaranteed shelter. This means that our efforts to better count families with children experiencing homeless are concentrated in the 7 emergency shelters and 3 transitional housing programs operating in Westchester which together house over 400 families with 1200 people.

Prior to the PIT count, we provided training sessions for family housing programs to accurately gather data on homeless families in their facilities, and (except for DV shelters) cross-checked HMIS data with PIT count survey data to detect discrepancies for correction.

(3) The PIT count enumerator team which covered the geographic area of our CoC closest to the VA Medical Center campus (and where the many homeless veterans congregate avoiding more traditional shelters) included a veteran to assist with outreach to veterans encountered. ALL veterans counted during the PIT count (including the 3 street homeless veterans and 42 sheltered homeless veterans) were referred for follow up to our Patriot Housing Initiative, which case conferences every known homeless veteran in Westchester and coordinates actions by local VA, DSS, DCMH, SSVF, outreach, and shelter agencies.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	2,436
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3A-1a. Applicants must:

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

We cut our number of first-time homeless from 2,883 in FY2016 to 2,436 in FY2017. This is a 15.5% reduction.

1) Everyone potentially facing homelessness is first screened by DSS. It has 9 specially-trained Homeless Diversion workers stationed across our 4 district offices. They assess clients’ financial resources, rent payment history, and availability of family and community supports. They do an initial screening and refer more complex cases to the two CBOs described below for more in-depth assessment and intensive budget counseling.

2) The DSS Diversion workers provide one-time emergency assistance payments when appropriate to avert evictions. DSS has contracted for \$883,535 (including \$300,000 for pass-through rents arrear payments) with 2 experienced CBOs to station staff in each DSS office to provide immediate assessment, budget counseling and locally-funded rent arrears for people who need more intensive help resolving their rent payment issues. The WC Planning Department contracts for \$470,208 with Legal Services of the Hudson Valley to provide housing and eviction-related legal counseling and representation. Next month DSS is piloting a new universal access program to provide legal services to everyone under 200% of AMI facing eviction in a Yonkers housing court. Other budget counseling, legal services, rent arrears and intermediate-term rent subsidies are available through an integrated decentralized network of experienced providers funded by ESG, NYS, EFSP, and private sources. Representatives of 3 leading eviction prevention providers meet monthly with DSS and CoC leadership as part of our Homeless System Transformation Team and convene coordinating meetings of all local homelessness prevention

service providers as needed.

3) The Westchester County Department of Social Services (DSS) is responsible for overseeing our strategy to reduce first-time homelessness.

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

1) Our mean average length of stay (LOS) that people remained homeless was 212 days in FY2017. Our median average was only 102 days, because a fairly small group with very long stays disproportionately skewed the mean.

2) Our strategy to reduce LOS is to: a) increase use of Rapid Rehousing (RRH), b) intensify & focus case planning, c) systematically remove interagency barriers that delay rehousing, and d) speed home-finding.

a) We increased our supply of RRH subsidies from 341 in 2017 to 498 in 2018 – a 46% increase!

b) DSS has 12 Homeless Caseworkers who identify clients with long LOS using HMIS, review their rehousing plans with shelter staff, identify housing barriers, ensure that clients & staff stay focused on overcoming these barriers & identify housing to fit each client’s needs. DCMH contracts with Andrus to provide intensive mental health case management and 3-month post-housing placement follow-up to homeless families with serious mental health issues to ensure they are effectively stabilized and linked to community supports.

c) Two CoC workgroups systematically remove barriers (e.g. slow communication or action) to speed rehousing. Our Patriot Housing team meets weekly to review rehousing status of every homeless veteran & our Coordinated Entry Referral Conference meets biweekly to review status of all unsheltered & all highest-need ES clients.

d) A CoC Landlord Relations Committee works to expand our supply of available units. DSS is planning a Landlord Risk Mitigation Program (LRMP) that will offer problem resolution staff and financial incentives to encourage landlords to rent to people with longest LOS.

3) We identify people with longest LOS using HMIS. Our Coordinated Entry system prioritizes clients homeless over 1 year. Clients are then prioritized by severity of need and then within each need level based on days homeless. LRMP will incentivize landlords renting to our longest stayers.

4) DSS oversees our LOS reduction efforts.

3A-3. Successful Permanent Housing Placement and Retention as

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	31%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

3A-3a. Applicants must:

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

(limit 2,000 characters)

1) We are using multiple strategies to increase our permanent housing placement rate.

* We dramatically increased our supply of RRH subsidies from 341 in 2017 to 498 in 2018 – a 46% increase.

* DSS is planning a Landlord Risk Mitigation Program that will speed homefinding by offering landlords incentives, e.g. dedicated problem resolution staff and financial incentives.

* We are actively working to increase our supply of permanent supportive housing (PSH) using new non-CoC state resources. On 9/11/2018 NYS announced 7 provisional Empire State Supportive Housing Initiative awards in Westchester. These grants give renewable 5-year funding to cover operating and supportive service costs for newly created PSH, thus making new capital projects feasible. These grants also bring awardees priority for capital funding available from NYS. Best of all, these 7 awards were evenly split between major existing CoC partners (Westhab, 2 for CHI, Mental Health Association of West.) and new non-CoC partners (Search for Change, NYC-based New Destiny Housing, and St. Joseph’s Medical Center.) We are also accessing Medicaid Redesign Team funding from NYS to create innovative housing programs. In July FSSY, a CoC partner, was awarded a \$2.5 million 5-year Health Home Supportive Housing contract to provide 15 scattered-site PSH units for homeless high-Medicaid utilizing disabled adults.

2) Our PSH retention rate is excellent: 97%. All of our PSH programs offer in-home case management support. DSS’ Homeless Casework unit links clients to housing & services needed for housing stability. Our CoC convenes a Housing Retention Committee that helps housing providers share strategies to how to stabilize and manage challenging clients. DCMH contracts with Andrus to provide intensive mental health case management and 3-month post-housing placement follow-up to homeless families with serious mental health issues to

ensure they are effectively stabilized and linked to community supports.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

3A-4a. Applicants must:

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

1) When a previously housed person or family becomes homeless again, one of several multi-agency teams analyzes what went wrong with that specific individual’s housing placement. Patriot Housing expedites planning and referrals for veterans. We have one Coordinated Entry Referral Conference (CERC) expediting planning and referrals for PSH and recently began a second for RRH. We are creating a third CERC for DV referrals to RRH. Every agency that knows the client contributes their perspective and helps shape the new housing and service plan. Multiple outreach workers and service providers are mobilized as needed to re-engage the client.

We look not for general characteristics but try to understand the specific individual factors that led to renewed homelessness. Sometimes they are relatively straightforward issues like money management, substance use, or mental health deterioration. We address these by making sure clients are linked to the specific services they need. Often they involve people’s hearts and minds, less tangible things like loneliness, fear, or feeling overwhelmed. Our housing plans have included personalized interventions like enabling clients to stay involved with their shelter community as a volunteer rather than as a resident , linking newly housed people to 12-step and other support groups, and helping people find things they love doing in their new home, e.g. watching movies, cooking, knitting and painting.

2) DSS’ Homeless unit reviews cases of all homeless clients, beginning with those with long lengths of stay and multiple returns to homelessness. They are prioritized for case conferencing and systemic advocacy to ensure that needed services are built into their rehousing plans. The CoC’s Housing Retention Committee uses case conferences to support providers managing the most difficult Housing First clients. Our CERC or Patriot Housing teams focus on challenging cases.

3) DSS oversees our work to prevent returns to homelessness.

3A-5. Job and Income Growth. Applicants must:

(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;

(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and

(3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.

(limit 2,000 characters)

1) Our % of system leavers who increased their earned income rose from 14% on FY2016 to 18% in 2017. In 2016 DSS revamped its employment approach, making Westhab, our largest homeless housing provider, responsible for job services for ALL employable DSS clients. It places 550+ people/year in jobs. The employment resources Westhab offers include job developers, job counselors, work readiness training, and job fairs. Westhab has provided job services for the homeless since 1996.

The Urban League coordinates services for ALL non-employable DSS clients. It monitors treatment attendance to enhance employability and links clients to SSI/SSDI assistance. DSS caseworkers ensure that all CoC clients are linked to either Westhab or Urban League. DSS contracts with global firm Maximus to provide SSI/SSDI advocacy & SOAR to CoC clients. Legal Services of the Hudson Valley does NYS-funded disability advocacy & SSI/SSD appeals.

2) Westhab links all Westchester’s employable homeless to the rich array of educational and vocational programs available here. These include the NYS Education Department-funded Board of Cooperative Educational Services (BOCES), the State University of New York’s Westchester Educational Opportunity Center, the Yonkers’ Public Schools’ Vive School Pathways to Success program, and the Westchester County and Yonkers USDOL-funded Workforce Investment Boards’ One-Stop Employment Centers. Individuals with disabilities can also receive services for NYS’ Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR). Homeless veterans can also access VA and SSVF employment services.

3) DSS oversees our work to increase client income.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/09/2018

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	992
Total number of beds dedicated to individuals and families experiencing chronic homelessness	3
Total	995

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

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

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

3B-2.2. Applicants must:

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

Families that are eligible for a homeless placement are assigned a worker who conducts a thorough assessment within 10 days of their shelter placement. Families are assessed for service needs as well as to identify what local subsidies they might qualify for, in order to get them re-housed quickly. An Independent Living Plan (ILP) and goals are developed to aid the family in becoming self-sufficient. ILP's are reviewed by trained DSS case managers and DCMH CASAC's to monitor progress & ensure all needed services are provided.

When a family enters the shelter, they are also entered into the Coordinated Entry System and a Family Homeless Assessment Tool (HAT) is completed to determine if they are good candidates for Rapid Re-housing (RRH). If so, they are immediately referred to Rapid Rehousing (RRH) projects. A RRH Referral Committee meets monthly for case conferencing between RRH providers and CoC support staff to discuss every open RRH referral. What makes this process effective is that Westchester DSS works collaboratively with shelter staff and community organizations to remove barriers to get families with children rapidly rehoused.

Shelters also have housing specialists on staff who provide housing leads, applications, lists of real estate brokers, assistance with contacting landlords, transportation for housing search and other resources for families to utilize to meet their goal of permanent housing. Shelter staff also provide workshops on budgeting and how to maintain housing as well as aftercare services when a customer finds permanent housing. If they are accepted into a RRH project they work with a caseworker and employment specialist to increase their income in order to be self- sufficient and able to pay their rent without the RRH program assistance within the 2 year project period.

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

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

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.

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

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

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

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

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

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

1) In 2016 DSS won a \$2 million 3-year DHHS grant to pilot system reform to prevent foster care youth aging into homelessness. Ours was the only such grant in NY & 1 of only 6 nationwide. Called Westchester Building Futures (WBF), it builds on a \$720,000 2-year DHHS planning grant we won in 2013. We focus on youth aging out of foster care because many foster care youth age out in to unstable housing and wind up becoming homeless. Our 4-prong strategy promotes social & emotional well-being, permanent connections,

education & employment, & stable housing. We found 3 risk factors most closely associated with chronic homelessness: # of entries into care, facility transfers & AWOL episodes. We are exploring ways to build these risk factors into our Coordinated Entry assessment process for homeless youth. We are creatively using WBF funds to add youth specific RRH beds.

We will use peer navigators & social media to draw LGBTQ, parenting & other high-risk youth into safe housing before they wind up on NYC streets. We have CoC-funded transitional housing for parenting youth and LGBTQ youth. This year we are reallocating funds to eliminate our lowest-performing youth housing program (TSH) and transferring them to expand our highest performing renewal (PSH for youth) to maximize effectiveness. We give youth priority for some of our CoC & NYS RRH funds. We are exploring greater use of NYS & federal Chafee funds for housing support including expansion of our NYS-funded Supervised Independent Living Program for older foster care youth.

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

2) Our research found most homeless youth avoid shelters, couch-surf erratically & do not identify as homeless or fit HUD’s definition of “literally homeless”. When they live on the streets, they often do so in nearby NYC, at high risk for exploitation & trafficking. Our 2018 PIT Count found NO unsheltered accompanied homeless youth under age 18 who were living on the streets or places not intended for human habitation in Westchester. We found only 4 unsheltered young adults aged 18-24. We had successfully engaged most literally homeless unaccompanied youth into our array of emergency and transitional housing. Our PIT count found 7 adolescents under age 18 and 62 young adults aged 18-24 in our emergency shelters and transitional housing. As stated above, WBF is using peer navigators and social media to engage couch-surfing and unsheltered youth and link them to housing.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.

(limit 3,000 characters)

- 1) We will use our FY2017 CoC Planning Grant to evaluate both strategies, i.e.
 - a) strategies to more effectively provide housing and services to ALL homeless youth (under age 18) and young adults (aged 18-24) and
 - b) strategies to provide them specifically to UNSHELTERED homeless youth and young adults (HY&YA)

The main evidence we’ll use to evaluate the impact of our strategies to more effectively provide housing and services to ALL HY&YA includes:

- a) the # of HY&YA served by our WBF Peer Navigators,
- b) the # of transitional beds specifically targeted to HY&YA,

- c) the # and % of HY&YA exiting to permanent housing, and
- d) the average length of homelessness for HY&YA.

The primary evidence we will use to evaluate the impact of our strategies to serve UNSHELTERED HY&YA will include:

- a) the # of HY&YA served by our WBF Peer Navigators,
- b) the # of HY&YA couch-surfing or unsheltered at intake who transition to emergency or transitional housing, and
- c) the # of HY&YA couch-surfing or unsheltered at intake who transition to permanent housing.

2) DSS has contracted with Children’s Village to coordinate the WBF Peer Navigator program. Our CoC will ask DSS to have Children’s Village report the # of HY&YA served divided into 2 age groups (under age 18 and aged 18-24) and 3 housing categories at intake (sheltered in emergency or transitional housing, couch-surfing/doubled up, or unsheltered, i.e. living on the streets or in places not intended for human habitation).

Our CoC will use our Housing Inventory Chart to measure changes in the # of transitional beds targeted to HY&YA.

Our CoC will use HMIS to measure the # and % of HY&YA exiting to permanent housing.

We will also use HMIS to calculate the average length of homeless for HY&YA.

- 3) Our proposed evaluation measures speak directly to the most essential aspects of our work with HY&YA:
- * Engagement: using specially trained Peer Navigators to identify, engage and link HY&YA is the core engagement strategy being piloted by WBF,
 - * Increasing the # of transitional beds targeted to HY&YA: measures our success in creating more programs designed to help this group transition successfully to adult self-sufficiency,
 - * Increasing the # of couch-surfing or unsheltered HY&YA who transition to emergency or transitional housing: measures our success in engaging these traditionally hard-to-reach groups and helps keep them from getting pulled into the NYC street life scene where they are at risk for exploitation and trafficking,
 - * Increasing the # and % of exits to permanent housing: is the ultimate measure of our success in reducing homelessness for this group,
 - * Reducing the length of homelessness: mirrors HUD’s goal of reducing average time spent homeless.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

The homeless student liaison for Southern Westchester BOCES LEA is a CoC Board member who meets regularly with over 65 school district liaisons

throughout Westchester. She consistently brings issues effecting homeless families & students to the CoC's attention and works on CoC proposals to bring potential solutions to DSS. All school districts have designated staff to address the needs of homeless children & all family shelters have educational liaisons. The educational liaisons identify and assess children in homeless families & inform family members of available educational services. Educational liaisons are required to arrange transportation within a day of placement to the family's home district, communicate with the school regarding IEPs or any special needs of the children. They are also required to attend community network meetings and meetings with teachers as needed and assist with addressing issues of excessive absences, hygiene, behavior, mental health, medical or other barriers to education. They follow up on all school incident reports and are required to take daily school bus attendance and act as liaison between parents & the bus company as needed.

DSS also contracts with the Urban League to provide educational advocacy services. Urban League maintains a Homeless Students Program Database & data is brought back to the Board as needed. The Urban League works very closely with the McKinney Vento committee & with shelter liaisons with regard to the registering and transporting of homeless children to their community of origin. The Urban League also attends school meetings to assist children with disabilities who may require special programming.

The CoC Co-Chairs are also meeting with the Westchester Children's Association to discuss a partnership to define the scope of youth homelessness in Westchester particularly doubled up youth meeting the U.S. Dept. of Education homeless definition, promote awareness of the issue and develop possible solutions.

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

All CoC Coordinated Entry access point staff explain various educational services available to families with children upon intake. All school districts have designated staff to address the needs of homeless children & all family shelters have educational liaisons. Once placed in a shelter, adults meet with Eligibility, Homeless and Employment workers to complete an ILP & an Employment Assessment. If the customer is determined to be employable and able to participate in Voc/Ed activities then an employment plan is developed which might include a referral to an educational program designed to give them the skills needed to gain employment & become self-sufficient.

Children in families are assessed for needs by the educational liaison at their shelter placement & informed of available services. Educational liaisons are required to arrange transportation to the family's home district & communicate with the school regarding any special needs of the children. They also attend community & school meetings & assist with addressing barriers to education. They follow up on all school incident reports, take school bus attendance and act as liaison between parents & the bus company.

DSS also contracts with the Urban League to provide educational advocacy services. Urban League maintains a Homeless Students Program Database. The Urban League works very closely with the McKinney Vento committee &

with shelter liaisons with regard to the registering and transporting of homeless children to their community of origin. The Urban League also attends school meetings to assist children with disabilities who may require special programming. Advocacy organization Student Assistance Services (SAS) advocates on behalf of individual children with school districts and Committees on Special Education to ensure they receive appropriate support services. Information on these and any other educational services are communicated to individuals and families through their shelter staff.

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

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

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

Our Patriot Housing Initiative (PHI) has met weekly since 2013 to coordinate rehousing & services for vets and housed over 665 Vets. The number of veterans counted during the PIT count decreased from 181 in 2015 to 45 in 2018.

PHI includes DSS, DCMH, local VA Medical Center, HUD-VASH, SSVF, VA Grant/Per Diem, WC Veterans Services, adult & family shelter & homeless outreach programs. We review the status & plan for EVERY veteran on the streets or in our shelters at EVERY weekly PHI meeting.

On 9/7/18 PHI was working with 20 homeless veterans: 8 were in our VA-funded Health Care for Homeless Veterans (HCHV) transitional program, 2 were in 24-hour county shelters, 1 was in a family shelter, 9 were in low-

demand drop-in shelters & NONE were unsheltered. Of the 16 VA-eligible, 5 have VASH vouchers, 1 is pending evaluation for GPD & 2 is transferring to the Domiciliary for substance abuse treatment.

We have 5 cities: 3 have outreach workers, 1 has a homeless day drop-in center, 4 have low-demand drop-in shelters, 3 have local veteran service offices. We have 4 countywide homeless outreach teams. All are trained to identify & refer vets.

Our local VA Homeless Services Coordinator determines VA eligibility & coordinates VA referrals. Our HMIS prompts users to ask about veteran status. If they respond YES it provides his contact information & allows users to upload & share VA eligibility DD-214 forms. Our local VA uses HMIS to refer to our Coordinated Entry system including our GPD.

Our HCHV fast-tracks VAMC services to those eligible and is our preferred placement for VA-eligible veterans. We have several CoC-funded PSH programs targeted to veterans. We also target some RRH subsidies to veterans. We prioritize most of our CoC-funded veterans programs to those not eligible for VASH.

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

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

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

3B-5. Racial Disparity. Applicants must: No
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.

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

Instructions:

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

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

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

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

CoC grantee DSS provides all eligible persons with Food Stamps, Medicaid & TANF. Shelter/outreach staff work to link clients to all mainstream community resources for which they are eligible, including SSI. DSS contracts with global firm Maximus to provide SSI/SSDI advocacy & SOAR TA to CoC clients. In 2017, DCMH SOAR trainer Chris John assisted 2 DSS & 2 Maximus staff to become SOAR-certified, allowing them to begin completing SOAR applications on homeless individuals referred by DSS. CoC member agency Legal Services of the Hudson Valley also provides disability advocacy & SSI/SSD appeals assistance. The CoC collaborates with the Health Dept & DSS to enroll persons into health insurance. Our health representative Board Member from the Westchester County DOH oversees insurance navigator programs for the

homeless. A CoC agency (MHA of Westchester) is contracted with DSS to perform assessments including insurance status on individuals in the DSS shelter system. That agency provides Health Home Care Management services (HHCM); 3 other CoC agencies that also operate HHCM programs conduct homeless outreach to street- & sheltered- homeless. These agencies can immediately register individuals for HHCM services if they qualify. A pilot program was also launched in 2018 at one of our emergency shelters where HHCMs from various agencies went to the shelter to discuss benefits and enroll those who qualify.

The CoC Co-Chairs are responsible to distribute info on mainstream benefits to the membership, but all Board members, most especially our DSS liaison, connect via email or during monthly Board meetings to ensure important updates are distributed to the full membership. The information is then distributed further via email distribution lists, Board meetings, other CoC subcommittee meetings & events. DSS also has regular meetings and email communication with the emergency & drop in shelters. Depending on the potential impact of the changes, training is offered by the CoC.

4A-2.Housing First: Applicants must report:

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	25
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	20
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	80%

4A-3. Street Outreach. Applicants must:

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

(1) We have seven outreach teams that target different populations of homeless including 3 countywide mobile mental health outreach teams through Westchester County DCMH, 2 city-based DCMH-Police Department Community Intervention teams that operate as outreach as needed in White Plains and Yonkers, NYS ESG funded countywide street outreach, and city-funded

outreach in New Rochelle. In addition, based on recommendations made by our CoC Board, Yonkers ESG will begin funding a new street outreach team beginning in October 2018.

(2) The street outreach teams collectively cover 100% of the CoC geographic area.

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

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

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

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

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

The CoC's strategies include our Coordinated Entry policies as well as our project practices. Our Coordinated Entry policies include an advertising/marketing plan to further fair housing & reach those who are eligible & least likely to access homeless assistance. The policies include the use of a language line & access to assistive devices made available to persons experiencing homelessness. All of our CES forms & related materials used to promote Coordinated Entry are in English & Spanish, & have been reviewed by consumers to ensure they use common language.

Westchester Residential Opportunities (WRO), a HUD approved housing counseling agency, has worked with the CoC to provide mandatory annual training for the past 6 years on issues related to affirmatively furthering fair housing. Westchester has a local law forbidding landlords to discriminate on the basis of means of payment. WRO has trained all CoC member agencies about this and, if suspected, agencies or individuals can contact WRO directly so the situation can be investigated. On the project level, every CoC project reviews with residents annually their fair housing rights, including how they can register grievances. They are provided with a flyer from WRO detailing their rights, and the staff and residents review it. The resident retains a copy of the form and another one gets signed, dated & included in the resident's chart. This practice is monitored during CoC site visits, and results included in the site visit report, which is used to rank projects during the application period. Effective communication is provided to persons with disabilities through the WC Office for People with Disabilities or the Yonkers Office of the Disabled. These offices can provide consultation to staff or assistive devices as needed. All shelter facilities & DSS offices have Spanish speaking personnel. For other languages, persons

with limited English proficiency are provided with access to a language line.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	341	498	157

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	NY-604 Coordinate...	08/27/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	NY-604 Attachment...	08/27/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	NY-604 Public Pos...	08/27/2018
1E-4. CoC's Reallocation Process	Yes	NY-604 CoC Reallo...	08/27/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	NY-604 Notificati...	08/27/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	NY-604 Notificati...	08/27/2018
1E-5. Public Posting–Local Competition Deadline	Yes	NY-604 Public Pos...	08/27/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC Governance & ...	08/27/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	08/27/2018
3A-6. HDX–2018 Competition Report	Yes	NY-604 HDX–2018 C...	08/27/2018
3B-2. Order of Priority–Written Standards	No	Please see page 5...	08/27/2018

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	2018 CoC ESG Reco...	08/27/2018
Other	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: NY-604 Coordinated Assessment Tool

Attachment Details

Document Description: NY-604 Attachment 1E-1 Objective Criteria

Attachment Details

Document Description:

Attachment Details

Document Description: NY-604 Public Posting–Local Competition Rate,

FY2018 CoC Application	Page 50	09/13/2018
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Rank, Review, and Selection Criteria

Attachment Details

Document Description: NY-604 CoC Reallocation Process

Attachment Details

Document Description: NY-604 Notifications Outside e-snaps–Projects Accepted

Attachment Details

Document Description: NY-604 Notifications Outside e-snaps–Projects Rejected or Reduced

Attachment Details

Document Description: NY-604 Public Posting–Local Competition Deadline

Attachment Details

Document Description: CoC Governance & HMIS Lead Agreement

Attachment Details

Document Description: HMIS Policy and Procedures

Attachment Details

Document Description: NY-604 HDX–2018 Competition Report

Attachment Details

Document Description: Please see page 5 for PSH Prioritization per CPD 16-11

Attachment Details

Document Description:

Attachment Details

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

Attachment Details

Document Description: 2018 CoC ESG Recommendations

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/11/2018
1C. Coordination	09/12/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/11/2018
2B. PIT Count	09/11/2018
2C. Sheltered Data - Methods	09/11/2018
3A. System Performance	09/12/2018
3B. Performance and Strategic Planning	09/12/2018
4A. Mainstream Benefits and Additional Policies	09/12/2018
4B. Attachments	Please Complete

Submission Summary

No Input Required

Homeless Assessment Tool (HAT)

Administration

Interviewer Name: _____

Agency: Team Staff Volunteer

Date/Time: * _____

Interview Location: _____

Basic Information

Name: _____

Has Consented to Participate? Yes No

Nickname: _____

In what language do you feel best able to express yourself?

- African Languages
- Caribbean Languages
- English
- Khmer
- Native Central American, South American, and Mexican Languages
- Native North American / Alaska Native Languages
- Pacific Island Languages
- Spanish
- French
- German
- Italian
- Polish
- Portugese
- Russian
- Arabic
- Armenian
- Farsii
- Hebrew
- Turkish
- Cantonese
- Mandarin
- Mien
- Other Chinese Language
- Cambodian
- Hmong
- Lao
- Thai
- Vietnamese
- Tagalog
- Ilacano
- Japanese
- Korean
- Samoan
- American Sign Language
- Other Sign Language
- Other - Non-English

SSN: _____ -
_____-

Data Not Collected

Age at Assessment:

Birthdate:

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing & Homelessness

1. Where do you sleep most frequently? (check one): Shelter Transitional Housing Safe Haven Outdoors Own Home Couch Surfing Other (specify) Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? # of Years: _____

of Months: _____ Refused

3. In the last three years, how many times have you been homeless? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...:

a) Received health care at an emergency department/room? _____ Refused

b) Taken an ambulance to the hospital? _____ Refused

c) Been hospitalized as an inpatient? _____ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since becoming homeless? Yes No Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Yes No Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused

11a. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

11b. How do you make money?

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive Yes No Refused

relationship, or because family or friends caused you to become evicted?

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15a. Where do you usually go for healthcare when you're not feeling well?

Hospital VA Other Does not go for care

Specific Location:

- Montefiore Mount Vernon Hospital
 Montefiore New Rochelle Hospital
 Mount Vernon Neighborhood Health Center
 New York Presbyterian - Hudson Valley Hospital
 New York Presbyterian - Lawrence Hospital
 New York Presbyterian – Westchester Division (White Plains)
 Northern Westchester Hospital
 Phelps Memorial Hospital Center
 St John's Riverside Hospital - Andrus
 St John's Riverside Hospital - Dobbs Ferry
 St John's Riverside Hospital - Park Care
 St Vincent's Hospital Westchester - division of St Joseph's MC
 St. Joseph's Medical Center
 VA Clinic - White Plains
 VA Clinic - Yonkers
 VA Hospital - Knightsbridge Campus (Bronx)
 VA Hospital - Montrose Campus
 Westchester Medical Center
 White Plains Hospital

If OTHER - Please specify:

15b. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

Yes No Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?

Yes No Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

Yes No Client refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

Yes No Refused

19. When you are sick or not feeling well, do you avoid getting help?

Yes No Refused

20.FOR FEMALE RESPONDENTS ONLY:
Are you currently pregnant?

Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

21.Has your drinking or drug use led you

Yes No Refused

to being kicked out of an apartment or program where you were staying in the past?

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE. **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern? Yes No Refused
- b) A past head injury? Yes No Refused
- c) A learning disability, developmental disability, or other impairment? Yes No Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH. **SCORE:**

IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY. **SCORE:**

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. **SCORE:**

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Yes No Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. **SCORE:**

	Prescreen Total:	0
PRE-SURVEY:		0
A. HISTORY:		0
B. RISK:		0
C. SOCIALIZATION & DAILY		0

FUNCTIONS:

D. WELLNESS: 0

PRE-SCREEN TOTAL: 0

SCORING SECTION

SECTION

SCORE

Results

PRE-SURVEY

**Score
Recomendation**

A. HISTORY OF HOUSING & HOMELESSNESS

0-3
No housing intervention
B. RISK

4-7
An assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS

8+
An assessment for Permanent Supportive Housing/Housing First
D. WELLNESS

Grand Total

Follow-Up Questions

Is there a person/outreach worker that you trust more than others?

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data not Collected

If YES - Please specify the person and/or agency name:

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

When?

- Mornings
- Afternoon
- Evening
- Night

Is there a phone number and/or email where someone can get in touch with you or leave a message?

Phone:

Email:

Photo Permission:

- Yes
- No
- Refused

Restriction:

- * Restrict to Organization
- Share to Continuum of Care

Homeless Assessment Tool (HAT)

Interviewer Name: _____

Agency: _____

 Team Staff Volunteer

Date/Time: _____

*

Interview Location: _____

Parent 1

Name: _____

Has Consented to Participate? Yes No

In what language do you feel best able to express yourself?

- African Languages
 Caribbean Languages
 English
 Khmer
 Native Central American, South American, and Mexican Languages
 Native North American / Alaska Native Languages
 Pacific Island Languages
 Spanish
 French
 German
 Italian
 Polish
 Portugese
 Russian
 Arabic
 Armenian
 Farsii
 Hebrew
 Turkish
 Cantonese
 Mandarin
 Mien
 Other Chinese Language
 Cambodian
 Hmong
 Lao
 Thai
 Vietnamese
 Tagalog
 Ilacano
 Japanese
 Korean
 Samoan
 American Sign Language
 Other Sign Language
 Other - Non-English
 Data Not Collected

Birthdate: _____

Age: SSN: _____

Gender: _____

Parent 2No second parent currently part of the household:

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE: _____**Children**1. How many children under the age of 18 are currently with you? _____ Refused2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? : _____ Refused3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? Yes No Refused

4. Please provide a list of children's names and ages:

No records found (+1).

<input type="checkbox"/> First Name*	Last Name*	Gender*	Birth Date*	Age	SSN	Relationship to Head of Household*	Living With Head of Household	Race*	Ethnicity*	Chronically Disabled	Veteran Status
<input type="checkbox"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected			N/A	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Legal Partner <input type="checkbox"/> Son <input type="checkbox"/> Step-son <input type="checkbox"/> Daughter <input type="checkbox"/> Step-daughter <input type="checkbox"/> Dependent Child <input type="checkbox"/> Non-Legal Child <input type="checkbox"/> Grandson <input type="checkbox"/> Granddaughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Nephew <input type="checkbox"/> Niece <input type="checkbox"/> Cousin <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Caretaker <input type="checkbox"/> Other Non-Family	<input type="checkbox"/>	...	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.
 IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.
SCORE:

A. History of Housing & Homelessness

5. Where do you and your family sleep most frequently?

Shelters
 Transitional House
 Safe Haven
 Outdoors
 Other (specify)
 Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.
SCORE:

6. How long has it been since you and your family lived in permanent stable housing? # Years: _____ # Months: _____ Refused

7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.
SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...

a) Received health care at an emergency department/room? _____ Refused

b) Taken an ambulance to the hospital? _____ Refused

c) Been hospitalized as an inpatient? _____ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or _____ Refused

because the police told them that they must move along?

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Yes No Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Yes No Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Yes No Refused

15a. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

15b. How do you or anyone in your family make money?

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Yes No Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Yes No Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

19a. Where does your family usually go for healthcare or when someone's not feeling well? Hospital VA Other Does not go for care

Specific Location:

- Montefiore Mount Vernon Hospital
- Montefiore New Rochelle Hospital
- Mount Vernon Neighborhood Health Center
- New York Presbyterian - Hudson Valley Hospital
- New York Presbyterian - Lawrence Hospital
- New York Presbyterian - Westchester Division (White Plains)

- Northern Westchester Hospital
- Phelps Memorial Hospital Center
- St John's Riverside Hospital - Andrus
- St John's Riverside Hospital - Dobbs Ferry
- St John's Riverside Hospital - Park Care
- St Vincent's Hospital Westchester - division of St Joseph's MC
- St. Joseph's Medical Center
- VA Clinic - White Plains
- VA Clinic - Yonkers
- VA Hospital - Knightsbridge Campus (Bronx)
- VA Hospital - Montrose Campus
- Westchester Medical Center
- White Plains Hospital

If OTHER - Please specify: _____

19b. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Yes No Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Yes No Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused

- If any response is YES in questions 35 through 42, score 1 in the Substance Use column.

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Yes No Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? Yes No Refused

b) A past head injury? Yes No Refused

c) A learning disability, developmental disability, or other impairment? Yes No Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? Yes No Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Yes No Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Yes No Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? [] Yes [] No [] Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? [] Yes [] No [] Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? [] Yes [] No [] Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? [] Yes [] No [] Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? [] Yes [] No [] Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? [] Yes [] No [] Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? [] Yes [] No [] Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? [] Yes [] No [] Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? [] Yes [] No [] Refused

b) 2 or more hours per day for children aged 12 or younger? [] Yes [] No [] Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? [] Yes [] No [] Don't Know [] Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

SCORING SECTION

SECTION

SCORE

Results

GENERAL INFORMATION

Score Recommendation A. HISTORY

0-3 No housing intervention B. RISK

4-8 An assessment for Rapid Re-Housing C. SOCIALIZATION & DAILY FUNCTIONS

9+ an assessment for Permanent Supportive Housing/Housing First D. WELLNESS

E. FAMILY UNIT

PRE-SCREEN TOTAL

Follow-Up Questions

Is there a person/outreach worker that you trust more than others?

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data not Collected

If YES - Please specify the person and/or agency's name:

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Is there a phone number and/or email where someone can get in touch with you or leave a message?

Ok, now I'd like to take your picture. May I do so?

- Yes
- No
- Refused

Restriction:

- * Restrict to Organization
- Share to Continuum of Care

Westchester County
Continuum of Care Partnership for the Homeless

1E-1. Objective Criteria – Rate, Rank, Review, and Selection Criteria

Projects were ranked based on Performance Measure criteria within the Westchester CoC 2018 Rank and Review Process approved by the CoC Board on July 18, 2018.

The Performance Measures used objective criteria to rank projects (including length of stay in housing, increase in participant incomes, participant eligibility, occupancy rates, HMIS data quality, APR timeliness, Housing First, and Coordinated Entry participation), and included at least one factor related to achieving positive housing outcomes (% exits to permanent housing destinations).

All 25 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed and approved by the CoC Board on July 31, 2018.

Please find attached:

- 1) Westchester CoC 2018 Rank and Review Process with project ranking criteria, and
- 2) table showing the local scores for each project based on that criteria & resulting ranking order for Continuum of Care projects.
- 3) The project ranking criteria and resulting ranking order were approved by the entire CoC Board, including all stakeholders, on 07/18/18 and 07/31/18.
Minutes from those Board meetings are attached.

WESTCHESTER COUNTY CONTINUUM OF CARE: 2018 RANK AND REVIEW PROCESS

Adopted by the Board of the Westchester County Continuum of Care on July 18, 2018 with revisions made July 31, 2018

Summary

HUD's Continuum of Care (CoC) homeless assistance program provides over \$17,000,000 of funding per year for homeless services in Westchester County which provides housing for over 900 homeless and formerly homeless households. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

The Westchester Continuum of Care (WC CoC) coordinates the implementation of a housing and service system within Westchester County that meets the needs of the homeless individuals (including unaccompanied youth) and families. The Westchester CoC also, in consultation with the Collaborative Applicant, develops a process to respond to the HUD CoC Program Competition.

In order for WC CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process uses objective criteria and (where available) past performance to gain knowledge of project effectiveness within the full CoC system.

Multiple factors related to System Performance are used in the ranking including Exits to Permanent Housing, Exits to Homelessness, Length of Stay in PH, Increased Total Income, and Increased Earned Income.

The process includes a specific method for evaluating projects submitted by victim service providers (if necessary).

The CoC evaluates each renewal CoC project using objective data gathered from:

- HMIS APR report for the previous 12 months.
- HMIS System Performance (SysPM) report for the previous 12 months.
- LOCCS financial data
- SAGE APR timeliness information
- Previous Project Application submitted to HUD

Scoring

The 2018 Westchester CoC Project Ranking will be scored on an 85 point scale with the following breakdown:

Criteria	Source	Points
Factors related to System Performance		
Exits to Permanent Housing	SysPM 7b.2	0 to 10 points scored relative to other projects
Exits to Homelessness	APR Q23	0 to 5 points scored relative to other projects
Increased participant earned income	SysPM 4.1	0 to 5 points scored relative to other projects
Increased participant total income	SysPM 4.3	0 to 5 points scored relative to other projects
Project Performance factors		
Housing Utilization Rate	APR Q7b and Q8b	0 to 10 points scored relative to other projects
Length of Stay	APR Q22b	0 to 5 points scored relative to other projects
Participant Eligibility	CoC monitoring visit	0 to 5 points scored relative to other projects
HMIS Data Quality	APR Q6	0 to 5 points scored relative to other projects (data element error rate 5% or above Q6a, Q6b, Q6c)
APR timeliness	SAGE	1 point per on time APR due in last two funding periods
Cost effectiveness	LOCCS and Project Application	0 to 5 points scored relative to other projects (total budget/ # of households served)
Project Characteristics		
Project serves a specialized population services or serves a population with severe needs	Project Application	5 points for serving one or more of the following: <ul style="list-style-type: none"> ● 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 ● Significant health or behavioral health challenges or functional impairments
Project Component	Project Application	10 points for PSH or RHH; 5 points for TH; 0 points for SSO (except Coordinated Entry)
Housing First	Project Application	5 points for Housing First

Participation in Coordinated Entry	HMIS and CoC attendance records	3 points if all project entries since 12/11/17 are CE referrals 2 points for attendance at most CERC meetings [recipient and subrecipient]
CoC Board attendance	CoC attendance records	3 points for attendance at most CoC Board meetings [recipient and subrecipient]

Note: Domestic Violence services providers may self-report their data (from a comparable database) to respond to performance criteria since they do not participate in the Westchester CoC HMIS.

Projects are scored on performance criteria relative to other projects with the same component, with the highest performing project receiving full points on that measure, the worst performing project receiving 0 points, and all other projects receiving a score proportional to their performance between the worst and the best.

e.g. if the best performing project has a utilization rate of 100% (5 points), and the worst performing project has a utilization rate of 50% (0 points), then a project with 65% utilization rate would receive 1.5 points and a project with a 90% utilization rate would receive 4 points.

Project Ranking

Using the above scoring matrix, all projects seeking funding are scored and placed in numerical order, referred to as the “ranking”. Ranking places an applicant in either Tier 1 or Tier 2 based on the criteria established by HUD in the NOFA and CoC priorities.

The HMIS and Westchester Coordinated Entry projects are not scored, but automatically ranked #1 and #2 because they provide funding necessary for the functioning of the entire CoC.

The project ranking is first shared with the Continuum of Care Board. The Board reviews the process and all scoring in order to adopt the ranking. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking.

Bonus Projects

This year, HUD has made bonus funds available through the Domestic Violence Bonus and “regular” bonus (for CoC’s that demonstrate that the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects). A separate RFP will be issued by the CoC to determine subrecipients to design and submit Project Applications to HUD for the DV Bonus and “regular” Bonus.

Bonus projects will be ranked below renewals in the following order: Coordinated Entry Expansion, Permanent Supportive Housing Bonus, DV Bonus.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to new projects that can better address prioritized community need(s). Reallocating funds is one of the most important tools by which communities can make strategic improvements to their homelessness system. The CoC can decide to repurpose a project that is underperforming or may be more appropriately funded from other sources to fill that need. Criteria to assess performance or underperformance will include scoring/rank and review results, participation in Coordinated Entry, participation in the local CoC, and participation within HMIS. CoC funded agencies may also voluntarily propose to reallocate CoC funds. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation.

If funds are reallocated, any resulting new projects will be ranked below renewals, except if funds are reallocated into an expansion of an existing renewal in which case the expansion project will be ranked just below the project it is expanding.

Westchester CoC FY2018 Project Ranking Tally

	Applicant Name	Project Name	Total ARA	Increased Earned Income		Increased Total Income		Exits to PH		HMIS DQ		Housing Utilization Rate					Length of Stay		Exits to Homelessness	
RANK	Applicant Name	Project Name		SysPM 4.1	4.1 data	SysPM 4.3	4.3 data	SysPM 7b	7b data	APR Q6	# Q6 data elements 5%+ error rate	APR 7b and 8b	utilization rate households	utilization rate persons+households	% persons	% households	APR Q22b	leavers and stayers LOS	APR Q23	
1	Westchester County Department of Social Services	HMIS	\$260,000																	
2	Westchester County Department of Social Services	Westchester Coordinated Ent	\$136,819																	
3	Westchester County Department of Social Services	First Steps	\$798,113	5.00	34%	2.50	50%	10.00	100%	5.00	0	2.88	98%	110%	122%	98%	2.09	1428	5.00	
4	City of Mount Vernon	CMV RA Vets	\$53,692	0.00	0%	0.00	0%	10.00	100%	4.17	1	10.00	166.7%	200%	233%	167%	2.21	1477.42857	5.00	
5	Westchester County Department of Social Services	Homestead	\$468,431	0.74	5%	2.75	55%	10.00	100%	4.17	1	1.28	90%	90%	90%	90%	1.87	1335.54545	5.00	
6	Westchester County Department of Community Mental Health	DCMH Vet Home 03	\$91,464	0.00	0%	5.00	100%	10.00	100%	5.00	0	2.39	100%	104%	108%	100%	0.77	868.714286	5.00	
7	The Municipal Housing Authority for the City of Yonkers	Yonkers RA	\$582,651	2.35	16%	2.10	42%	9.19	99%	4.17	1	6.50	175%	156%	137%	175%	5.00	2657.55405	5.00	
8	Westchester County Dept. of Social Services	New Start	\$808,589	5.00	27%	3.70	37%	8.89	89%	3.33	2	4.82	144%	198%	253%	144%	0.00	395.462687	0.00	
9	The Municipal Housing Authority for the City of Yonkers	Rapid Road To Housing	\$367,568	0.00	0%	0.00	0%	10.00	100%	5.00	0	10.00	238%	261%	285%	238%	0.71	362.483871	3.79	
10	City of Mount Vernon	CMV RA 05	\$232,665	1.03	7%	1.65	33%	10.00	100%	3.33	2	5.88	98%	148%	198%	98%	2.01	1394	5.00	
11	City of Mount Vernon	CMV RA 07	\$98,218	0.00	0%	1.65	33%	10.00	100%	4.17	1	2.06	100%	100%	100%	100%	2.35	1540	5.00	
12	The Municipal Housing Authority for the City of Yonkers	Westhab RA SRO	\$45,734	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.06	88%	88%	88%	88%	0.00	545	5.00	
13	City of Mount Vernon	Shallow Rent	\$384,214	2.94	20%	1.35	27%	10.00	100%	2.50	3	1.42	82%	92%	102%	82%	1.69	1258.62162	5.00	
14	The Municipal Housing Authority for the City of Yonkers	HIV RA	\$71,589	0.00	0%	0.00	0%	10.00	100%	3.33	2	2.06	94%	100%	106%	94%	0.22	636.5	5.00	
15	Westchester County Department of Social Services	The Refuge	\$107,001	5.00	40%	5.00	40%	10.00	80%	0.00	6	0.00	76.79%	77%	77%	77%	5.00	334.684211	0.00	
16	Westchester County Department of Community Mental Health	DCMH Leasing Project	\$164,177	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.21	89%	89%	89%	89%	1.23	1064	5.00	
17	Greystone Health Services, Inc.	Issan House	\$279,467	0.00	0%	0.85	17%	5.00	91%	4.17	1	1.09	88%	88%	88%	88%	2.79	1721.82353	5.00	
18	Westchester County Department of Community Mental Health	DCMH RA Project	\$8,330,134	0.88	6%	1.70	34%	8.58	97%	4.17	1	2.04	93%	100%	107%	93%	4.66	2514.69149	3.10	
19	Westchester County Department of Social Services	Stepping Stones	\$329,915	3.13	25%	3.13	25%	10.00	80%	2.50	3	6.72	89.58%	90%	90%	90%	4.91	335.294118	0.00	
20	City of Mount Vernon	CMV RA 06	\$287,921	1.62	11%	1.65	33%	10.00	100%	3.33	2	0.00	69.6%	74.11%	79%	70%	2.00	1391	5.00	
21	Westchester County Department of Community Mental Health	DCMH Samaritan Initiative	\$176,320	2.94	20%	5.00	100%	0.56	83%	3.33	2	0.67	73%	83%	93%	73%	1.44	1154.66667	5.00	
22	HOPE Community Services, Inc.	CNR Rehousing Initiative	\$281,153	4.85	33%	3.35	67%	0.00	82%	3.33	2	3.05	104%	113%	121%	104%	1.54	1194.66667	5.00	
23	The Municipal Housing Authority for the City of Yonkers	Housing Independence Throu	\$521,007	0.00	0%	5.00	50%	0.00	0%	4.17	1	0.00	57.1%	91%	125%	57%	5.00	163	5.00	
24	Westchester County Department of Social Services	Turning Point	\$2,941,203	0.15	1%	1.50	30%	5.41	92%	3.33	2	1.96	96%	99%	102%	96%	0.80	885.083916	0.00	
25	Westchester County Department of Social Services	Life Bridges	\$49,499	0.00	0%	0.00	0%	0.00	75%	2.50	3	10.00	95.83%	96%	96%	96%	0.00	369.6	5.00	
				5		5		10		5		10					5		5	

Westchester CoC FY2018 Project Ranking Tally

	Participant Eligibility		APR timeliness	Cost Effectiveness	Cost Effectiveness	Population with severe needs	Project Component		Housing First	Participation in CE				CoC Board Attendance			SCORE	Project Name	
% exits to homeless leavers&stayers	CoC monitoring visit	% eligible	SAGE	\$17,815.25	Project Application	Project Application	Project Application	component	Project Application	HMIS and CE attendance records	non-CE enrollments	CE notes	CERC attendance	CoC attendance records	recipient attendance most CoC Board meetings	provider attendance most CoC Board meetings	TOTAL	Project Name	RANK
																	100	HMIS	1
																	99	Westchester Coordinated Entry	2
0%	5	100%	2	0.24	\$24,941.03	5	10	PSH	5	5	3		2	3	1.5	1.5	67.71	First Steps	3
0%	5	100%	1	2.22	\$17,897.33	5	10	PSH	5	3	3		0	3	1.5	1.5	65.59	CMV RA Vets	4
0%	5	100%	2	2.55	\$16,729.68	5	10	PSH	5	5	3		2	3	1.5	1.5	63.35	Homestead	5
0%	5	100%	2	2.96	\$15,244.00	5	10	PSH	0	5	3		2	3	1.5	1.5	61.12	DCMH Vet Home 03	6
0%	2.08333333	42%	2	2.29	\$17,656.09		10	PSH	5	0	0	2of2 not CE	0	0.75	0	0.75	56.43	Yonkers RA	7
28%	5	100%	2	5.00	\$27,882.38	3.27586207	10	RRH	0	2	0	1of6 not CE	2	3	1.5	1.5	56.01	New Start	8
7%	5	100%	2	0.25	\$36,756.80	5	10	RRH	0	2	0		2	1.5	0	1.5	55.25	Rapid Road To Housing	9
0%	0.83333333	17%	1	2.22	\$17,897.31		10	PSH	5	3	3		0	3	1.5	1.5	53.95	CMV RA 05	10
0%	2.5	50%	2	2.65	\$16,369.67		10	PSH	5	5	3		2	1.5	1.5	0	53.87	CMV RA 07	11
0%	5	100%	2	4.03	\$11,433.50		10	PSH	5	5	3		2	1.5	0	1.5	53.60	Westhab RA SRO	12
0%	3.57142857	71%	1	2.11	\$18,295.90	2.5	10	PSH	5	3	3		0	1.5	1.5	0	53.58	Shallow Rent	13
0%	1.66666667	33%	2	2.22	\$17,897.25	5	10	PSH	5	5	3		2	1.5	0	1.5	52.99	HIV RA	14
14%	1.66666667	33%	2	5.00	\$7,642.93	5	5	TH	5	2	0	1of3 not CE	2	1.5	1.5	0	52.16	The Refuge	15
0%	0	0%	2	0.66	\$23,453.86	5	10	PSH	5	5	3		2	1.5	1.5	0	51.59	DCMH Leasing Project	16
0%	2.5	50%	2	5.00	\$7,984.77	5	10	PSH	5	3	3		0	0	0	0	51.40	Issan House	17
9%	1.22641509	25%	2	1.93	\$18,932.12	1.875	10	PSH	5	1.33333333	0		1.33333333	2.25	1.5	0.75	50.74	DCMH RA Project	18
14%	5	100%	2	0.00	\$27,492.92	5	5	TH	0	0	0	2of3 not CE	0	1.5	1.5	0	48.88	Stepping Stones	19
0%	1.25	25%	1	1.47	\$20,565.79		10	PSH	5	5	3		2	1.5	1.5	0	48.82	CMV RA 06	20
0%	5	100%	2	2.29	\$17,632.00		10	PSH	5	2	0	1of1 not CE	2	3	1.5	1.5	48.23	DCMH Samaritan Initiative	21
0%	1.25	25%	2	0.67	\$23,429.42		10	PSH	5	5	3		2	0	0	0	45.04	CNR Rehousing Initiative	22
0%	5	100%	2	0.00	\$37,214.79	0.71428571	10	RRH	0	5	3		2	1.5	0	1.5	43.38	Housing Independence Through Employment	23
24%	3.33333333	67%	2	0.00	\$25,800.03		10	PSH	5	4.8	3		1.8	2.7	1.5	1.2	40.98	Turning Point	24
0%	5	100%	2	4.85	\$8,249.83	5	5	TH	0	0	0	1of1 not CE	0	1.5	1.5	0	40.84	Life Bridges	25
	5		2	5		5	10		5	5				3			85		

\$2,990,702
\$49,499

Westchester County
Continuum of Care Partnership for the Homeless
BOARD MEETING #1 IN PREP FOR HUD NOFA
July 18, 2018
9:30am-11:00am

Attendees: Annette Peters-Ruvolo (Co-Chair), Dahlia Austin, Ruthanne Becker, Nadine Burns-Lyons, Erika D'Aquino, Jesse Johnson, Helen Frankel, Nicole Granata, Alba Guevara, Cynthia Knox, Anahaita Kotval, Allison McSpedon, Malika Richards, Trish Quattrocchi, JoMarie Tarchoun, Yoav Spiegel, Craig Wong.

Topic #1:	Discussion:
Review of FY18 NOFA	<ul style="list-style-type: none"> An overview of HUD's NOFA was presented. Relevant parts of the NOFA were highlighted and discussed to bring all Board members up to speed. Also reviewed any outstanding materials and requests they should expect from Yoav and Annette during the application process. Board members were requested to respond to all correspondence regarding the NOFA as soon as possible for us to meet deadlines. Voting board members were reminded of procedures for alternates.
Topic #2:	Discussion:
Review of RFP process	<ul style="list-style-type: none"> It was reported that CoC RFPs were released on 7/13 with a submission deadline of 7/26/18. Board members will receive, via email, the submissions and scoring sheet, to be submitted to Annette no later than 7/30/18 for selection announcement and discussion at the 7/31/18 meeting.
Topic #3:	Discussion:
ESG recommendations & VOTE	<ul style="list-style-type: none"> ESG proposed recommendations were discussed. Anahaita Kotval motioned to accept as drafted; Nadine Burns-Lyons seconded. All in favor, 0 opposed, no abstentions.
Topic #4	Discussion:
Proposed priority ranking criteria review and VOTE	<ul style="list-style-type: none"> The proposed priority ranking criteria for FY18 and related items were presented to the Board. After questions were answered and any concerns discussed, a vote took place to accept the proposed ranking. Anahaita Kotval motioned to accept as drafted; Cynthia Knox seconded. All in favor, 0 opposed, no abstentions.
Topic #5	Discussion:
DV representative to the Board VOTE	<ul style="list-style-type: none"> Board members were asked to vote whether a DV representative should be added to the Board. Nadine Burns-Lyons motioned and Nicole Granata seconded. All in favor, none opposed, no abstentions.

Meeting was adjourned at 11:30am

Respectfully submitted: Annette Peters-Ruvolo

Date: 7/31/18

Next Meeting Date: 8/1/18

Time: 9:30am Location: DCMH room 217

Westchester County
Continuum of Care Partnership for the Homeless
BOARD MEETING #2 IN PREP FOR HUD NOFA
July 31, 2018
9:30am-11:00am

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Dahlia Austin, Ruthanne Becker, Sylvia Bolivar, Jim Coughlin, Erika D'Aquino, Helen Frankel, Nicole Granata, Alba Guevara, Rene Jenkins, Joe Kenner, Cynthia Knox, Anahaita Kotval (phone), Allison McSpedon, Yoav Spiegel, Craig Wong.

Topic #1:	Discussion:
Review of FY18 NOFA	<ul style="list-style-type: none"> • An overview of HUD's NOFA and our CoC timeline was presented.

Topic #2:	Discussion:
Results of RFP process	<ul style="list-style-type: none"> • Results of the Bonus RFPs was revealed: <ul style="list-style-type: none"> ○ DV bonus was awarded to CHOP ○ PSH bonus was awarded to Westhab
Results of Ranking process	<ul style="list-style-type: none"> • Results of the Project Ranking were discussed, including where to rank the new bonus projects and whether to reallocate any projects. It was decided that all Bonus projects would be placed last in Tier 2 in this order: Coordinated Entry project (#27), PSHB (#28) , DVB (#29) – Jim Coughlin motioned; Dahlia Austin seconded – all in favor; none opposed. • It was further decided to reallocate the Life Bridges project into a First Steps expansion project to preserve young adult single slots. Jim Coughlin motioned; Sylvia Bolivar seconded; none opposed, FSSY abstained; all others in favor.

Meeting was adjourned at 11:00am

Respectfully submitted: Annette Peters-Ruvolo

Date: 8/1/18

Next Meeting Date: 8/15/18

Time: 9:30am Location: DCMH room 217

Westchester County Continuum of Care Partnership for the Homeless

FY2018 Process for Reallocation

For FY2018, the Westchester County CoC used the Reallocation process to reallocate lower performing projects to create new higher performing projects.

Projects were ranked based on the Performance Measure criteria contained in the Ranking and Review Process approved by the CoC Board on July 18, 2018.

All 25 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed by the CoC Board on July 31, 2018. At that meeting, the CoC Board reviewed all renewal projects, and weighing the priorities of the CoC as well as HUD's priorities outlined in the FY2018 CoC NOFA, decided to reallocate the one (1) project out of 25 renewals - comprising \$49,499 total ARA - with the lowest ranking based on the Performance Measures.

This project is:

Rank 25 (Score 40.84 out of 85): **Life Bridges (\$49,499 ARA)** Transitional Housing project.

Recipient: Westchester County Department of Social Services

The CoC actively encouraged new and existing providers to apply for new projects through reallocation. Westchester County DSS (an existing provider) requested that reallocated funds be used to create an expansion project for the renewal First Steps PSH project targeted to homeless youth, the same target population as Life Bridges.

The CoC Board approved this request on 07/31/18. Reallocation to First Steps expansion was determined to be the most efficient use of funds as this project serves the same homeless youth target population as the reallocated Life Bridges project.

In addition, First Steps was the highest ranked renewal housing project (score 67.71 out of 85). **Westchester County CoC therefore reallocated funds from the lowest ranked housing project into an expansion of the highest ranked housing project.**

The Recipient agency was notified in writing of the reallocation by the CoC Board on August 2, 2018.

The Westchester County CoC Board believes that the reallocated funding from this low performing project will better serve the homeless population of Westchester County by providing funding to expand the high performing First Steps PSH project.

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FY18 CoC Application

Revision as of 11:48, 10 August 2018 by [Spiegel](#) (Talk | contribs | block) (diff) | [Older revisions](#) | [Latest revision](#) (diff) | [Newer revision](#) → (diff)

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 - 3.1 FY2018 Westchester County CoC Application
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 - 3.2.3 Westchester County Department of Community Mental Health
 - 3.2.4 Westchester County Department of Social Services
 - 3.2.5 Greyston Health Services
 - 3.2.6 HOPE Community Services

HUD FY2018 NOFA and Westchester County CoC Project Ranking [\[edit\]](#)

- [Download FY2018 NOFA PDF from HUD website](#)
- [FY2018 Grant Inventory Worksheet for Westchester County CoC](#)
- [FY2018 Westchester County CoC Board Project Ranking and Review Process](#)
- [FY2018 Westchester County CoC Priority List in Rank order](#)
- [Description of process used by Westchester CoC Board to decide on proposed reallocations for FY2018 CoC competition](#)

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

- [Westchester County CoC Board meeting 7/18/18](#)
- Minutes of the July 18, 2018 meeting of the Westchester County CoC Board where the Project Ranking Criteria were discussed and approved.
- [Westchester County CoC Board meeting 7/31/18](#)
- Minutes of the July 31, 2018 meeting of the Westchester County CoC Board where the Final Ranking of renewal CoC projects, and reallocation of poorly performing projects was discussed and approved.
- [Westchester County CoC Board meeting 8/15/18](#)
- Minutes of the August 15, 2018 meeting of the Westchester County CoC Board.

FY2018 Westchester County Application Documents [\[edit\]](#)

FY2018 Westchester County CoC Application [\[edit\]](#)

In process

FY2018 Westchester County Project Applications [\[edit\]](#)



Preview FY2018 Westchester County CoC Board Project Ranking Criteria



Preview FY2018 Westchester County CoC

Please find attached:

- 1) FY2018 Reallocation Process narrative**
- 2) Screen shot of CoC webpage showing public posting of the FY2018 Reallocation Process on 08/10/18.**
- 3) Letters to the one Project Applicant affected by the reallocation, informing them of the CoC Board approval of the reallocation.**
- 4) Minutes from 07/31/18 meeting of the Board of the Westchester CoC where FY2018 reallocations were proposed and approved by the CoC Board.**
- 5) Copy of emails distributing project performance scoring criteria and resulting project ranking to all CoC recipient and subrecipients, and inviting all recipients and subrecipients to the CoC Board vote held 07/31/18 decide on reallocations.**

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

Westchester County Continuum of Care Partnership for the Homeless

FY2018 Process for Reallocation

For FY2018, the Westchester County CoC used the Reallocation process to reallocate lower performing projects to create new higher performing projects.

Projects were ranked based on the Performance Measure criteria contained in the Ranking and Review Process approved by the CoC Board on July 18, 2018.

All 25 CoC projects appearing on the HUD Grant Inventory Worksheet (GIW) and eligible for renewal were ranked based on those Performance Measure criteria.

The results of the Project Ranking based on those criteria were discussed by the CoC Board on July 31, 2018. At that meeting, the CoC Board reviewed all renewal projects, and weighing the priorities of the CoC as well as HUD's priorities outlined in the FY2018 CoC NOFA, decided to reallocate the one (1) project out of 25 renewals - comprising \$49,499 total ARA - with the lowest ranking based on the Performance Measures.

This project is:

Rank 25 (Score 40.84 out of 85): **Life Bridges (\$49,499 ARA)** Transitional Housing project.

Recipient: Westchester County Department of Social Services

The CoC actively encouraged new and existing providers to apply for new projects through reallocation. Westchester County DSS (an existing provider) requested that reallocated funds be used to create an expansion project for the renewal First Steps PSH project targeted to homeless youth, the same target population as Life Bridges.

The CoC Board approved this request on 07/31/18. Reallocation to First Steps expansion was determined to be the most efficient use of funds as this project serves the same homeless youth target population as the reallocated Life Bridges project.

In addition, First Steps was the highest ranked renewal housing project (score 67.71 out of 85). **Westchester County CoC therefore reallocated funds from the lowest ranked housing project into an expansion of the highest ranked housing project.**

The Recipient agency was notified in writing of the reallocation by the CoC Board on August 2, 2018.

The Westchester County CoC Board believes that the reallocated funding from this low performing project will better serve the homeless population of Westchester County by providing funding to expand the high performing First Steps PSH project.

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FY18 CoC Application

Revision as of 11:48, 10 August 2018 by [Yspiegel](#) (Talk | contribs | block) (only) — [Older revisions](#) | [Latest revision](#) (diff) | [Newer revision](#) → (diff)

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

HUD FY2018 NOFA and Westchester County CoC Project Ranking [\[edit\]](#)

- [Download FY2018 NOFA PDF from HUD website](#)
- [FY2018 Grant Inventory Worksheet for Westchester County CoC](#)
- [FY2018 Westchester County CoC Board Project Ranking and Review Process](#)
- [FY2018 Westchester County CoC Priority List in Rank order](#)
- [Description of process used by Westchester CoC Board to decide on proposed reallocations for FY2018 CoC competition](#) ←

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

- [Westchester County CoC Board meeting 7/18/18](#)
- Minutes of the July 18, 2018 meeting of the Westchester County CoC Board where the Project Ranking Criteria were discussed and approved.
- [Westchester County CoC Board meeting 7/31/18](#)
- Minutes of the July 31, 2018 meeting of the Westchester County CoC Board where the Final Ranking of renewal CoC projects, and reallocation of poorly performing projects was discussed and approved.
- [Westchester County CoC Board meeting 8/15/18](#)
- Minutes of the August 15, 2018 meeting of the Westchester County CoC Board.

FY2018 Westchester County Application Documents [\[edit\]](#)

FY2018 Westchester County CoC Application [\[edit\]](#)

In process

FY2018 Westchester County Project Applications [\[edit\]](#)





August 2, 2018

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

RE: FY2018 Continuum of Care Application Project Reallocation

Dear Mr. Wong:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.B.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2018 for possible reallocation.

During a Board meeting held on 07/18/18, the CoC Board approved a Ranking and Review Process with objective performance measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, Coordinated Entry participation, and HMIS data quality. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations, or populations with special needs were also scored higher.

Projects were ranked using the above criteria, and the **Life Bridges** (Transitional Housing) project administered by DSS was ranked 25 out of the 25 projects eligible for renewal. A copy of the scoring tally details is attached.

During a subsequent Board meeting held on 07/31/18, the CoC Board elected to reallocate Life Bridges as the project with the lowest ranking based on the Performance Measures (rank 25 of 25).

Reallocated funds were approved to be used to create an expansion project for the renewal First Steps PSH project, which was the highest performing renewal housing project. Reallocation to **First Steps** expansion was determined to be the best use of reallocation funds as this project targets youth (the



**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)

same target population as Life Bridges) and because it was ranked as the highest performing renewal housing project.

In addition, the FY2018 NOFA for the Continuum of Care Program Competition section II.B.10 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. However, in the event that the amount of funding available is not sufficient to fund all eligible projects submitted, 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 FY2018 application. At the meeting of the Westchester County CoC Board held on 07/31/18, the DSS Turning Point project (ranked 24 out of 25 renewals) was chosen as the only Tier 2 project (35% of Turning Point will be in Tier 2; the remainder will be in Tier 1).

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

We will, of course, keep you up to date with further developments regarding the FY2018 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

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

WESTCHESTER COUNTY CONTINUUM OF CARE: 2018 RANK AND REVIEW PROCESS

Adopted by the Board of the Westchester County Continuum of Care on July 18, 2018 with revisions made July 31, 2018

Summary

HUD's Continuum of Care (CoC) homeless assistance program provides over \$17,000,000 of funding per year for homeless services in Westchester County which provides housing for over 900 homeless and formerly homeless households. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

The Westchester Continuum of Care (WC CoC) coordinates the implementation of a housing and service system within Westchester County that meets the needs of the homeless individuals (including unaccompanied youth) and families. The Westchester CoC also, in consultation with the Collaborative Applicant, develops a process to respond to the HUD CoC Program Competition.

In order for WC CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process uses objective criteria and (where available) past performance to gain knowledge of project effectiveness within the full CoC system.

Multiple factors related to System Performance are used in the ranking including Exits to Permanent Housing, Exits to Homelessness, Length of Stay in PH, Increased Total Income, and Increased Earned Income.

The process includes a specific method for evaluating projects submitted by victim service providers (if necessary).

The CoC evaluates each renewal CoC project using objective data gathered from:

- HMIS APR report for the previous 12 months.
- HMIS System Performance (SysPM) report for the previous 12 months.
- LOCCS financial data
- SAGE APR timeliness information
- Previous Project Application submitted to HUD

Scoring

The 2018 Westchester CoC Project Ranking will be scored on an 85 point scale with the following breakdown:

Criteria	Source	Points
Factors related to System Performance		
Exits to Permanent Housing	SysPM 7b.2	0 to 10 points scored relative to other projects
Exits to Homelessness	APR Q23	0 to 5 points scored relative to other projects
Increased participant earned income	SysPM 4.1	0 to 5 points scored relative to other projects
Increased participant total income	SysPM 4.3	0 to 5 points scored relative to other projects
Project Performance factors		
Housing Utilization Rate	APR Q7b and Q8b	0 to 10 points scored relative to other projects
Length of Stay	APR Q22b	0 to 5 points scored relative to other projects
Participant Eligibility	CoC monitoring visit	0 to 5 points scored relative to other projects
HMIS Data Quality	APR Q6	0 to 5 points scored relative to other projects (data element error rate 5% or above Q6a, Q6b, Q6c)
APR timeliness	SAGE	1 point per on time APR due in last two funding periods
Cost effectiveness	LOCCS and Project Application	0 to 5 points scored relative to other projects (total budget/ # of households served)
Project Characteristics		
Project serves a specialized population services or serves a population with severe needs	Project Application	5 points for serving one or more of the following: <ul style="list-style-type: none"> ● 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 ● Significant health or behavioral health challenges or functional impairments
Project Component	Project Application	10 points for PSH or RHH; 5 points for TH; 0 points for SSO (except Coordinated Entry)
Housing First	Project Application	5 points for Housing First

Participation in Coordinated Entry	HMIS and CoC attendance records	3 points if all project entries since 12/11/17 are CE referrals 2 points for attendance at most CERC meetings [recipient and subrecipient]
CoC Board attendance	CoC attendance records	3 points for attendance at most CoC Board meetings [recipient and subrecipient]

Note: Domestic Violence services providers may self-report their data (from a comparable database) to respond to performance criteria since they do not participate in the Westchester CoC HMIS.

Projects are scored on performance criteria relative to other projects with the same component, with the highest performing project receiving full points on that measure, the worst performing project receiving 0 points, and all other projects receiving a score proportional to their performance between the worst and the best.

e.g. if the best performing project has a utilization rate of 100% (5 points), and the worst performing project has a utilization rate of 50% (0 points), then a project with 65% utilization rate would receive 1.5 points and a project with a 90% utilization rate would receive 4 points.

Project Ranking

Using the above scoring matrix, all projects seeking funding are scored and placed in numerical order, referred to as the “ranking”. Ranking places an applicant in either Tier 1 or Tier 2 based on the criteria established by HUD in the NOFA and CoC priorities.

The HMIS and Westchester Coordinated Entry projects are not scored, but automatically ranked #1 and #2 because they provide funding necessary for the functioning of the entire CoC.

The project ranking is first shared with the Continuum of Care Board. The Board reviews the process and all scoring in order to adopt the ranking. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking.

Bonus Projects

This year, HUD has made bonus funds available through the Domestic Violence Bonus and “regular” bonus (for CoC’s that demonstrate that the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects). A separate RFP will be issued by the CoC to determine subrecipients to design and submit Project Applications to HUD for the DV Bonus and “regular” Bonus.

Bonus projects will be ranked below renewals in the following order: Coordinated Entry Expansion, Permanent Supportive Housing Bonus, DV Bonus.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to new projects that can better address prioritized community need(s). Reallocating funds is one of the most important tools by which communities can make strategic improvements to their homelessness system. The CoC can decide to repurpose a project that is underperforming or may be more appropriately funded from other sources to fill that need. Criteria to assess performance or underperformance will include scoring/rank and review results, participation in Coordinated Entry, participation in the local CoC, and participation within HMIS. CoC funded agencies may also voluntarily propose to reallocate CoC funds. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation.

If funds are reallocated, any resulting new projects will be ranked below renewals, except if funds are reallocated into an expansion of an existing renewal in which case the expansion project will be ranked just below the project it is expanding.

Westchester CoC FY2018 Project Ranking Tally

	Applicant Name	Project Name	Total ARA	Increased Earned Income		Increased Total Income		Exits to PH		HMIS DQ		Housing Utilization Rate					Length of Stay		Exits to Homelessness	
RANK	Applicant Name	Project Name		SysPM 4.1	4.1 data	SysPM 4.3	4.3 data	SysPM 7b	7b data	APR Q6	# Q6 data elements 5%+ error rate	APR 7b and 8b	utilization rate households	utilization rate persons+households	% persons	% households	APR Q22b	leavers and stayers LOS	APR Q23	
1	Westchester County Department of Social Services	HMIS	\$260,000																	
2	Westchester County Department of Social Services	Westchester Coordinated Ent	\$136,819																	
3	Westchester County Department of Social Services	First Steps	\$798,113	5.00	34%	2.50	50%	10.00	100%	5.00	0	2.88	98%	110%	122%	98%	2.09	1428	5.00	
4	City of Mount Vernon	CMV RA Vets	\$53,692	0.00	0%	0.00	0%	10.00	100%	4.17	1	10.00	166.7%	200%	233%	167%	2.21	1477.42857	5.00	
5	Westchester County Department of Social Services	Homestead	\$468,431	0.74	5%	2.75	55%	10.00	100%	4.17	1	1.28	90%	90%	90%	90%	1.87	1335.54545	5.00	
6	Westchester County Department of Community Mental Health	DCMH Vet Home 03	\$91,464	0.00	0%	5.00	100%	10.00	100%	5.00	0	2.39	100%	104%	108%	100%	0.77	868.714286	5.00	
7	The Municipal Housing Authority for the City of Yonkers	Yonkers RA	\$582,651	2.35	16%	2.10	42%	9.19	99%	4.17	1	6.50	175%	156%	137%	175%	5.00	2657.55405	5.00	
8	Westchester County Dept. of Social Services	New Start	\$808,589	5.00	27%	3.70	37%	8.89	89%	3.33	2	4.82	144%	198%	253%	144%	0.00	395.462687	0.00	
9	The Municipal Housing Authority for the City of Yonkers	Rapid Road To Housing	\$367,568	0.00	0%	0.00	0%	10.00	100%	5.00	0	10.00	238%	261%	285%	238%	0.71	362.483871	3.79	
10	City of Mount Vernon	CMV RA 05	\$232,665	1.03	7%	1.65	33%	10.00	100%	3.33	2	5.88	98%	148%	198%	98%	2.01	1394	5.00	
11	City of Mount Vernon	CMV RA 07	\$98,218	0.00	0%	1.65	33%	10.00	100%	4.17	1	2.06	100%	100%	100%	100%	2.35	1540	5.00	
12	The Municipal Housing Authority for the City of Yonkers	Westhab RA SRO	\$45,734	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.06	88%	88%	88%	88%	0.00	545	5.00	
13	City of Mount Vernon	Shallow Rent	\$384,214	2.94	20%	1.35	27%	10.00	100%	2.50	3	1.42	82%	92%	102%	82%	1.69	1258.62162	5.00	
14	The Municipal Housing Authority for the City of Yonkers	HIV RA	\$71,589	0.00	0%	0.00	0%	10.00	100%	3.33	2	2.06	94%	100%	106%	94%	0.22	636.5	5.00	
15	Westchester County Department of Social Services	The Refuge	\$107,001	5.00	40%	5.00	40%	10.00	80%	0.00	6	0.00	76.79%	77%	77%	77%	5.00	334.684211	0.00	
16	Westchester County Department of Community Mental Health	DCMH Leasing Project	\$164,177	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.21	89%	89%	89%	89%	1.23	1064	5.00	
17	Greystone Health Services, Inc.	Issan House	\$279,467	0.00	0%	0.85	17%	5.00	91%	4.17	1	1.09	88%	88%	88%	88%	2.79	1721.82353	5.00	
18	Westchester County Department of Community Mental Health	DCMH RA Project	\$8,330,134	0.88	6%	1.70	34%	8.58	97%	4.17	1	2.04	93%	100%	107%	93%	4.66	2514.69149	3.10	
19	Westchester County Department of Social Services	Stepping Stones	\$329,915	3.13	25%	3.13	25%	10.00	80%	2.50	3	6.72	89.58%	90%	90%	90%	4.91	335.294118	0.00	
20	City of Mount Vernon	CMV RA 06	\$287,921	1.62	11%	1.65	33%	10.00	100%	3.33	2	0.00	69.6%	74.11%	79%	70%	2.00	1391	5.00	
21	Westchester County Department of Community Mental Health	DCMH Samaritan Initiative	\$176,320	2.94	20%	5.00	100%	0.56	83%	3.33	2	0.67	73%	83%	93%	73%	1.44	1154.66667	5.00	
22	HOPE Community Services, Inc.	CNR Rehousing Initiative	\$281,153	4.85	33%	3.35	67%	0.00	82%	3.33	2	3.05	104%	113%	121%	104%	1.54	1194.66667	5.00	
23	The Municipal Housing Authority for the City of Yonkers	Housing Independence Throu	\$521,007	0.00	0%	5.00	50%	0.00	0%	4.17	1	0.00	57.1%	91%	125%	57%	5.00	163	5.00	
24	Westchester County Department of Social Services	Turning Point	\$2,941,203	0.15	1%	1.50	30%	5.41	92%	3.33	2	1.96	96%	99%	102%	96%	0.80	885.083916	0.00	
25	Westchester County Department of Social Services	Life Bridges	\$49,499	0.00	0%	0.00	0%	0.00	75%	2.50	3	10.00	95.83%	96%	96%	96%	0.00	369.6	5.00	
				5		5		10		5		10					5		5	

Westchester CoC FY2018 Project Ranking Tally

	Participant Eligibility		APR timeliness	Cost Effectiveness	Cost Effectiveness	Population with severe needs	Project Component		Housing First	Participation in CE				CoC Board Attendance			SCORE	Project Name	
% exits to homeless leavers&stayers	CoC monitoring visit	% eligible	SAGE	\$17,815.25	Project Application	Project Application	Project Application	component	Project Application	HMIS and CE attendance records	non-CE enrollments	CE notes	CERC attendance	CoC attendance records	recipient attendance most CoC Board meetings	provider attendance most CoC Board meetings	TOTAL	Project Name	RANK
																	100	HMIS	1
																	99	Westchester Coordinated Entry	2
0%	5	100%	2	0.24	\$24,941.03	5	10	PSH	5	5	3		2	3	1.5	1.5	67.71	First Steps	3
0%	5	100%	1	2.22	\$17,897.33	5	10	PSH	5	3	3		0	3	1.5	1.5	65.59	CMV RA Vets	4
0%	5	100%	2	2.55	\$16,729.68	5	10	PSH	5	5	3		2	3	1.5	1.5	63.35	Homestead	5
0%	5	100%	2	2.96	\$15,244.00	5	10	PSH	0	5	3		2	3	1.5	1.5	61.12	DCMH Vet Home 03	6
0%	2.08333333	42%	2	2.29	\$17,656.09		10	PSH	5	0	0	2of2 not CE	0	0.75	0	0.75	56.43	Yonkers RA	7
28%	5	100%	2	5.00	\$27,882.38	3.27586207	10	RRH	0	2	0	1of6 not CE	2	3	1.5	1.5	56.01	New Start	8
7%	5	100%	2	0.25	\$36,756.80	5	10	RRH	0	2	0		2	1.5	0	1.5	55.25	Rapid Road To Housing	9
0%	0.83333333	17%	1	2.22	\$17,897.31		10	PSH	5	3	3		0	3	1.5	1.5	53.95	CMV RA 05	10
0%	2.5	50%	2	2.65	\$16,369.67		10	PSH	5	5	3		2	1.5	1.5	0	53.87	CMV RA 07	11
0%	5	100%	2	4.03	\$11,433.50		10	PSH	5	5	3		2	1.5	0	1.5	53.60	Westhab RA SRO	12
0%	3.57142857	71%	1	2.11	\$18,295.90	2.5	10	PSH	5	3	3		0	1.5	1.5	0	53.58	Shallow Rent	13
0%	1.66666667	33%	2	2.22	\$17,897.25	5	10	PSH	5	5	3		2	1.5	0	1.5	52.99	HIV RA	14
14%	1.66666667	33%	2	5.00	\$7,642.93	5	5	TH	5	2	0	1of3 not CE	2	1.5	1.5	0	52.16	The Refuge	15
0%	0	0%	2	0.66	\$23,453.86	5	10	PSH	5	5	3		2	1.5	1.5	0	51.59	DCMH Leasing Project	16
0%	2.5	50%	2	5.00	\$7,984.77	5	10	PSH	5	3	3		0	0	0	0	51.40	Issan House	17
9%	1.22641509	25%	2	1.93	\$18,932.12	1.875	10	PSH	5	1.33333333	0		1.33333333	2.25	1.5	0.75	50.74	DCMH RA Project	18
14%	5	100%	2	0.00	\$27,492.92	5	5	TH	0	0	0	2of3 not CE	0	1.5	1.5	0	48.88	Stepping Stones	19
0%	1.25	25%	1	1.47	\$20,565.79		10	PSH	5	5	3		2	1.5	1.5	0	48.82	CMV RA 06	20
0%	5	100%	2	2.29	\$17,632.00		10	PSH	5	2	0	1of1 not CE	2	3	1.5	1.5	48.23	DCMH Samaritan Initiative	21
0%	1.25	25%	2	0.67	\$23,429.42		10	PSH	5	5	3		2	0	0	0	45.04	CNR Rehousing Initiative	22
0%	5	100%	2	0.00	\$37,214.79	0.71428571	10	RRH	0	5	3		2	1.5	0	1.5	43.38	Housing Independence Through Employment	23
24%	3.33333333	67%	2	0.00	\$25,800.03		10	PSH	5	4.8	3		1.8	2.7	1.5	1.2	40.98	Turning Point	24
0%	5	100%	2	4.85	\$8,249.83	5	5	TH	0	0	0	1of1 not CE	0	1.5	1.5	0	40.84	Life Bridges	25
	5		2	5		5	10		5	5				3			85		

\$2,990,702
\$49,499

Westchester County
Continuum of Care Partnership for the Homeless
BOARD MEETING #2 IN PREP FOR HUD NOFA
July 31, 2018
9:30am-11:00am

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Dahlia Austin, Ruthanne Becker, Sylvia Bolivar, Jim Coughlin, Erika D'Aquino, Helen Frankel, Nicole Granata, Alba Guevara, Rene Jenkins, Joe Kenner, Cynthia Knox, Anahaita Kotval (phone), Allison McSpedon, Yoav Spiegel, Craig Wong.

Topic #1:	Discussion:
Review of FY18 NOFA	<ul style="list-style-type: none"> • An overview of HUD's NOFA and our CoC timeline was presented.

Topic #2:	Discussion:
Results of RFP process	<ul style="list-style-type: none"> • Results of the Bonus RFPs was revealed: <ul style="list-style-type: none"> ○ DV bonus was awarded to CHOP ○ PSH bonus was awarded to Westhab
Results of Ranking process	<ul style="list-style-type: none"> • Results of the Project Ranking were discussed, including where to rank the new bonus projects and whether to reallocate any projects. It was decided that all Bonus projects would be placed last in Tier 2 in this order: Coordinated Entry project (#27), PSHB (#28) , DVB (#29) – Jim Coughlin motioned; Dahlia Austin seconded – all in favor; none opposed. • It was further decided to reallocate the Life Bridges project into a First Steps expansion project to preserve young adult single slots. Jim Coughlin motioned; Sylvia Bolivar seconded; none opposed, FSSY abstained; all others in favor.

Meeting was adjourned at 11:00am

Respectfully submitted: Annette Peters-Ruvolo

Date: 8/1/18

Next Meeting Date: 8/15/18

Time: 9:30am Location: DCMH room 217

Peters-Ruvolo, Annette

From: Peters-Ruvolo, Annette
Sent: Friday, July 27, 2018 4:28 PM
To: alba.guevara@yonkersny.gov; Allison McSpedon; Amy Gelles; Anahaita Kotval; 'Anderson Geoffrey'; Audrey Hyde (Audrey@thesharingcommunity.org); Austin, Dahlia; Barbara Bento-Fleming; Bolivar, Sylvia; Candice Kane; Carole Troum (ctroum@hope-cs.org); Catalano, Michael; Cynthia Knox; Dorothy Anderson; Elaine Wisdom-Plunkett; erikad@greyston.org; Eweka, Bruce; Frankel Helen; Gerry Riera; James Coughlin; Joe Kenner; Judy Curcio; kathy pandekakes; KBertrand@programdesign.com; 'Kocsis Andrea'; Lokia Perkins; Manzione, Susan; Marcie Ciuffetelli (mciuffetelli@mhacy.org); 'Maria McGinty'; Maria McGinty (mmcinty830@gmail.com); McCoy, Dominique; Michelle Gonzalez YWCA Yonkers; Michelle Pedraza (Michellep@greyston.org); Nadine Burns-Lyons; Nicole Granata (ngranata@hds.org); Okarter, Chantelle; Paul Stolz; Quattrocchi, Patricia; Richards, Malika; Rita Liegner; Ruthanne Becker (beckerr@mhawestchester.org); Smalley, Laurie; Swanson, Mona; Tajae Gaynor; Tarchoun, Jomarie; 'Tisne Suzanne'; Wong, Craig; Yoav Spiegel
Subject: re: WC CoC FY18 Project Ranking Tally Results
Attachments: Project Ranking Tally FY2018 2a.pdf; NY-604-2018-RankReview-Process.docx
Importance: High

Good afternoon,

As you know, as part of the FY2018 CoC NOFA process, HUD requires local CoC's to prioritize programs that are most effectively serving the community by implementing a Rank and Review Process for new and renewal projects.

Last Wednesday July 18 the Westchester CoC Board approved the Rank and Review Process to be used this year (see attached).

This process uses objective criteria and past performance to gain knowledge of project effectiveness within the full CoC system.

Renewal projects are ranked based on the total scores derived from the performance review.

As required by HUD, renewal projects with the lowest rankings totaling to \$1,072,053 are grouped into TIER 2, which may be de-funded by HUD depending on the overall CoC scoring results.

Attached to this email is the results of the ranking process.

Of the 25 renewals (23 housing project renewals) projects ranked #24 and #25 make up all of Tier 2.

Those projects are:

#25 Life Bridges &

#24 Turning Point (only 35% is in Tier 2)

Next Tuesday July 31 the CoC Board will meet and vote to approve (or reject) this ranking.

We will also:

- Announce the agencies chosen to partner with DSS to apply to HUD for the DV Bonus and PSH Bonus projects.
- Vote to decide where to place the DV Bonus, PSH Bonus, and Coordinated Entry Expansion Bonus projects on the ranking list.
- Vote to decide whether or not to reallocate any projects - and then how to use any reallocated funding.

Thank you and I look forward to seeing everyone on 7/31/18 at DCMH, room 217 at 9:30am.

Annette M. Peters-Ruvolo, LCSW

Program Director, Community Support Services
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, NY 10601
914-995-5278
914-995-6220 (fax)

Peters-Ruvolo, Annette

From: Peters-Ruvolo, Annette
Sent: Tuesday, July 17, 2018 12:45 PM
To: 'alba.guevara@yonkersny.gov'; 'Allison McSpedon'; 'Amy Gelles'; 'Anahaita Kotval'; 'Anderson Geoffrey'; 'Audrey Hyde (Audrey@thesharingcommunity.org)'; Austin, Dahlia; 'Barbara Bento-Fleming'; 'Bolivar, Sylvia'; 'Candice Kane'; 'Carole Troum (ctroum@hope-cs.org)'; Catalano, Michael; 'Cynthia Knox'; 'Dorothy Anderson'; 'Elaine Wisdom-Plunkett'; 'erikad@greyston.org'; Eweka, Bruce; 'Frankel Helen'; 'Gerry Riera'; 'James Coughlin'; 'Joe Kenner'; 'Judy Curcio'; 'kathy pandekakes'; 'KBertrand@programdesign.com'; 'Kocsis Andrea'; 'Lakia Perkins'; Manzione, Susan; 'Marcie Ciuffetelli (mciuffetelli@mhacy.org)'; 'Maria McGinty'; 'Maria McGinty2'; 'McCoy, Dominique'; 'Michelle Gonzalez YWCA Yonkers'; 'Michelle Pedraza (Michellep@greyston.org)'; 'Nadine Burns-Lyons'; 'Nicole Granata (ngranata@hdswh.org)'; 'Okarter, Chantelle'; 'Paul Stolz'; Quattrocchi, Patricia; Richards, Malika; 'Rita Liegner'; 'Ruthanne Becker (beckerr@mhawestchester.org)'; Smalley, Laurie; 'Swanson, Mona'; 'Tajae Gaynor'; Tarchoun, Jomarie; 'Tisne Suzanne'; Wong, Craig; 'Yoav Spiegel'; Blanca P. Lopez; Connors, Desh; Daniel Gore; Elizabeth McCorvey (frcecm@aol.com); Freda Macon; Giuliano, Mark; Gordon Albert; John, Christopher; joseph shuldiner; Karen Dattore; Linda Puoplo (lpuoplo@whiteplainsny.gov); Orth, Michael; Sanchez, Dana; Smotrich, Maura
Subject: re: REMINDER: CoC Board meeting tomorrow, Wed 7/18
Attachments: WC CoC Alternates Form_02_05_2013.docx; CoC Board meeting agenda 07_18_2018.docx; Westchester CoC 2018 ESG priorities.docx; NY-604-2018-RankReview-Process.docx
Importance: High

Good afternoon,

The next CoC Board meeting is scheduled for tomorrow, Wed 7/18/18 at 9:30am at 112 east post road in White Plains, DCMH room 217.

We will be discussing various items related to the NOFA, including some that require a vote – see agenda attached and related handouts.

It is imperative that all Board member agencies be represented in person or by phone. If you need to designate an alternate, and you do not have a designee on file with me, you MUST complete the attached form and pdf it back to me BEFORE 9:30am tomorrow morning.

Call in info:

Phone #: 515-739-1015

Dial in # for participants:

947-630-925

Thank you!

Annette M. Peters-Ruvolo, LCSW

Program Director, Community Support Services
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, NY 10601
914-995-5278
914-995-6220 (fax)



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)

August 27, 2018

Chantelle L. Okarter
Commissioner
Planning & Community Development Department
City Of Mount Vernon
One Roosevelt Square
Mount Vernon, NY 10550

RE: FY2018 Continuum of Care application project prioritization

Dear Ms. Okarter:

This letter serves to inform you that **all 5** Project Applications submitted by the City of Mount Vernon will be prioritized and will be submitted as part of the Westchester County CoC 2018 Consolidated Application.

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

Thank you,

Annette Peters-Ruvolo, LCSW

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



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(914) 995-6220 (fax)

August 27, 2018

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

RE: FY2018 Continuum of Care application project prioritization

Dear Mr. Orth:

This letter serves to inform you that **all 5 Project Applications (plus 1 consolidation request)** submitted by the Westchester County Department of Community Mental Health will be prioritized and will be submitted as part of the Westchester County CoC 2018 Consolidated Application.

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

Thank you,

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



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August 27, 2018

Joseph D. Kenner
Vice President of Programs and Partnerships
Greyston
21 Park Avenue
Yonkers, NY 10703

RE: FY2018 Continuum of Care application project prioritization

Dear Mr. Kenner:

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 2018 Consolidated Application.

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

Thank you,

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



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(914) 995-6220 (fax)

August 27, 2018

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

RE: FY2018 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 2018 Consolidated Application.

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

Thank you,

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



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HOMELESS

d/o WC DCMH
112 East Post Road, 2nd Floor
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(914) 995-5220
(914) 995-6220 (fax)

August 27, 2018

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

RE: FY2018 Continuum of Care application project prioritization

Dear Mr. Shuldiner:

This letter serves to inform you that **all 5 Project Applications (plus 1 consolidation request)** 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 2018 Consolidated Application.

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

Thank you.

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



August 27, 2018

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

RE: FY2018 Continuum of Care application project prioritization

Dear Mr. Wong:

This letter serves to inform you that **all 12** Project Applications submitted by the Westchester County DSS will be prioritized and will be submitted as part of the Westchester County CoC 2018 Consolidated Application.

The FY2018 NOFA for the Continuum of Care Program Competition released 06/20/18 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. As discussed in Section II.B.10 of the NOFA, 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 FY2018 application. At a meeting of the Westchester County CoC Board held on 07/31/18, the DSS Turning Point project was chosen as a Tier 2 project based on the scoring under criteria adopted by the Board on 07/18/18. A copy of the scoring tally details is attached.

In addition, as described to you in a previous letter sent August 2, the lowest scoring project DSS Life Bridges was reallocated into a new Permanent Supportive Housing expansion of the highest performing project (First Steps) by the CoC Board.

Funding for the current operating years of these projects is unaffected. We will, of course, keep you up to date with further developments including any funding notices (expected in late 2018) from HUD informing Westchester County DSS of the status of the project placed in Tier 2.

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

Thank you,

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

WESTCHESTER COUNTY CONTINUUM OF CARE: 2018 RANK AND REVIEW PROCESS

Adopted by the Board of the Westchester County Continuum of Care on July 18, 2018 with revisions made July 31, 2018

Summary

HUD's Continuum of Care (CoC) homeless assistance program provides over \$17,000,000 of funding per year for homeless services in Westchester County which provides housing for over 900 homeless and formerly homeless households. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

The Westchester Continuum of Care (WC CoC) coordinates the implementation of a housing and service system within Westchester County that meets the needs of the homeless individuals (including unaccompanied youth) and families. The Westchester CoC also, in consultation with the Collaborative Applicant, develops a process to respond to the HUD CoC Program Competition.

In order for WC CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process uses objective criteria and (where available) past performance to gain knowledge of project effectiveness within the full CoC system.

Multiple factors related to System Performance are used in the ranking including Exits to Permanent Housing, Exits to Homelessness, Length of Stay in PH, Increased Total Income, and Increased Earned Income.

The process includes a specific method for evaluating projects submitted by victim service providers (if necessary).

The CoC evaluates each renewal CoC project using objective data gathered from:

- HMIS APR report for the previous 12 months.
- HMIS System Performance (SysPM) report for the previous 12 months.
- LOCCS financial data
- SAGE APR timeliness information
- Previous Project Application submitted to HUD

Scoring

The 2018 Westchester CoC Project Ranking will be scored on an 85 point scale with the following breakdown:

Criteria	Source	Points
Factors related to System Performance		
Exits to Permanent Housing	SysPM 7b.2	0 to 10 points scored relative to other projects
Exits to Homelessness	APR Q23	0 to 5 points scored relative to other projects
Increased participant earned income	SysPM 4.1	0 to 5 points scored relative to other projects
Increased participant total income	SysPM 4.3	0 to 5 points scored relative to other projects
Project Performance factors		
Housing Utilization Rate	APR Q7b and Q8b	0 to 10 points scored relative to other projects
Length of Stay	APR Q22b	0 to 5 points scored relative to other projects
Participant Eligibility	CoC monitoring visit	0 to 5 points scored relative to other projects
HMIS Data Quality	APR Q6	0 to 5 points scored relative to other projects (data element error rate 5% or above Q6a, Q6b, Q6c)
APR timeliness	SAGE	1 point per on time APR due in last two funding periods
Cost effectiveness	LOCCS and Project Application	0 to 5 points scored relative to other projects (total budget/ # of households served)
Project Characteristics		
Project serves a specialized population services or serves a population with severe needs	Project Application	5 points for serving one or more of the following: <ul style="list-style-type: none"> ● 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 ● Significant health or behavioral health challenges or functional impairments
Project Component	Project Application	10 points for PSH or RHH; 5 points for TH; 0 points for SSO (except Coordinated Entry)
Housing First	Project Application	5 points for Housing First

Participation in Coordinated Entry	HMIS and CoC attendance records	3 points if all project entries since 12/11/17 are CE referrals 2 points for attendance at most CERC meetings [recipient and subrecipient]
CoC Board attendance	CoC attendance records	3 points for attendance at most CoC Board meetings [recipient and subrecipient]

Note: Domestic Violence services providers may self-report their data (from a comparable database) to respond to performance criteria since they do not participate in the Westchester CoC HMIS.

Projects are scored on performance criteria relative to other projects with the same component, with the highest performing project receiving full points on that measure, the worst performing project receiving 0 points, and all other projects receiving a score proportional to their performance between the worst and the best.

e.g. if the best performing project has a utilization rate of 100% (5 points), and the worst performing project has a utilization rate of 50% (0 points), then a project with 65% utilization rate would receive 1.5 points and a project with a 90% utilization rate would receive 4 points.

Project Ranking

Using the above scoring matrix, all projects seeking funding are scored and placed in numerical order, referred to as the “ranking”. Ranking places an applicant in either Tier 1 or Tier 2 based on the criteria established by HUD in the NOFA and CoC priorities.

The HMIS and Westchester Coordinated Entry projects are not scored, but automatically ranked #1 and #2 because they provide funding necessary for the functioning of the entire CoC.

The project ranking is first shared with the Continuum of Care Board. The Board reviews the process and all scoring in order to adopt the ranking. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking.

Bonus Projects

This year, HUD has made bonus funds available through the Domestic Violence Bonus and “regular” bonus (for CoC’s that demonstrate that the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects). A separate RFP will be issued by the CoC to determine subrecipients to design and submit Project Applications to HUD for the DV Bonus and “regular” Bonus.

Bonus projects will be ranked below renewals in the following order: Coordinated Entry Expansion, Permanent Supportive Housing Bonus, DV Bonus.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to new projects that can better address prioritized community need(s). Reallocating funds is one of the most important tools by which communities can make strategic improvements to their homelessness system. The CoC can decide to repurpose a project that is underperforming or may be more appropriately funded from other sources to fill that need. Criteria to assess performance or underperformance will include scoring/rank and review results, participation in Coordinated Entry, participation in the local CoC, and participation within HMIS. CoC funded agencies may also voluntarily propose to reallocate CoC funds. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation.

If funds are reallocated, any resulting new projects will be ranked below renewals, except if funds are reallocated into an expansion of an existing renewal in which case the expansion project will be ranked just below the project it is expanding.

Westchester CoC FY2018 Project Ranking Tally

	Applicant Name	Project Name	Total ARA	Increased Earned Income		Increased Total Income		Exits to PH		HMIS DQ		Housing Utilization Rate					Length of Stay		Exits to Homelessness	
RANK	Applicant Name	Project Name		SysPM 4.1	4.1 data	SysPM 4.3	4.3 data	SysPM 7b	7b data	APR Q6	# Q6 data elements 5%+ error rate	APR 7b and 8b	utilization rate households	utilization rate persons+households	% persons	% households	APR Q22b	leavers and stayers LOS	APR Q23	
1	Westchester County Department of Social Services	HMIS	\$260,000																	
2	Westchester County Department of Social Services	Westchester Coordinated Ent	\$136,819																	
3	Westchester County Department of Social Services	First Steps	\$798,113	5.00	34%	2.50	50%	10.00	100%	5.00	0	2.88	98%	110%	122%	98%	2.09	1428	5.00	
4	City of Mount Vernon	CMV RA Vets	\$53,692	0.00	0%	0.00	0%	10.00	100%	4.17	1	10.00	166.7%	200%	233%	167%	2.21	1477.42857	5.00	
5	Westchester County Department of Social Services	Homestead	\$468,431	0.74	5%	2.75	55%	10.00	100%	4.17	1	1.28	90%	90%	90%	90%	1.87	1335.54545	5.00	
6	Westchester County Department of Community Mental Health	DCMH Vet Home 03	\$91,464	0.00	0%	5.00	100%	10.00	100%	5.00	0	2.39	100%	104%	108%	100%	0.77	868.714286	5.00	
7	The Municipal Housing Authority for the City of Yonkers	Yonkers RA	\$582,651	2.35	16%	2.10	42%	9.19	99%	4.17	1	6.50	175%	156%	137%	175%	5.00	2657.55405	5.00	
8	Westchester County Dept. of Social Services	New Start	\$808,589	5.00	27%	3.70	37%	8.89	89%	3.33	2	4.82	144%	198%	253%	144%	0.00	395.462687	0.00	
9	The Municipal Housing Authority for the City of Yonkers	Rapid Road To Housing	\$367,568	0.00	0%	0.00	0%	10.00	100%	5.00	0	10.00	238%	261%	285%	238%	0.71	362.483871	3.79	
10	City of Mount Vernon	CMV RA 05	\$232,665	1.03	7%	1.65	33%	10.00	100%	3.33	2	5.88	98%	148%	198%	98%	2.01	1394	5.00	
11	City of Mount Vernon	CMV RA 07	\$98,218	0.00	0%	1.65	33%	10.00	100%	4.17	1	2.06	100%	100%	100%	100%	2.35	1540	5.00	
12	The Municipal Housing Authority for the City of Yonkers	Westhab RA SRO	\$45,734	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.06	88%	88%	88%	88%	0.00	545	5.00	
13	City of Mount Vernon	Shallow Rent	\$384,214	2.94	20%	1.35	27%	10.00	100%	2.50	3	1.42	82%	92%	102%	82%	1.69	1258.62162	5.00	
14	The Municipal Housing Authority for the City of Yonkers	HIV RA	\$71,589	0.00	0%	0.00	0%	10.00	100%	3.33	2	2.06	94%	100%	106%	94%	0.22	636.5	5.00	
15	Westchester County Department of Social Services	The Refuge	\$107,001	5.00	40%	5.00	40%	10.00	80%	0.00	6	0.00	76.79%	77%	77%	77%	5.00	334.684211	0.00	
16	Westchester County Department of Community Mental Health	DCMH Leasing Project	\$164,177	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.21	89%	89%	89%	89%	1.23	1064	5.00	
17	Greystone Health Services, Inc.	Issan House	\$279,467	0.00	0%	0.85	17%	5.00	91%	4.17	1	1.09	88%	88%	88%	88%	2.79	1721.82353	5.00	
18	Westchester County Department of Community Mental Health	DCMH RA Project	\$8,330,134	0.88	6%	1.70	34%	8.58	97%	4.17	1	2.04	93%	100%	107%	93%	4.66	2514.69149	3.10	
19	Westchester County Department of Social Services	Stepping Stones	\$329,915	3.13	25%	3.13	25%	10.00	80%	2.50	3	6.72	89.58%	90%	90%	90%	4.91	335.294118	0.00	
20	City of Mount Vernon	CMV RA 06	\$287,921	1.62	11%	1.65	33%	10.00	100%	3.33	2	0.00	69.6%	74.11%	79%	70%	2.00	1391	5.00	
21	Westchester County Department of Community Mental Health	DCMH Samaritan Initiative	\$176,320	2.94	20%	5.00	100%	0.56	83%	3.33	2	0.67	73%	83%	93%	73%	1.44	1154.66667	5.00	
22	HOPE Community Services, Inc.	CNR Rehousing Initiative	\$281,153	4.85	33%	3.35	67%	0.00	82%	3.33	2	3.05	104%	113%	121%	104%	1.54	1194.66667	5.00	
23	The Municipal Housing Authority for the City of Yonkers	Housing Independence Throu	\$521,007	0.00	0%	5.00	50%	0.00	0%	4.17	1	0.00	57.1%	91%	125%	57%	5.00	163	5.00	
24	Westchester County Department of Social Services	Turning Point	\$2,941,203	0.15	1%	1.50	30%	5.41	92%	3.33	2	1.96	96%	99%	102%	96%	0.80	885.083916	0.00	
25	Westchester County Department of Social Services	Life Bridges	\$49,499	0.00	0%	0.00	0%	0.00	75%	2.50	3	10.00	95.83%	96%	96%	96%	0.00	369.6	5.00	
				5		5		10		5		10					5		5	

Westchester CoC FY2018 Project Ranking Tally

	Participant Eligibility		APR timeliness	Cost Effectiveness	Cost Effectiveness	Population with severe needs	Project Component		Housing First	Participation in CE				CoC Board Attendance			SCORE	Project Name	
% exits to homeless leavers&stayers	CoC monitoring visit	% eligible	SAGE	\$17,815.25	Project Application	Project Application	Project Application	component	Project Application	HMIS and CE attendance records	non-CE enrollments	CE notes	CERC attendance	CoC attendance records	recipient attendance most CoC Board meetings	provider attendance most CoC Board meetings	TOTAL	Project Name	RANK
																	100	HMIS	1
																	99	Westchester Coordinated Entry	2
0%	5	100%	2	0.24	\$24,941.03	5	10	PSH	5	5	3		2	3	1.5	1.5	67.71	First Steps	3
0%	5	100%	1	2.22	\$17,897.33	5	10	PSH	5	3	3		0	3	1.5	1.5	65.59	CMV RA Vets	4
0%	5	100%	2	2.55	\$16,729.68	5	10	PSH	5	5	3		2	3	1.5	1.5	63.35	Homestead	5
0%	5	100%	2	2.96	\$15,244.00	5	10	PSH	0	5	3		2	3	1.5	1.5	61.12	DCMH Vet Home 03	6
0%	2.08333333	42%	2	2.29	\$17,656.09		10	PSH	5	0	0	2of2 not CE	0	0.75	0	0.75	56.43	Yonkers RA	7
28%	5	100%	2	5.00	\$27,882.38	3.27586207	10	RRH	0	2	0	1of6 not CE	2	3	1.5	1.5	56.01	New Start	8
7%	5	100%	2	0.25	\$36,756.80	5	10	RRH	0	2	0		2	1.5	0	1.5	55.25	Rapid Road To Housing	9
0%	0.83333333	17%	1	2.22	\$17,897.31		10	PSH	5	3	3		0	3	1.5	1.5	53.95	CMV RA 05	10
0%	2.5	50%	2	2.65	\$16,369.67		10	PSH	5	5	3		2	1.5	1.5	0	53.87	CMV RA 07	11
0%	5	100%	2	4.03	\$11,433.50		10	PSH	5	5	3		2	1.5	0	1.5	53.60	Westhab RA SRO	12
0%	3.57142857	71%	1	2.11	\$18,295.90	2.5	10	PSH	5	3	3		0	1.5	1.5	0	53.58	Shallow Rent	13
0%	1.66666667	33%	2	2.22	\$17,897.25	5	10	PSH	5	5	3		2	1.5	0	1.5	52.99	HIV RA	14
14%	1.66666667	33%	2	5.00	\$7,642.93	5	5	TH	5	2	0	1of3 not CE	2	1.5	1.5	0	52.16	The Refuge	15
0%	0	0%	2	0.66	\$23,453.86	5	10	PSH	5	5	3		2	1.5	1.5	0	51.59	DCMH Leasing Project	16
0%	2.5	50%	2	5.00	\$7,984.77	5	10	PSH	5	3	3		0	0	0	0	51.40	Issan House	17
9%	1.22641509	25%	2	1.93	\$18,932.12	1.875	10	PSH	5	1.33333333	0		1.33333333	2.25	1.5	0.75	50.74	DCMH RA Project	18
14%	5	100%	2	0.00	\$27,492.92	5	5	TH	0	0	0	2of3 not CE	0	1.5	1.5	0	48.88	Stepping Stones	19
0%	1.25	25%	1	1.47	\$20,565.79		10	PSH	5	5	3		2	1.5	1.5	0	48.82	CMV RA 06	20
0%	5	100%	2	2.29	\$17,632.00		10	PSH	5	2	0	1of1 not CE	2	3	1.5	1.5	48.23	DCMH Samaritan Initiative	21
0%	1.25	25%	2	0.67	\$23,429.42		10	PSH	5	5	3		2	0	0	0	45.04	CNR Rehousing Initiative	22
0%	5	100%	2	0.00	\$37,214.79	0.71428571	10	RRH	0	5	3		2	1.5	0	1.5	43.38	Housing Independence Through Employment	23
24%	3.33333333	67%	2	0.00	\$25,800.03		10	PSH	5	4.8	3		1.8	2.7	1.5	1.2	40.98	Turning Point	24
0%	5	100%	2	4.85	\$8,249.83	5	5	TH	0	0	0	1of1 not CE	0	1.5	1.5	0	40.84	Life Bridges	25
	5		2	5		5	10		5	5				3			85		

\$2,990,702
\$49,499

Note: The Westchester County Continuum of Care (NY-604) did not reject any Project Applications for FY2018. All Project Applications were accepted and ranked.

One project was eliminated through reallocation.

The letters to notify the project applicant that the Westchester County CoC Board approved the reallocation affecting their project is attached.



August 2, 2018

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

RE: FY2018 Continuum of Care Application Project Reallocation

Dear Mr. Wong:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.1.b., the Westchester CoC must design, operate, and follow a collaborative process for the development of the application in response to the NOFA.

In addition, at VII.B.2.c., CoCs are instructed to demonstrate that they reallocate lower performing projects to create new higher performing projects. Therefore, as part of the application process, we have reviewed, in as transparent a manner as possible, all projects eligible for renewal in FY2018 for possible reallocation.

During a Board meeting held on 07/18/18, the CoC Board approved a Ranking and Review Process with objective performance measure criteria by which to rank renewal projects, including length of time homeless, % exits to Permanent Housing destinations, % clients increasing income during enrollment, participant eligibility, utilization rates, APR timeliness, Coordinated Entry participation, and HMIS data quality. Project Component was also taken into account, with Permanent Housing receiving more points than Transitional Housing or Supportive Services Only projects. Projects that serve priority populations, or populations with special needs were also scored higher.

Projects were ranked using the above criteria, and the **Life Bridges** (Transitional Housing) project administered by DSS was ranked 25 out of the 25 projects eligible for renewal. A copy of the scoring tally details is attached.

During a subsequent Board meeting held on 07/31/18, the CoC Board elected to reallocate Life Bridges as the project with the lowest ranking based on the Performance Measures (rank 25 of 25).

Reallocated funds were approved to be used to create an expansion project for the renewal First Steps PSH project, which was the highest performing renewal housing project. Reallocation to **First Steps** expansion was determined to be the best use of reallocation funds as this project targets youth (the



**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)

same target population as Life Bridges) and because it was ranked as the highest performing renewal housing project.

In addition, the FY2018 NOFA for the Continuum of Care Program Competition section II.B.10 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. However, in the event that the amount of funding available is not sufficient to fund all eligible projects submitted, 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 FY2018 application. At the meeting of the Westchester County CoC Board held on 07/31/18, the DSS Turning Point project (ranked 24 out of 25 renewals) was chosen as the only Tier 2 project (35% of Turning Point will be in Tier 2; the remainder will be in Tier 1).

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

We will, of course, keep you up to date with further developments regarding the FY2018 CoC competition as they become available. If you have any questions, please contact me at (914) 995-5278.

Thank you.

Sincerely,

Annette Peters-Ruvolo, LCSW

Program Director, WC Department of Community Mental Health

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

WESTCHESTER COUNTY CONTINUUM OF CARE: 2018 RANK AND REVIEW PROCESS

Adopted by the Board of the Westchester County Continuum of Care on July 18, 2018 with revisions made July 31, 2018

Summary

HUD's Continuum of Care (CoC) homeless assistance program provides over \$17,000,000 of funding per year for homeless services in Westchester County which provides housing for over 900 homeless and formerly homeless households. HUD awards homeless assistance grants through an annual application process known as the CoC Program Competition.

The Westchester Continuum of Care (WC CoC) coordinates the implementation of a housing and service system within Westchester County that meets the needs of the homeless individuals (including unaccompanied youth) and families. The Westchester CoC also, in consultation with the Collaborative Applicant, develops a process to respond to the HUD CoC Program Competition.

In order for WC CoC to prioritize programs that are most effectively serving the community at the local level, the community has implemented a Rank and Review Process for new and renewal projects. This process uses objective criteria and (where available) past performance to gain knowledge of project effectiveness within the full CoC system.

Multiple factors related to System Performance are used in the ranking including Exits to Permanent Housing, Exits to Homelessness, Length of Stay in PH, Increased Total Income, and Increased Earned Income.

The process includes a specific method for evaluating projects submitted by victim service providers (if necessary).

The CoC evaluates each renewal CoC project using objective data gathered from:

- HMIS APR report for the previous 12 months.
- HMIS System Performance (SysPM) report for the previous 12 months.
- LOCCS financial data
- SAGE APR timeliness information
- Previous Project Application submitted to HUD

Scoring

The 2018 Westchester CoC Project Ranking will be scored on an 85 point scale with the following breakdown:

Criteria	Source	Points
Factors related to System Performance		
Exits to Permanent Housing	SysPM 7b.2	0 to 10 points scored relative to other projects
Exits to Homelessness	APR Q23	0 to 5 points scored relative to other projects
Increased participant earned income	SysPM 4.1	0 to 5 points scored relative to other projects
Increased participant total income	SysPM 4.3	0 to 5 points scored relative to other projects
Project Performance factors		
Housing Utilization Rate	APR Q7b and Q8b	0 to 10 points scored relative to other projects
Length of Stay	APR Q22b	0 to 5 points scored relative to other projects
Participant Eligibility	CoC monitoring visit	0 to 5 points scored relative to other projects
HMIS Data Quality	APR Q6	0 to 5 points scored relative to other projects (data element error rate 5% or above Q6a, Q6b, Q6c)
APR timeliness	SAGE	1 point per on time APR due in last two funding periods
Cost effectiveness	LOCCS and Project Application	0 to 5 points scored relative to other projects (total budget/ # of households served)
Project Characteristics		
Project serves a specialized population services or serves a population with severe needs	Project Application	5 points for serving one or more of the following: <ul style="list-style-type: none"> ● 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 ● Significant health or behavioral health challenges or functional impairments
Project Component	Project Application	10 points for PSH or RHH; 5 points for TH; 0 points for SSO (except Coordinated Entry)
Housing First	Project Application	5 points for Housing First

Participation in Coordinated Entry	HMIS and CoC attendance records	3 points if all project entries since 12/11/17 are CE referrals 2 points for attendance at most CERC meetings [recipient and subrecipient]
CoC Board attendance	CoC attendance records	3 points for attendance at most CoC Board meetings [recipient and subrecipient]

Note: Domestic Violence services providers may self-report their data (from a comparable database) to respond to performance criteria since they do not participate in the Westchester CoC HMIS.

Projects are scored on performance criteria relative to other projects with the same component, with the highest performing project receiving full points on that measure, the worst performing project receiving 0 points, and all other projects receiving a score proportional to their performance between the worst and the best.

e.g. if the best performing project has a utilization rate of 100% (5 points), and the worst performing project has a utilization rate of 50% (0 points), then a project with 65% utilization rate would receive 1.5 points and a project with a 90% utilization rate would receive 4 points.

Project Ranking

Using the above scoring matrix, all projects seeking funding are scored and placed in numerical order, referred to as the “ranking”. Ranking places an applicant in either Tier 1 or Tier 2 based on the criteria established by HUD in the NOFA and CoC priorities.

The HMIS and Westchester Coordinated Entry projects are not scored, but automatically ranked #1 and #2 because they provide funding necessary for the functioning of the entire CoC.

The project ranking is first shared with the Continuum of Care Board. The Board reviews the process and all scoring in order to adopt the ranking. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking.

Bonus Projects

This year, HUD has made bonus funds available through the Domestic Violence Bonus and “regular” bonus (for CoC’s that demonstrate that the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects). A separate RFP will be issued by the CoC to determine subrecipients to design and submit Project Applications to HUD for the DV Bonus and “regular” Bonus.

Bonus projects will be ranked below renewals in the following order: Coordinated Entry Expansion, Permanent Supportive Housing Bonus, DV Bonus.

Reallocation

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to new projects that can better address prioritized community need(s). Reallocating funds is one of the most important tools by which communities can make strategic improvements to their homelessness system. The CoC can decide to repurpose a project that is underperforming or may be more appropriately funded from other sources to fill that need. Criteria to assess performance or underperformance will include scoring/rank and review results, participation in Coordinated Entry, participation in the local CoC, and participation within HMIS. CoC funded agencies may also voluntarily propose to reallocate CoC funds. Additionally, if a project consistently demonstrates unsatisfactory project performance outcomes and fails to make significant changes to improve its performance, that project may be recommended for reallocation.

If funds are reallocated, any resulting new projects will be ranked below renewals, except if funds are reallocated into an expansion of an existing renewal in which case the expansion project will be ranked just below the project it is expanding.

Westchester CoC FY2018 Project Ranking Tally

	Applicant Name	Project Name	Total ARA	Increased Earned Income		Increased Total Income		Exits to PH		HMIS DQ		Housing Utilization Rate					Length of Stay		Exits to Homelessness	
RANK	Applicant Name	Project Name		SysPM 4.1	4.1 data	SysPM 4.3	4.3 data	SysPM 7b	7b data	APR Q6	# Q6 data elements 5%+ error rate	APR 7b and 8b	utilization rate households	utilization rate persons+households	% persons	% households	APR Q22b	leavers and stayers LOS	APR Q23	
1	Westchester County Department of Social Services	HMIS	\$260,000																	
2	Westchester County Department of Social Services	Westchester Coordinated Ent	\$136,819																	
3	Westchester County Department of Social Services	First Steps	\$798,113	5.00	34%	2.50	50%	10.00	100%	5.00	0	2.88	98%	110%	122%	98%	2.09	1428	5.00	
4	City of Mount Vernon	CMV RA Vets	\$53,692	0.00	0%	0.00	0%	10.00	100%	4.17	1	10.00	166.7%	200%	233%	167%	2.21	1477.42857	5.00	
5	Westchester County Department of Social Services	Homestead	\$468,431	0.74	5%	2.75	55%	10.00	100%	4.17	1	1.28	90%	90%	90%	90%	1.87	1335.54545	5.00	
6	Westchester County Department of Community Mental Health	DCMH Vet Home 03	\$91,464	0.00	0%	5.00	100%	10.00	100%	5.00	0	2.39	100%	104%	108%	100%	0.77	868.714286	5.00	
7	The Municipal Housing Authority for the City of Yonkers	Yonkers RA	\$582,651	2.35	16%	2.10	42%	9.19	99%	4.17	1	6.50	175%	156%	137%	175%	5.00	2657.55405	5.00	
8	Westchester County Dept. of Social Services	New Start	\$808,589	5.00	27%	3.70	37%	8.89	89%	3.33	2	4.82	144%	198%	253%	144%	0.00	395.462687	0.00	
9	The Municipal Housing Authority for the City of Yonkers	Rapid Road To Housing	\$367,568	0.00	0%	0.00	0%	10.00	100%	5.00	0	10.00	238%	261%	285%	238%	0.71	362.483871	3.79	
10	City of Mount Vernon	CMV RA 05	\$232,665	1.03	7%	1.65	33%	10.00	100%	3.33	2	5.88	98%	148%	198%	98%	2.01	1394	5.00	
11	City of Mount Vernon	CMV RA 07	\$98,218	0.00	0%	1.65	33%	10.00	100%	4.17	1	2.06	100%	100%	100%	100%	2.35	1540	5.00	
12	The Municipal Housing Authority for the City of Yonkers	Westhab RA SRO	\$45,734	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.06	88%	88%	88%	88%	0.00	545	5.00	
13	City of Mount Vernon	Shallow Rent	\$384,214	2.94	20%	1.35	27%	10.00	100%	2.50	3	1.42	82%	92%	102%	82%	1.69	1258.62162	5.00	
14	The Municipal Housing Authority for the City of Yonkers	HIV RA	\$71,589	0.00	0%	0.00	0%	10.00	100%	3.33	2	2.06	94%	100%	106%	94%	0.22	636.5	5.00	
15	Westchester County Department of Social Services	The Refuge	\$107,001	5.00	40%	5.00	40%	10.00	80%	0.00	6	0.00	76.79%	77%	77%	77%	5.00	334.684211	0.00	
16	Westchester County Department of Community Mental Health	DCMH Leasing Project	\$164,177	0.00	0%	0.00	0%	10.00	100%	5.00	0	1.21	89%	89%	89%	89%	1.23	1064	5.00	
17	Greystone Health Services, Inc.	Issan House	\$279,467	0.00	0%	0.85	17%	5.00	91%	4.17	1	1.09	88%	88%	88%	88%	2.79	1721.82353	5.00	
18	Westchester County Department of Community Mental Health	DCMH RA Project	\$8,330,134	0.88	6%	1.70	34%	8.58	97%	4.17	1	2.04	93%	100%	107%	93%	4.66	2514.69149	3.10	
19	Westchester County Department of Social Services	Stepping Stones	\$329,915	3.13	25%	3.13	25%	10.00	80%	2.50	3	6.72	89.58%	90%	90%	90%	4.91	335.294118	0.00	
20	City of Mount Vernon	CMV RA 06	\$287,921	1.62	11%	1.65	33%	10.00	100%	3.33	2	0.00	69.6%	74.11%	79%	70%	2.00	1391	5.00	
21	Westchester County Department of Community Mental Health	DCMH Samaritan Initiative	\$176,320	2.94	20%	5.00	100%	0.56	83%	3.33	2	0.67	73%	83%	93%	73%	1.44	1154.66667	5.00	
22	HOPE Community Services, Inc.	CNR Rehousing Initiative	\$281,153	4.85	33%	3.35	67%	0.00	82%	3.33	2	3.05	104%	113%	121%	104%	1.54	1194.66667	5.00	
23	The Municipal Housing Authority for the City of Yonkers	Housing Independence Throu	\$521,007	0.00	0%	5.00	50%	0.00	0%	4.17	1	0.00	57.1%	91%	125%	57%	5.00	163	5.00	
24	Westchester County Department of Social Services	Turning Point	\$2,941,203	0.15	1%	1.50	30%	5.41	92%	3.33	2	1.96	96%	99%	102%	96%	0.80	885.083916	0.00	
25	Westchester County Department of Social Services	Life Bridges	\$49,499	0.00	0%	0.00	0%	0.00	75%	2.50	3	10.00	95.83%	96%	96%	96%	0.00	369.6	5.00	
				5		5		10		5		10					5		5	

Westchester CoC FY2018 Project Ranking Tally

	Participant Eligibility		APR timeliness	Cost Effectiveness	Cost Effectiveness	Population with severe needs	Project Component		Housing First	Participation in CE				CoC Board Attendance			SCORE	Project Name	
% exits to homeless leavers&stayers	CoC monitoring visit	% eligible	SAGE	\$17,815.25	Project Application	Project Application	Project Application	component	Project Application	HMIS and CE attendance records	non-CE enrollments	CE notes	CERC attendance	CoC attendance records	recipient attendance most CoC Board meetings	provider attendance most CoC Board meetings	TOTAL	Project Name	RANK
																	100	HMIS	1
																	99	Westchester Coordinated Entry	2
0%	5	100%	2	0.24	\$24,941.03	5	10	PSH	5	5	3		2	3	1.5	1.5	67.71	First Steps	3
0%	5	100%	1	2.22	\$17,897.33	5	10	PSH	5	3	3		0	3	1.5	1.5	65.59	CMV RA Vets	4
0%	5	100%	2	2.55	\$16,729.68	5	10	PSH	5	5	3		2	3	1.5	1.5	63.35	Homestead	5
0%	5	100%	2	2.96	\$15,244.00	5	10	PSH	0	5	3		2	3	1.5	1.5	61.12	DCMH Vet Home 03	6
0%	2.08333333	42%	2	2.29	\$17,656.09		10	PSH	5	0	0	2of2 not CE	0	0.75	0	0.75	56.43	Yonkers RA	7
28%	5	100%	2	5.00	\$27,882.38	3.27586207	10	RRH	0	2	0	1of6 not CE	2	3	1.5	1.5	56.01	New Start	8
7%	5	100%	2	0.25	\$36,756.80	5	10	RRH	0	2	0		2	1.5	0	1.5	55.25	Rapid Road To Housing	9
0%	0.83333333	17%	1	2.22	\$17,897.31		10	PSH	5	3	3		0	3	1.5	1.5	53.95	CMV RA 05	10
0%	2.5	50%	2	2.65	\$16,369.67		10	PSH	5	5	3		2	1.5	1.5	0	53.87	CMV RA 07	11
0%	5	100%	2	4.03	\$11,433.50		10	PSH	5	5	3		2	1.5	0	1.5	53.60	Westhab RA SRO	12
0%	3.57142857	71%	1	2.11	\$18,295.90	2.5	10	PSH	5	3	3		0	1.5	1.5	0	53.58	Shallow Rent	13
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14%	1.66666667	33%	2	5.00	\$7,642.93	5	5	TH	5	2	0	1of3 not CE	2	1.5	1.5	0	52.16	The Refuge	15
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0%	2.5	50%	2	5.00	\$7,984.77	5	10	PSH	5	3	3		0	0	0	0	51.40	Issan House	17
9%	1.22641509	25%	2	1.93	\$18,932.12	1.875	10	PSH	5	1.33333333	0		1.33333333	2.25	1.5	0.75	50.74	DCMH RA Project	18
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0%	1.25	25%	2	0.67	\$23,429.42		10	PSH	5	5	3		2	0	0	0	45.04	CNR Rehousing Initiative	22
0%	5	100%	2	0.00	\$37,214.79	0.71428571	10	RRH	0	5	3		2	1.5	0	1.5	43.38	Housing Independence Through Employment	23
24%	3.33333333	67%	2	0.00	\$25,800.03		10	PSH	5	4.8	3		1.8	2.7	1.5	1.2	40.98	Turning Point	24
0%	5	100%	2	4.85	\$8,249.83	5	5	TH	0	0	0	1of1 not CE	0	1.5	1.5	0	40.84	Life Bridges	25
	5		2	5		5	10		5	5				3			85		

\$2,990,702
\$49,499



August 27, 2018

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

RE: FY2018 Continuum of Care application project prioritization

Dear Mr. Wong:

This letter serves to inform you that **all 12** Project Applications submitted by the Westchester County DSS will be prioritized and will be submitted as part of the Westchester County CoC 2018 Consolidated Application.

The FY2018 NOFA for the Continuum of Care Program Competition released 06/20/18 requires all CoC's requesting funding to prioritize new and renewal projects into two Tiers. As discussed in Section II.B.10 of the NOFA, 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 FY2018 application. At a meeting of the Westchester County CoC Board held on 07/31/18, the DSS Turning Point project was chosen as a Tier 2 project based on the scoring under criteria adopted by the Board on 07/18/18. A copy of the scoring tally details is attached.

In addition, as described to you in a previous letter sent August 2, the lowest scoring project DSS Life Bridges was reallocated into a new Permanent Supportive Housing expansion of the highest performing project (First Steps) by the CoC Board.

Funding for the current operating years of these projects is unaffected. We will, of course, keep you up to date with further developments including any funding notices (expected in late 2018) from HUD informing Westchester County DSS of the status of the project placed in Tier 2.

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

Thank you,

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

Please find attached:

1) Letters to Applicants notifying them of the Local Competition Deadline 08/16/2018.

2) Copy of email distributing 07/18/18 CoC Board meeting agenda attachment which included Local Competition Deadline as item III.a.

As shown, this email was sent by the CoC to ALL CoC recipient and subrecipients.

3) 07/18/18 CoC Board meeting agenda which included Local Competition Deadline as item III.a.



July 6, 2018

Chantelle L. Okarter
Commissioner, Department of Planning & Community Development
City Of Mount Vernon
One Roosevelt Square
Mount Vernon, NY 10550

RE: FY2018 Continuum of Care application internal competition deadlines

Dear Ms. Okarter:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.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 **August 16, 2018** (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 August 31, 2018 (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 FY2018 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



July 6, 2018

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

RE: FY2018 Continuum of Care application internal competition deadlines

Dear Mr. Orth:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.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 **August 16, 2018** (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 August 31, 2018 (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.

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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



July 6, 2018

Craig Wong
Program Administrator-Homeless Services
85 Court Street
White Plains, New York 10601

RE: FY2018 Continuum of Care application internal competition deadlines

Dear Mr. Wong:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.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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Annette Peters-Ruvolo, LCSW
Program Director, WC Department of Community Mental Health
Co-Chair, Westchester County Continuum of Care Partnership for the Homeless



July 6, 2018

Joe Kenner
Vice-President, Programs and Partnerships
Greyston Foundation
21 Park Avenue
Yonkers NY 10703

RE: FY2018 Continuum of Care application internal competition deadlines

Dear Mr. Kenner:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.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,

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



July 6, 2018

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

RE: FY2018 Continuum of Care application internal competition deadlines

Dear Ms. Troum:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.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,

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



July 6, 2018

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

RE: FY2018 Continuum of Care application internal competition deadlines

Dear Mr. Shuldiner:

The FY2018 NOFA for the Continuum of Care Program Competition was released on 06/20/18. Per section VI.F.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,

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

Peters-Ruvolo, Annette

From: Peters-Ruvolo, Annette
Sent: Tuesday, July 17, 2018 12:45 PM
To: 'alba.guevara@yonkersny.gov'; 'Allison McSpedon'; 'Amy Gelles'; 'Anahaita Kotval'; 'Anderson Geoffrey'; 'Audrey Hyde (Audrey@thesharingcommunity.org)'; Austin, Dahlia; 'Barbara Bento-Fleming'; 'Bolivar, Sylvia'; 'Candice Kane'; 'Carole Troum (ctroum@hope-cs.org)'; Catalano, Michael; 'Cynthia Knox'; 'Dorothy Anderson'; 'Elaine Wisdom-Plunkett'; 'erikad@greyston.org'; Eweka, Bruce; 'Frankel Helen'; 'Gerry Riera'; 'James Coughlin'; 'Joe Kenner'; 'Judy Curcio'; 'kathy pandekakes'; 'KBertrand@programdesign.com'; 'Kocsis Andrea'; 'Lakia Perkins'; Manzione, Susan; 'Marcie Ciuffetelli (mciuffetelli@mhacy.org)'; 'Maria McGinty'; 'Maria McGinty2'; 'McCoy, Dominique'; 'Michelle Gonzalez YWCA Yonkers'; 'Michelle Pedraza (Michellep@greyston.org)'; 'Nadine Burns-Lyons'; 'Nicole Granata (ngranata@hdswh.org)'; 'Okarter, Chantelle'; 'Paul Stolz'; Quattrocchi, Patricia; Richards, Malika; 'Rita Liegner'; 'Ruthanne Becker (beckerr@mhawestchester.org)'; Smalley, Laurie; 'Swanson, Mona'; 'Tajae Gaynor'; Tarchoun, Jomarie; 'Tisne Suzanne'; Wong, Craig; 'Yoav Spiegel'; Blanca P. Lopez; Connors, Desh; Daniel Gore; Elizabeth McCorvey (frcecm@aol.com); Freda Macon; Giuliano, Mark; Gordon Albert; John, Christopher; joseph shuldiner; Karen Dattore; Linda Puoplo (lpuoplo@whiteplainsny.gov); Orth, Michael; Sanchez, Dana; Smotrich, Maura
Subject: re: REMINDER: CoC Board meeting tomorrow, Wed 7/18
Attachments: WC CoC Alternates Form_02_05_2013.docx; CoC Board meeting agenda 07_18_2018.docx; Westchester CoC 2018 ESG priorities.docx; NY-604-2018-RankReview-Process.docx
Importance: High

Good afternoon,

The next CoC Board meeting is scheduled for tomorrow, Wed 7/18/18 at 9:30am at 112 east post road in White Plains, DCMH room 217.

We will be discussing various items related to the NOFA, including some that require a vote – see agenda attached and related handouts.

It is imperative that all Board member agencies be represented in person or by phone. If you need to designate an alternate, and you do not have a designee on file with me, you MUST complete the attached form and pdf it back to me BEFORE 9:30am tomorrow morning.

Call in info:

Phone #: 515-739-1015

Dial in # for participants:

947-630-925

Thank you!

Annette M. Peters-Ruvolo, LCSW

Program Director, Community Support Services
Westchester County Department of Community Mental Health
112 East Post Road, 2nd Floor
White Plains, NY 10601
914-995-5278
914-995-6220 (fax)

Westchester County
Continuum of Care Partnership for the Homeless
MONTHLY COC BOARD MEETING
AGENDA: July 18, 2018

I. Welcome and Introductions

- a. Welcome Malika Richards!

II. Announcements

III. NOFA FY 2018

- a. NOFA released – due 9/18/18 – Project apps due 8/16/18
- b. RFPs released 7/13 – due 7/26/18
- c. Match letters have gone out – please return ASAP
- d. VOTE - ESG recommendations for FY2018
- e. VOTE – Ranking Algorithm
- f. VOTE - DV representative – voting Board member
- g. Preliminary discussion on re-allocation

**Next CoC Board meeting: TUESDAY, 7/31 – SPECIAL
MEETING FOR NOFA 9:30AM-NOON!!**



WESTCHESTER COUNTY CONTINUUM OF CARE PARTNERSHIP FOR THE HOMELESS

GUIDING PRINCIPLES – APPROVED 08/15/2018

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
- One domestic violence services representative
- Two or Three at large members so that the total number of Board members is an odd number

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

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

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

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

Section 4: ESG, vocational, Educational, Health Care, Veterans, Domestic Violence & 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 – Coordinated Entry

Section 1: The CoC Board must:

- Employ a Coordinated Entry system that assesses individuals and families experiencing homelessness for severity of need, length of time homeless, and specific disabilities and barriers. A HUD-funded Coordinated Entry Administrator, employed by DSS with oversight of the system then identifies the type of housing assistance appropriate to each household and refers those experiencing homelessness to available beds in priority order so that those with highest needs and length of time homeless are housed first.
- Develop and review, on an annual basis, a Coordinated Entry System policy manual that describes the policies and practices used by CoC member agencies.
- Develop a specific policy to guide the operation of the Coordinated Entry on how it will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers.
- Monitor, directly or via sub-committee, the effectiveness of the Coordinated Entry System and ensure that annual formal reviews of the system take place.

Article VIII – Co-Chairs

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

- Co-Chairs call, facilitate, and set agendas for all CoC Board meetings. A Co-Chair can call special meetings of the CoC Partnership. Co-Chairs are not voting members of the Board.
- Co-Chairs will be responsible for monitoring membership and tracking CoC meeting attendance. They shall be responsible for the minutes of the Board meetings of the CoC Partnership and for their distribution.

- Co-Chairs shall provide information as requested to the Collaborative Applicant and recipients.
- Co-Chairs shall nominate ESG, vocational, Educational, Veterans, Health Care & homeless representatives to the CoC Board.

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

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

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

Article IX – Committees

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

- Data and Systems
- Westchester Homelessness Prevention Network
- Patriot Housing Initiative
- CERC (Coordinated Entry Referral Conference) Meeting
- Self-Sufficiency Committee
- Coordinated Entry
- PIT Count Planning
- Housing Retention Workgroup
- Landlord Relations
- Consumer Advisory

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

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

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

Article X – 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 XI- 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 XII – 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 XIII – 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 XIV – General Provisions

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



HMIS Agency Participation Agreement

Westchester County Department of Social Services

Partner Agency Name

HMIS Lead Agency Name

I. BACKGROUND AND PURPOSE

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

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

II. GENERAL PROVISIONS

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



HMIS Agency Participation Agreement

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

III. DSS DUTIES AND RESPONSIBILITIES

DSS will:

A. GENERAL

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

B. PRIVACY, CONFIDENTIALITY AND SECURITY

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



HMIS Agency Participation Agreement

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

C. USER TRAINING AND PROGRAM CONFIGURATION

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



HMIS Agency Participation Agreement

IV. Partner Agency DUTIES AND RESPONSIBILITIES

The Partner Agency will:

A. GENERAL

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

B. PRIVACY AND CONFIDENTIALITY

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

C. DATA QUALITY AND MONITORING

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



HMIS Agency Participation Agreement

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

D. TRAINING

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

E. SECURITY

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



HMIS Agency Participation Agreement

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

V. PROPRIETARY RIGHTS OF CLIENTTRACK, INC.

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

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

VI. TERMS AND CONDITIONS

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

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

C. This Agreement may be terminated immediately with cause.

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

Westchester County Dept of Social Services
Agency NAME

[Signature]
Agency Representative
Kevin M. McGuire

1/8/2016
Date

Print NAME and TITLE
Commissioner

Westchester County Department of Social Services
[Signature]
Program Coordinator

1/5/2016
Date



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

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

PURPOSE

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

BACKGROUND

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

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

DATA SHARING

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

Information shared and editable between agencies may include:

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

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

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



HMIS Data Sharing Policy

Client Release of Information Procedure

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

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

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

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

Inter-Agency Data Sharing Procedure

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

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



WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS

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

HMIS Consumer Notice

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

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

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



HMIS Site Administrator Agreement

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

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

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

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

Designate Site Administrator (PRINT full name)

Site Administrator Signature	Date
------------------------------	------

Executive Director Signature	Date
------------------------------	------



HMIS User Agreement

Partner Agency Name

Westchester County Department of Social Services
HMIS Lead Agency Name

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

USER RESPONSIBILITIES

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

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

CODE OF ETHICS

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

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

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

USER SIGNATURE DATE ADMINISTRATOR SIGNATURE DATE



WESTCHESTER COUNTY CONTINUUM
OF CARE PARTNERSHIP FOR THE
HOMELESS

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

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
---------------------	------	------------------	------

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]



HMIS Agency Participation Agreement

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

I. BACKGROUND AND PURPOSE

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

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

II. GENERAL PROVISIONS

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



HMIS Agency Participation Agreement

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

III. DSS DUTIES AND RESPONSIBILITIES

DSS will:

A. GENERAL

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

B. PRIVACY, CONFIDENTIALITY AND SECURITY

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



HMIS Agency Participation Agreement

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



HMIS Agency Participation Agreement

IV. Partner Agency DUTIES AND RESPONSIBILITIES

The Partner Agency will:

A. GENERAL

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

B. PRIVACY AND CONFIDENTIALITY

- 1) Comply with all federal and state laws and regulations, and with all HMIS policies and procedures (particularly the HMIS Data and Technical Standards Final Notice from July 2004, the HMIS Data Standards Revised Notice from March 2010 and subsequent revisions) relating to the collection, storage, retrieval, and dissemination of client data.
- 2) Comply with the HMIS Privacy Policy and the HMIS Data Sharing Policy.
- 3) Obtain client consent before any data is collected and shared. The consent can be:
 - a) Inferred (baseline): The agency must post a visible HMIS Consumer Notice and HMIS Privacy Policy in a reception area or at each intake station.
 - b) Informed Written (optional): The client may sign a release of information (ROI) form stored on location.
 - c) Informed Verbal (optional): The client may give oral permission to Partner Agency personnel with written documentation of consent by witness.
- 4) Where informed written consent applies, utilize the HMIS Client Release of Information Form (ROI), or an alternative approved by DSS. With consent, the Partner Agency is authorized to share data until such time as the client withdraws consent, at which point the Partner Agency shall be responsible for ensuring the client's data entered thereafter is restricted from view. Collect and store records of any ROI authorizations for, at least, 3 (three) years.
- 5) Ensure no client is denied service for failure to release information for sharing purposes or refusal to answer informational questions not required for eligibility determination.
- 6) 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



HMIS Agency Participation Agreement

concern and possible findings against the Partner Agency and could culminate in official penalties up to and including loss of project funding.

- 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)



HMIS Agency Participation Agreement

- b) People: Personnel security (authorized users only, local oversight of usage)
- c) Procedures: Organizational security (policies and procedures are in place)
- 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

2018 HDX Competition Report

PIT Count Data for NY-604 - Yonkers, Mount Vernon/Westchester County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	1750	1832	1827
Emergency Shelter Total	916	1,018	1,081
Safe Haven Total	0	0	0
Transitional Housing Total	800	767	702
Total Sheltered Count	1716	1785	1783
Total Unsheltered Count	34	47	44

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	131	149	164
Sheltered Count of Chronically Homeless Persons	117	131	150
Unsheltered Count of Chronically Homeless Persons	14	18	14

2018 HDX Competition Report

PIT Count Data for NY-604 - Yonkers, Mount Vernon/Westchester County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	362	383	396
Sheltered Count of Homeless Households with Children	362	383	396
Unsheltered Count of Homeless Households with Children	0	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	161	128	121	45
Sheltered Count of Homeless Veterans	152	126	116	42
Unsheltered Count of Homeless Veterans	9	2	5	3

2018 HDX Competition Report

HIC Data for NY-604 - Yonkers, Mount Vernon/Westchester County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1023	57	966	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	691	0	691	100.00%
Rapid Re-Housing (RRH) Beds	498	0	438	87.95%
Permanent Supportive Housing (PSH) Beds	1405	0	1137	80.93%
Other Permanent Housing (OPH) Beds	410	0	75	18.29%
Total Beds	4,027	57	3307	83.30%

2018 HDX Competition Report

HIC Data for NY-604 - Yonkers, Mount Vernon/Westchester County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	154	154	154

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	102	87	143

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	280	341	498

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for NY-604 - Yonkers, Mount Vernon/Westchester County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	3965	3907	88	109	21	44	49	5
1.2 Persons in ES, SH, and TH	4847	4710	185	212	27	87	102	15

b. This measure is based on data element 3.17.

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3965	3996	103	153	50	55	77	22
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4847	4795	203	256	53	105	149	44

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	77	5	6%	2	3%	9	12%	16	21%
Exit was from ES	556	16	3%	34	6%	49	9%	99	18%
Exit was from TH	497	24	5%	12	2%	32	6%	68	14%
Exit was from SH	0	0		0		0		0	
Exit was from PH	573	36	6%	33	6%	34	6%	103	18%
TOTAL Returns to Homelessness	1703	81	5%	81	5%	124	7%	286	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1750	1832	82
Emergency Shelter Total	916	1018	102
Safe Haven Total	0	0	0
Transitional Housing Total	800	767	-33
Total Sheltered Count	1716	1785	69
Unsheltered Count	34	47	13

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	4882	4745	-137
Emergency Shelter Total	4002	4034	32
Safe Haven Total	0	0	0
Transitional Housing Total	1379	1323	-56

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	926	966	40
Number of adults with increased earned income	42	63	21
Percentage of adults who increased earned income	5%	7%	2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	926	966	40
Number of adults with increased non-employment cash income	125	277	152
Percentage of adults who increased non-employment cash income	13%	29%	16%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	926	966	40
Number of adults with increased total income	157	324	167
Percentage of adults who increased total income	17%	34%	17%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	449	390	-59
Number of adults who exited with increased earned income	63	69	6
Percentage of adults who increased earned income	14%	18%	4%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	449	390	-59
Number of adults who exited with increased non-employment cash income	152	83	-69
Percentage of adults who increased non-employment cash income	34%	21%	-13%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	449	390	-59
Number of adults who exited with increased total income	202	134	-68
Percentage of adults who increased total income	45%	34%	-11%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3726	3677	-49
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1040	1433	393
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2686	2244	-442

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4214	4082	-132
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1331	1646	315
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2883	2436	-447

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	277	26	-251
Of persons above, those who exited to temporary & some institutional destinations	45	17	-28
Of the persons above, those who exited to permanent housing destinations	85	7	-78
% Successful exits	47%	92%	45%

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	3367	3000	-367
Of the persons above, those who exited to permanent housing destinations	1113	917	-196
% Successful exits	33%	31%	-2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	1579	1477	-102
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1513	1432	-81
% Successful exits/retention	96%	97%	1%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

NY-604 - Yonkers, Mount Vernon/Westchester County CoC

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

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

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

2018 HDX Competition Report FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	939	927	879	962	1367	1233	966	801	1634	1639	1900	1771	154	311	280	341				
2. Number of HMIS Beds	723	846	872	962	1322	1228	966	801	1036	1012	1316	1188	154	311	280	341				
3. HMIS Participation Rate from HIC (%)	77.00	91.26	99.20	100.00	96.71	99.59	100.00	100.00	63.40	61.74	69.26	67.08	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	603	3300	4002	4034	1402	1538	1379	1323	1193	1237	1357	1416	484	792	661	785	146	277	206	41
5. Total Leavers (HMIS)	186	2283	3085	3048	650	763	634	673	109	150	149	153	81	533	325	396	24	102	135	23
6. Destination of Don't Know, Refused, or Missing (HMIS)	123	1620	1962	1953	67	229	33	38	9	6	4	5	16	149	6	11	3	13	51	0
7. Destination Error Rate (%)	66.13	70.96	63.60	64.07	10.31	30.01	5.21	5.65	8.26	4.00	2.68	3.27	19.75	27.95	1.85	2.78	12.50	12.75	37.78	0.00

2018 HDX Competition Report
Submission and Count Dates for NY-604 - Yonkers, Mount
Vernon/Westchester County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/25/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/25/2018	Yes
2018 HIC Count Submittal Date	4/25/2018	Yes
2017 System PM Submittal Date	5/9/2018	Yes

Westchester County Continuum of Care Partnership for the Homeless
NY-604-Yonkers, Mount Vernon/Westchester County COC

Continuum of Care Assistance Policies

Continuum of Care Program (24 CFR Part 578) describes in § 578.7 Responsibilities of the Continuum of Care, subsection (a) Operate the Continuum of Care (9), the Continuum of Care must:

“In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance.”

This subsection also states that at a minimum, written standards must include “policies and procedures for evaluating individuals’ and families’ eligibility for assistance” for:

1. permanent supportive housing;
2. rapid rehousing; and
3. transitional housing.

These written standards will continue to be developed as HUD provides more guidance.

This subsection also states that written standards must also include:

“policies and procedures for determining and prioritizing which eligible individuals and families will receive” transitional housing, rapid rehousing, and permanent supportive housing assistance.

Goals of the Written Standards

The CoC recognizes and supports HUD’s goals for local written standards and strives to meet its obligations under the HEARTH Act in a way that helps to enhance its systemic response to homelessness. These standards are meant to:

- Establish community-wide expectations on the operations of projects within the community
- Ensure that the system is transparent to participants and providers
- Establish a minimum set of standards and expectations in terms of the quality expected of projects
- Make the local priorities transparent to recipients and subrecipients of funds and all community stakeholders
- Create consistency and coordination between projects within the Westchester County CoC.

The Westchester County CoC expects recipient and subrecipients to administer their assistance in compliance with the CoC's written standards. Recipients and subrecipients of CoC and local funds may develop additional standards for administering program assistance, but these additional standards may not conflict with those established by the Westchester County CoC or HUD regulations. Other agencies that serve homeless persons within Westchester County are strongly encouraged to adopt the standards and practices discussed in this document.

Guiding Principles

Westchester County CoC commits to the following Guiding Principles as part of its overall approach to ending and preventing homelessness throughout the CoC. These Guiding Principles shall inform program and policy decisions of the CoC and its funded or affiliated housing and service providers.

Housing First

Housing First is a programmatic and systems approach that centers on providing people who are homeless with housing quickly and then providing services as needed. Westchester County CoC incorporates the Housing First approach as well as non-discrimination policies into the coordinated entry system and its funding priorities.

- Housing is not contingent on compliance with services.
- Participants are expected to comply with a standard lease or occupancy agreement and are provided with services and supports to help maintain housing and prevent eviction.
- Services are provided in housing to promote housing stability and well-being.
- All programs are expected to ensure low barriers to program entry for program participants.

Non-Discrimination

Westchester County CoC commits to a policy of non-discrimination for all CoC projects and activities. Elements of this principle include:

- Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes including the Fair Housing Act and the Americans with Disabilities Act.
- Westchester County CoC practices a person-centered model that strongly incorporates participant choice and inclusion of subpopulations present in Westchester, including, but not limited to, homeless veterans, youth, families with children, and victims of domestic violence.
- Westchester County CoC is committed to abiding by the Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity Final Rule published in 2012.

Client Choice

Given the geography of the Westchester County CoC, the CoC strives to ensure that clients seeking assistance are provided choice in the types and duration of services they receive, dependent on available resources. This choice is limited by the prioritization strategies outlined in this document, with fair discretion where possible. To the degree possible based on resources and the prioritization mechanisms described in this document, and where safety is not compromised, clients are given choice in:

- The type of services they receive, by whom, and over what time period
- The location and type of housing they access

- The elements and goals of their housing stability plans

Written Standards for Permanent Supportive Housing

A. Background information

In regards to Permanent Supportive Housing, § 578.7 Responsibilities of the Continuum of Care (a) (9) of the HEARTH Act Interim Rule notes that:

In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Permanent supportive housing is considered permanent housing. HUD's regulatory definition of "permanent housing" states:

"The term 'permanent housing' means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing."

HUD also states:

"Additionally, in the regulatory definition of "permanent housing," HUD clarifies that to be permanent housing, "the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements."

B. Eligible clients

Per the 2016 CoC NOFA V.G.2.(4):

(a) The only persons who may be served by any non-dedicated permanent supportive housing beds are those who come from the streets, emergency shelters, safe havens, institutions, or transitional housing.

- i. Homeless individuals and families coming from transitional housing must have originally come from the streets or emergency shelters.
- ii. Homeless individuals and families with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions and are living in transitional housing are eligible for permanent supportive housing even if they did not live on the streets, emergency shelters, or

safe havens prior to entry in the transitional housing.

iii. Persons exiting institutions where they resided for 90 days or less and came from the streets, emergency shelter, or safe havens immediately prior to entering the institution are also eligible for permanent supportive housing.

(b) The only persons who may be served by dedicated or prioritized permanent supportive housing beds are persons experiencing chronic homelessness as defined in 24 CFR 578.3, including individuals, families, and unaccompanied youth.

In addition, per § 578.37 (i) Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded and match any identified target populations served by a specific project as defined in the Project Application to HUD.

C. Prioritizing Permanent Supportive Housing

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

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

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

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

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

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

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

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

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

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

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

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

HUD notice 14-012 sets “Recordkeeping Requirements for Documenting Chronic Homeless Status.” HUD stated that this notice “establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant’s status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103.

Per the **Emergency Transfer Plan** adopted by the Westchester County CoC, priority will be given to current PSH participants who are victims of domestic violence, dating violence, sexual assault, or stalking who request an emergency transfer from the tenant’s current unit to another unit if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit or if the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Where it is impossible or unsafe to transfer these participants to a new unit in the current PSH project, emergency transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new PSH project.

CoC Project Closure: In the event of Project closure, where allowed by HUD *and* needed to prevent homelessness, the CoC will transfer enrolled participants of de-funded projects to other CoC projects as openings become available. These transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new CoC project.

D. Recipient Recordkeeping Requirements

In addition to any other records required in 24 CFR 578.103, recipients of CoC Program-funded PSH must retain:

- 1) Documentation of qualifying homelessness:
 - Written referral by another housing or service provider(s) indicating the entry and exit dates from the previous housing for homeless persons; or
 - Written observation by an outreach worker indicating the dates of contact with the homeless persons living in a place not meant for human habitation; or
 - Certification by the individual or head of household seeking assistance of living on the

streets or an emergency shelter; or

- Record of service produced by HMIS for Emergency Shelter (and Transitional Housing) indicating the entry and exit dates from the previous housing for homeless persons

For individuals exiting an institution where they resided for 90 days or less – one of the forms of evidence above and:

- Discharge Paperwork from the institution indicating the entry and exit dates from that institution

Individuals or families entering PSH from Transitional Housing must provide evidence of the stay in the Transitional Housing in addition to the immediately prior stay in emergency shelter or the streets (or evidence of fleeing Domestic Violence).

2) Documentation of disability:

- Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently; or
- Written verification from the Social Security Administration; or
- The receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation);

3) Documentation of annual household income including client contribution calculation form and source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement).

4) Records of supportive services and assistance provided to program participants, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services.

For clients that are enrolled in projects that are required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

- Written Intake Procedures;
- Evidence of Chronically Homeless Status
 - Evidence that the homeless occasion was continuous, for at least 365 days;
 - Evidence that the household experienced at least four separate homeless occasions over 3 years with a cumulative duration of 365 days;
 - Evidence of diagnosis with one or more of the following disabling conditions as described above: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive

impairments resulting from brain injury, or chronic physical illness or disability.

E. Written Standards

Written Standard #1: No Designated Length of Stay

- **Program participants are provided housing without a designated length of stay that permits them to live as independently as possible.**

In Program Components and Eligible Costs (Subpart D) of the Preamble of the HEARTH Act (see p. 25) the following is noted:

“Consistent with the definition of permanent housing in section 401 of the McKinney-Vento Act and § 578.3 of this interim rule, the permanent housing component is community-based housing without a designated length of stay that permits formerly homeless individuals and families to live as independently as possible. The interim rule clarifies that Continuum of Care funds may be spent on two types of permanent housing: permanent supportive housing for persons with disabilities (PSH) and rapid rehousing that provides temporary assistance (i.e., rental assistance and/or supportive services) to program participants in a unit that the program participant retains after the assistance ends.”

Written Standard #2: Lease Agreement

- **The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.**

On page 12 of the Preamble of the HEARTH Act Interim Rule,

“HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”

Also, § 578.77 Calculating occupancy charges and rent (a) states the following about occupancy agreements:

“(a) Occupancy agreements and leases. Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.”

Written Standard #3: Restricted Assistance and Disabilities

- **Permanent supportive housing can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.**

§ 578.37 Program components and uses of assistance (a) (1) (i) states that:

“Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.”

Written Standard #4: Supportive Services

- **Supportive services designed to meet the needs of program participants must be made available to the program participants.**

§ 578.37 Program components and uses of assistance (a) (1) (i) states that:

“Permanent supportive housing for persons with disabilities (PSH). PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.”

Written Standard #5: Duration of Supportive Services Assistance

- **Supportive services to enable program participants to live as independently as possible must be provided throughout the duration of their residence**

§ 578.53 Supportive services (b) (2) states that:

“Permanent supportive housing projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.”

Written Standard #6: Shared Housing - One Person per Bedroom

- **Two individuals in a shared housing situation must have their own lease and their own bedroom unless the two individuals are presented together as a household**

Written Standard #7: Program Income

- **Program income generated from rent and occupancy charges may be collected from program participants and added to funds committed to the project by HUD and used for eligible program activities**

§ 578.97 Program income includes the following:

“(a) Defined. Program income is the income received by the recipient or subrecipient directly generated by a grant-supported activity.

(b) Use. Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.

(c) Rent and occupancy charges. Rents and occupancy charges collected from program participants are program income. In addition, rents and occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing.”

Also, § 578.49 Leasing (b) (7) states the following about program income:

“Program income. Occupancy charges and rent collected from program participants are program income and may be used as provided under § 578.97.”

Written Standard #8: Calculating Occupancy Charges and Rent

- ☐ **if occupancy charges are imposed, they may not exceed the highest of: 1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses); 2) 10 percent of the family’s monthly income; or 3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs.**

§ 578.77 Calculating occupancy charges and rent (b) (1) (2) (3) notes the following about occupancy agreements:

“(b) Calculation of occupancy charges. Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of: (1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(2) 10 percent of the family’s monthly income; or

(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the

payments that is designated for housing costs.”

Written Standard #9: Examining Program Participant’s Initial Income

- ❑ **a program participant’s initial income must be examined at least annually to determine the amount of the contribution toward rent payable by the program participant and adjustments to a program participant’s contribution toward the rental payment must be made as changes in income are identified.**

§578.77 Calculating occupancy charges and rent (c)(2) states that:

“Recipients or subrecipients must examine a program participant’s income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant’s contribution toward the rental payment must be made as changes in income are identified.”

§578.103 Recordkeeping requirements (7) (i) (ii) states that the recipient or subrecipient must keep records for each program participant that document:

“(i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and

(ii) Where applicable, compliance with the termination of assistance requirement in § 578.91.”

Written Standard #10: Verifying Program Participant’s Initial Income

- ❑ **each program participant must agree to supply the information or documentation necessary to verify the program participant’s income.**

§578.77 Calculating occupancy charges and rent (c)(3) states that:

“As a condition of participation in the program, each program participant must agree to supply the information or documentation necessary to verify the program participant’s income. Program participants must provide the recipient or subrecipient with information at any time regarding changes in income or other circumstances that may result in changes to a program participant’s contribution toward the rental payment.”

§578.103 Recordkeeping requirements (6) (i) (ii) (iii) and (iv) states that the following documentation of annual income must be kept by recipient or subrecipient:

“(i) Income evaluation form specified by HUD and completed by the recipient or subrecipient; and

(ii) Source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;

(iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the recipient’s or subrecipient’s intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or

(iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.”

Written Standard #11: Recalculating Occupancy Charges and Rent

- ❏ **if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.**

§ 578.77 Calculating occupancy charges and rent (b) (4) notes the following about recalculating occupancy charges and rent:

“(4) Income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant’s income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.”

Written Standard #12: Termination of Assistance

- **Assistance may be terminated to a program participant who violates program requirements or conditions of occupancy by providing a formal process that recognizes the due process of law.**

On page 37 of the Preamble of the HEARTH Act, the following is stated concerning termination of assistance:

“The interim rule provides that a recipient may terminate assistance to a participant who violates program requirements or conditions of occupancy. The recipient must provide a formal process that recognizes the due process of law. Recipients may resume assistance to a participant whose assistance has been terminated.

Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under this interim rule, HUD has determined that a participant's assistance should be terminated only in the most severe cases. HUD is carrying over this requirement from the Shelter Plus Care program."

§578.91 states the following regarding Termination of assistance to program participants:

(a) Termination of assistance. The recipient or subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same individual or family.

(b) Due process. In terminating assistance to a program participant, the recipient or subrecipient must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- (1) Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
 - (2) Written notice to the program participant containing a clear statement of the reasons for termination;
 - (3) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
 - (4) Prompt written notice of the final decision to the program participant.
- (c) Hard-to-house populations. Recipients and subrecipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

Written Standard #13: Maintenance of Housing Assistance

PSH projects will not administer drugs tests, impose income requirements, require employment, or require services (case management, mental health, behavioral health) as a condition of housing. Providers are encouraged to practice Trauma Informed Practices, Motivational Interviewing, and Client-Centered Housing Stability Planning. This standard may be flexible in cases of immediate safety concerns other extreme circumstances.

II. Determining Written Standards for Rapid Rehousing

A. Background information

In regards to rapid rehousing, § 578.7 Responsibilities of the Continuum of Care (a) (9) of the

HEARTH Act Interim Rule notes that:

In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

Rapid rehousing is considered permanent housing. HUD's regulatory definition of "permanent housing" states:

"The term 'permanent housing' means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid re-housing."

HUD also states:

"Additionally, in the regulatory definition of "permanent housing," HUD clarifies that to be permanent housing, "the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements."

Types of rapid rehousing assistance include:

- Rental assistance;
- Case management;
- Supportive services;
- Security deposits.

B. Eligible Clients

To be eligible for Rapid Re-housing, clients must be “Literally Homeless” or Category 1 according to the HUD Homeless Definition, which is:

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Certain CoC-funded RRH may also serve clients who are Fleeing or Attempting to Flee Domestic Violence & Human Trafficking /Category 4 according to the HUD Homeless Definition, which is:

- (4) Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence;
 - (ii) Has no other residence; and
 - (iii) Lacks the resources or support networks to obtain other permanent housing

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded. To date, CoC-funded Rapid Re-housing is restricted to clients living in a place not meant for human habitation or emergency shelters.

In addition to homeless status, the criteria for program entry are: (1) the need for the subsidy to achieve permanent housing and the (2) willingness to work with staff throughout and after the subsidy period to increase income, budget effectively, and increase life skills as needed to foster the sustainability of permanent housing after the subsidy period.

C. Prioritizing Rapid Rehousing

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

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

Rapid re-housing should prioritize people with more challenges, including those with no income, poor employment prospects, troubled rental histories, and criminal records. Providers should link participants with community resources that will help them achieve

longer-term stability and well-being. Now is the time for communities to be working together to establish written standards for administering rapid re-housing and thinking strategically about how this type of assistance will be used most effectively within the CoC.”

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

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

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

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

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

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

Per the **Emergency Transfer Plan** adopted by the Westchester County CoC, priority will be given to current Rapid Re-housing participants who are victims of domestic violence, dating violence, sexual assault, or stalking who request an emergency transfer from the tenant’s current unit to another unit if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit or if the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Where it is impossible or unsafe to transfer these participants to a new unit in the current Rapid Re-housing project, emergency transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new Rapid Re-housing project.

CoC Project Closure: In the event of Project closure, where allowed by HUD *and* needed to prevent homelessness, the CoC will transfer enrolled participants of de-funded projects to other CoC projects as openings become available. These transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new CoC project.

D. Recipient Recordkeeping Requirements

In addition to any other records required in 24 CFR 578.103, recipients of CoC Program-funded Rapid Re-housing must retain:

- 1) Documentation of qualifying homelessness:
 - Written referral by another housing or service provider(s) indicating the entry and exit dates from the previous housing for homeless persons; or
 - Written observation by an outreach worker indicating the dates of contact with the homeless persons living in a place not meant for human habitation; or
 - Certification by the individual or head of household seeking assistance of living on the streets or an emergency shelter; or
 - Record of service produced by HMIS for Emergency Shelter (and Transitional Housing) indicating the entry and exit dates from the previous housing for homeless persons

For individuals exiting an institution where they resided for 90 days or less – on of the forms of evidence above and:

- Discharge Paperwork from the institution indicating the entry and exit dates from that institution

For clients fleeing or attempting to flee domestic violence:

- Oral statement by the individual or head of household that they are fleeing. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- Certification by the individual or head of household that no subsequent residence has been identified; and
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

- 2) Documentation of Annual household income including income evaluation form and source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement).
- 3) Records of supportive services and assistance provided to program participants, including evidence that the recipient or subrecipient has conducted an annual assessment of services

for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services.

E. Written Standards

Written Standard #1: Lease Agreement

- **The program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long.**

On page 12 of the Preamble of the HEARTH Act Interim Rule,

“HUD clarifies that to be permanent housing, “the program participant must be the tenant on a lease for a term of at least one year that is renewable and is terminable only for cause. The lease must be renewable for terms that are a minimum of one month long. HUD has determined that requiring a lease for a term of at least one year that is renewable and terminable only for cause, assists program participants in obtaining stability in housing, even when the rental assistance is temporary. These requirements are consistent with Section 8 requirements.”

Written Standard #2: Rental Assistance

- **Program participants may receive short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance**

§ 578.37 Program components and uses of assistance (a) (1) (ii) states that:

“Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or **short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance**, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.”

Written Standard #3: Amount of Rental Assistance

Rapid Re-housing rent assistance programs are designed to close the gap between homeless households' available funds for housing (earned income and local subsidies) and the cost of available affordable housing, to allow homeless clients to achieve permanent housing and exit homeless shelters.

RRH will close the gap between other housing subsidies and 40% or less of earned income, and the affordable rental market.

Standards for determining the share of rent and utilities costs that each program participant

must pay, if any, will be based on the following guidelines:

- The maximum amount of rent that a participant will pay can be up to 100% of the rental amount;
- The maximum percentage of income paid by participants towards rent at program completion shall be no more than 40%. However, in certain circumstances, on a case-by-case basis, there may be participants whose rental share may exceed 40% of the rent based on their financial circumstances. In general, the goal will be that participants pay generally no more than 40% of their income in rent;
- Housing subsidies from other sources can be fully applied to housing. Rapid Rehousing rental assistance will provide 30% to 70% of rental costs (plus utilities); participants funds (including earned income and local subsidies) will provide 30% to 70% of rental costs (plus utilities).
- 100% of the cost of rent in rental assistance may be provided to program participants. However, to provide the best chance for households to become successfully independent, and to maximize the number of households that can be served with rapid re-housing resources, it is expected that the level of assistance provided will be the minimum necessary for each household to be stably housed for the longterm;
- The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

The rental subsidy will not be provided beyond 24 months. The goal is to terminate rental assistance for all clients after 12 months. Clients will continue to receive voluntary monthly case management services for up to 6 months after the end of the rental assistance period.

§ 578.37 Program components and uses of assistance (a) (1) (ii) (F) states that a Continuum of Care:

“May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent. For the purposes of calculating rent or rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.”

Written Standard #4: Duration of Assistance

- The rental subsidy will not be provided beyond 24 months. The goal is to terminate rental assistance for all clients after 12 months. Clients will continue to receive voluntary monthly case management services for up to 6 months after the end of the rental assistance period.
- It is expected that program participants will only receive minimum level of assistance necessary to be stably housed for the long-term.

§ 578.37 Program components and uses of assistance (a) (1) (ii) states that:

“Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.”

Written Standard #5: Security Deposits including Last Month’s Rent

- **Program participants may receive funds for security deposits in an amount not to exceed 2 months of rent.**

§ 578.51 Rental assistance (a) (2) states that:

“Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month’s rent may be provided to the landlord, in addition to the security deposit and payment of first month’s rent.”

Written Standard #6: Receiving Rental Assistance through Other Sources

- **Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.**

§ 578.51 Rental assistance (a) Use states that:

“Grant funds may be used for rental assistance for homeless individuals and families. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.”

Written Standard #7: Case Management

- Program participants must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability.

§ 578.37 Program components and uses of assistance (a) (1) (ii) (F) states the following requirement:

“Require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401

et seq.) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services."

Written Standard #8: Supportive Services

- **Program participants may receive supportive services as set forth in § 578.53 (see Appendix A)**

§ 578.37 Program components and uses of assistance (a) (1) (ii) states that:

"Continuum of Care funds may provide **supportive services**, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing."

Written Standard #9: Duration of Supportive Services

- **Program participants may receive supportive services for no longer than 6 months after rental assistance stops**

§ 578.37 Program components and uses of assistance (a) (1) (ii) (F) states that the Continuum of Care "May provide supportive services for no longer than 6 months after rental assistance stops."

Written Standard #10: Re-evaluation

- **Program participants must be re-evaluated, with their income and rental assistance needs recertified, not less than quarterly, in order to determine whether program participants lack sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing.**

§ 578.37 Program components and uses of assistance (a) (1) (ii) (E) states that the Continuum of Care:

"Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant's eligibility and the amount and types of assistance that the program participant needs."

III. Determining Written Standards for Transitional Housing

A. Background Information

This section proposes written standards for transitional housing based upon information provided in the HEARTH Act.

Under § 578.3 Definitions of the HEARTH Act, the following is stated:

“Transitional housing means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.”

B. Eligible Clients

To be eligible for Transitional Housing, clients must be homeless under one of the four Categories of the HUD Homeless Definition, which is:

(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

(2) Individual or family who will imminently lose their primary nighttime residence, provided that:

(i) Residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(i) Are defined as homeless under the other listed federal statutes;

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

- (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers

(4) Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

Eligible clients must also meet eligibility criteria as defined in the NOFA under which the program was funded and any other project specific eligibility criteria.

C. Prioritizing Transitional Housing

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

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

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

Per the Emergency Transfer Plan adopted by the Westchester County CoC, priority will be given to current Transitional Housing participants who are victims of domestic violence, dating violence, sexual assault, or stalking who request an emergency transfer from the tenant's current unit to another unit if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit or if the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Where it is impossible or unsafe to transfer these participants to a new unit in the current Transitional Housing project, emergency transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified

target populations served by the new Transitional Housing project.

D. Written Standards

Written Standard #1:

The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended”; in exceptional cases a “homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living” as noted in § 578.79 Limitation on transitional housing.

Under § 578.51 Rental assistance, (l) Leases (2) Initial lease for transitional housing, the following is required:

“Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.”

Written Standard #2:

Assistance in transitioning to permanent housing must be provided to participants. Permanent housing plans should be established immediately upon intake to the Transitional Housing program, even if those plans anticipate a prolonged length of stay in TH prior to moving to PH.

⁴Chronically homeless households are no longer considered chronically homeless once they become residents of transitional housing programs. As a result, such households are no longer eligible for permanent supportive housing beds that are dedicated or prioritized to serve only chronically homeless households. In addition, HUD strongly encourages permanent supportive housing providers to fill vacant beds with chronically homeless households.

Supportive services must be made available to program participants “throughout the duration of their residence” and such services “may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.”

Under § 578.53 Supportive services (b) Duration, the following is also noted:

(1) “For a transitional housing project, supportive services must be made available to residents throughout the duration of their residence in the project.”

(3) “Services may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.”

Written Standard #3:

Recipients and subrecipients of funding for transitional housing “are not required to impose occupancy charges on program participants as a condition of residing” in transitional housing. However, if occupancy charges are imposed, they may not exceed the highest of:

(1) 30 percent of the family’s monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(2) 10 percent of the family’s monthly income; or

(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family’s actual housing costs) is specifically designated by the agency to meet the family’s housing costs, the portion of the payments that is designated for housing costs.

(4) Income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant’s income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident’s income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.

Under § 578.77 Calculating occupancy charges and rent, the following guidelines are provided:

“(a) Occupancy agreements and leases. Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.

(b) Calculation of occupancy charges. Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

(1) 30 percent of the family’s monthly adjusted income (adjustment factors

include the number of people in the family, age of family members, medical expenses, and child-care expenses);

(2) 10 percent of the family's monthly income; or

(3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.

(4) Income. Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant's income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly."

Written Standard #4:

Assistance for a transitional housing project may be discontinued "if more than half of the homeless individuals or families remain in that project longer than 24 months."

Under § 578.79 Limitation on transitional housing, the following is stated:

"A homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living. However, HUD may discontinue assistance for a transitional housing project if more than half of the homeless individuals or families remain in that project longer than 24 months."

Westchester County Continuum of Care: 2018 Priorities for Emergency Solutions Grant

Adopted by the Board of the Westchester County Continuum of Care on July 18, 2018

Background:

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

General Requirements:

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

The Westchester CoC implemented a Coordinated Entry system beginning December 2017. Homeless persons in Coordinated Entry are assessed for severity of need, length of time homeless, and specific disabilities & barriers. The Coordinated Entry Administrator then identifies the type of housing assistance appropriate to each household and refers homeless to available beds in priority order so that those with highest needs and length of time homeless are housed first.

HUD and the Westchester Continuum of Care require that all ESG projects providing Homelessness Prevention and Rapid Re-housing participate in Coordinated Entry, using the guidelines, assessment tools, and procedures established by the Board of the CoC.

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

ESG subrecipient agencies are required to have staff involved in the assessment, intake, referral, & transfer of clients; and attend Coordinated Entry training sessions offered by the Westchester CoC.

Funding Allocation Priorities:

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

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