

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

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

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

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

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

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

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

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

**If less than bi-monthly, please explain (limit 500 characters):**

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

**Specify "other" legal status:**

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

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

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

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

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

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

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

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

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

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

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

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

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

**Committees and Frequency**

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Partnership Steering Committee	This group sets strategic priorities, identifies emerging needs and trends, coordinates all local CoC-related activities, and oversees preparation of CoC applications.	Monthly or more
Recovery Housing Network	This group coordinates all of our local emergency, transitional and permanent housing providers who serve chemically dependent homeless people in order to weave them into a more seamless and effective continuum of "recovery sensitive" housing resources, including development of a new "Single Point of Access" process for this population.	Monthly or more
Single Point of Access (SPOA) Team	This group coordinates placements of mentally ill homeless people into CoC-funded and other supportive housing resources, using a Single Point of Access (SPOA) process.	Monthly or more
HMIS Workgroup	This group meets on an as-needed basis to monitor HMIS implementation and make strategic and other CoC-wide policy decisions relating to HMIS.	Quarterly
HPRP Steering Committee	This group meets bimonth to coordinate all local HPRP activities in our CoC, bringing together four local HPRP grantees and over a dozen HPRP subgrantees with our local Department of Social Services, United Way, and other CoC Partnership Steering Committee members and key stakeholders.	Bi-monthly

**If any group meets less than quarterly, please explain (limit 750 characters):**

Our HMIS Workgroup meets on an as-needed basis, approximately 5-6 times per year.

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

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

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

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

Westchester Residential Opportunities	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Westhab	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
Community Housing Innovations, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Grace Church Comminty Center	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Westchester Jewish Community Services	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
The Sharing Community	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriousl y Me...
YMCA of Mt. Vernon	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
YMCA of Tarrytown	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
YMCA of Yonkers	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
United Way of Westchester and Putnam	Private Sector	Fun der ...	Attend Consolidated Plan focus groups/public forums durin...	Youth, Serio...
DSS and DCMH Homeless Outreach Projects	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
DCMH Housing and Case Management SPOA	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Westchester Medical Center	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Ryan White Titles 1 & 2 Services	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	HIV/AIDS
DSS Commissioner's Advisory Council	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
DCMH Community Services Board	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
VA Hudson Valley Health Care System	Public Sector	Othe r	Primary Decision Making Group	Veteran s
Chapter 49, Vietnam Veterans of America	Private Sector	Non-pro..	Primary Decision Making Group	Veteran s
The Bridge Fund of Westchester	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

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

### Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:  
(select all that apply)**

- a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):  
(select all that apply)**

- e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, n. Evaluate Project Presentation, c. Review HUD Monitoring Findings, r. Review HMIS participation status, f. Review Unexecuted Grants, m. Assess Provider Organization Capacity, j. Assess Spending (fast or slow), p. Review Match, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

**Voting/Decision-Making Method(s):  
(select all that apply)**

- c. All CoC Members Present Can Vote, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?**

No

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** No

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

There was no net change in our total number of emergency shelter beds, but there was improvement in their composition. This year we have 5 fewer seasonal emergency shelter beds that were replaced by 5 additional year-round emergency shelter beds.

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

Not applicable.

**Transitional Housing:** No

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

Our total number of transitional beds reported this year is 210 less than last year, (1,526 this year compared to 1,736 reported in 2008), but the apparent drop is due only to more accurate reporting. Last year's report contained a significant typo: the Family Resource Center line showed 264 beds but in fact the correct number was 32. Correcting this error reduced our total by 232 beds. In reality we added 22 new beds this year, so though the numbers appear 210 beds lower, in fact we actually increased our inventory of transitional shelter beds this year by 22.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

We dramatically increased our supply of permanent supportive housing units this year (from 1,007 in 2008 to 1,089 now). Best of all, we accomplished much of this increase by leveraging other mainstream resources. During the last year fifty (50) new permanent supportive housing units funded by the New York State Office of Mental Health have come on line. We also brought on line 24 Samaritan Initiative units funded in our FY07 Continuum of Care (CoC) round, 2 new Shelter Plus Care (S+C) units for people with HIV/AIDS (an underserved population), 3 new S+C units for veterans (a very high local priority population), a new county-subsidized unit, and several units funded through cost savings achieved in our various S+C programs.

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

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

### Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 e-HIC for NY...	11/19/2009

## Attachment Details

**Document Description:** 2009 e-HIC for NY-604

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

**Instructions:**

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

**Indicate the date on which the housing inventory count was completed:** 11/13/2009  
(mm/dd/yyyy)

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

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

**Must specify other:**

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

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

Our Steering Committee began by agreeing that we needed more permanent housing and not more emergency or transitional beds. We estimated that 15% of our sheltered families and 25% of our sheltered individuals needed permanent supportive housing. These percentages were derived using national and local data adjusted to take into account the greater frequency and severity of chemical dependency and mental health issues among the homeless. We then reviewed the unmet need estimate thus derived and agreed that this was our best estimate of the unmet local need. We also need more affordable permanent housing for non-disabled households, but we did not include this need in our estimate because this is not an allowable CoC activity.

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

### Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

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

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

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

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

**Is the HMIS Lead Organization the same as CoC Lead Organization?** Yes

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

**If "No" select reason:**

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

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

**Does the CoC plan to change HMIS software within the next 18 months?** Unknown/Unsure

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

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

**Indicate the challenges and barriers impacting the HMIS implementation:** None  
(select all the apply):

**If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

The HMIS is well administered by a seasoned technical professional, who is responsible for general data remediation activities, periodic data quality monitoring and comprehensive hands-on user training and technical support of the system. The HMIS administrator has and continues to develop and implement standard processes and procedures across the CoC for collecting and processing data from disparate systems to ensure the highest possible data quality and completeness of that which is entered in HMIS. The HMIS administrator has and continues to work closely with the HMIS software vendor to ensure HUD data standards and reporting compliance are met in the HMIS through software issues resolution and software customization. The CoC is actively engaged with the HUD providers and, to the fullest possible extent, the non-HUD providers, to ensure full and consistent participation at all levels of the provider organization in the use of the HMIS.

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Westchester County Dept. of Social Services

**Street Address 1** 112 East Post Road

**Street Address 2**

**City** White Plains

**State** New York

**Zip Code** 10601

**Format: xxxxx or xxxxx-xxxx**

**Organization Type** State or Local Government

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?**

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

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

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

**Instructions:**

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

**Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.**

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

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

**Instructions:**

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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

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

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.**

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

**Instructions:**

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

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

**Did the CoC or subset of CoC participate in AHAR 5?** No

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

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

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

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

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

Extensive interaction with the user base by the new system administrator has resulted in close monitoring of data quality.

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

### Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Monthly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Monthly
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Annually
<b>Use of HMIS for performance assessment:</b>	Quarterly
<b>Use of HMIS for program management:</b>	Quarterly
<b>Integration of HMIS data with mainstream system:</b>	Monthly

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

**Instructions:**

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

* Unique user name and password	Monthly
* Secure location for equipment	Monthly
* Locking screen savers	Quarterly
* Virus protection with auto update	Quarterly
* Individual or network firewalls	Quarterly
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Monthly

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

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

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 10/10/2009

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

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

**Instructions:**

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

**Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/30/2009

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

		Households with Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Number of Households</b>	263	68			0	331
<b>Number of Persons (adults and children)</b>	739	237			0	976
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Number of Households</b>	319	68			166	553
<b>Number of Persons (adults and unaccompanied youth)</b>	321	68			166	555
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Total Households</b>	582	136			166	884
<b>Total Persons</b>	1,060	305			166	1,531

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

**Instructions:**

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	52	69	121
* Severely Mentally Ill	316	0	316
* Chronic Substance Abuse	329	0	329
* Veterans	118	0	118
* Persons with HIV/AIDS	25	0	25
* Victims of Domestic Violence	99	0	99
* Unaccompanied Youth (under 18)	14	0	14

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

### Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

**How frequently does the CoC conduct a point-in-time count?** Biennially

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/25/2011

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

**Emergency shelter providers:** 100%

**Transitional housing providers:** 100%

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

### Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The Department of Social Services receives a daily count of persons in shelters and transitional housing from the contract providers.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

Our sheltered population decreased from 1,693 last year to 1,365 this year, a decrease of 328. The numbers living in shelters dropped for both families with children and for single individuals. The number of family members in shelters dropped by 163 and the number of single childless individuals in shelters dropped by 165. The number of people in shelters decreased because we increased our supply of permanent supportive housing using county, state, and CoC resources.

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

### Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at [http://www.hudhre.info/documents/counting\\_sheltered.pdf](http://www.hudhre.info/documents/counting_sheltered.pdf).

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

<b>HMIS</b>	<input type="checkbox"/>
<b>HMIS plus extrapolation:</b>	<input checked="" type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample strategy:</b>	<input type="checkbox"/>
<b>Provider expertise:</b>	<input type="checkbox"/>
<b>Non-HMIS client level information:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):**

We used comprehensive needs assessment data collected at intake from our county's largest shelter for homeless individuals and then applied the percentages found in that data to our county-wide population of single individuals. We used national need data to calculate the proportion of subpopulations among homeless families.

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):**

We used a more accurate methodology this year to estimate subpopulations, accounting for higher estimates particularly for veterans, substance abusers, the mentally ill, and people with HIV/AIDS.

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

### Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

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

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):**

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

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

### Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see [A Guide to Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [http://www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

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

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

**If Other, specify:**

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

### Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

**Indicate the level of coverage of unsheltered homeless persons in the point-in-time count:** Known Locations

**If Other, specify:**

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

### Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: [www.hudhre.info/documents/counting\\_unsheltered.pdf](http://www.hudhre.info/documents/counting_unsheltered.pdf).

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

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

**If Other, specify:**

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

**Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):**

See above.

**Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

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

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

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

**Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):**

The number of unsheltered individuals increased from 136 to 166 because we are at the epicenter of the recession caused by the collapse on Wall Street. New York State gets 20% of its state revenue from Wall Street so when the big firms' fortunes sank, the effects were immediately felt throughout state and local government, businesses, housing, retail, and almost every other segment of the local economy. Local emergency food programs for example are reporting increases of 40-60% since last year. Ultimately many of the people who are lining up for emergency food are falling behind on their rent and becoming homeless. We are trying to respond to the crisis by using stimulus funds particularly the Homelessness Prevention and Rapid Rehousing Program.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 1: Create new permanent housing beds for chronically homeless individuals.

##### Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

We are focusing our efforts this year on creating new permanent housing for specialized hard-to-reach populations. Our #1 priority project in this application is to create Westchester County's first Safe Haven. Located in Yonkers, Westchester's largest city, the Safe Haven will provide permanent housing for 14 mentally ill adults who are unwilling to enter our traditional shelter system. Our application also includes a new Samaritan Initiative for the chronically homeless that will be operated by the Lexington Center for Recovery. We are also proposing two new Housing First projects that will provide scattered-site rent subsidies and mobile support services for chemically dependent homeless adults in early stages of recovery. One project will be in Mt. Vernon in southern Westchester and the other in Peekskill in northern Westchester. We will also be continuing a recently expanded program of county-funded rent subsidies that has enabled us to house more chronically homeless people.

##### Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Over the next ten years we are expecting increased state funding for permanent supportive housing for the mentally ill and the chemically dependent. We also expect increased use of federal funding, including VA funding, Section 8 vouchers, and project-based Section 8. Westchester County has over the last several years committed over \$1 million for scattered-site housing subsidies and mobile case management ; the two elements we consider most critical for successfully housing the chronically homeless. We hope the county will sustain and expand this funding. It is hard to set specific ambitious targets because no one can predict how these Federal, state and county resources will be impacted by the recession. However, we have all the key players mobilized as partners in our CoC, we have begun using these housing resources, and we have all of our most experienced local providers working to collaboratively design innovative solutions to the diverse needs of the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons? 109

How many permanent housing beds do you plan to create in the next 12-months? 5

**How many permanent housing beds do you plan to create in the next 5-years?** 25

**How many permanent housing beds do you plan to create in the next 10-years?** 50

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

##### Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

We have consistently exceeded HUD's standards for permanent housing retention. Our current rate is 88%, substantially higher than the 77% minimum set by HUD. We will maintain our success by meeting regularly with our housing providers in monthly meetings facilitated by the Westchester County Department of Community Mental Health, the City of Mount Vernon, and the Municipal Housing Authority for the City of Yonkers. These meetings give us the opportunity to address any issues that may arise that could negatively impact our housing retention rate.

**Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

We have consistently exceeded HUD's standards for permanent housing retention. Our current rate is 88%, substantially higher than the 77% minimum set by HUD. We will maintain our success by meeting regularly with our housing providers in monthly meetings facilitated by the Westchester County Department of Community Mental Health, the City of Mount Vernon, and the Municipal Housing Authority for the City of Yonkers. These meetings give us the opportunity to address any issues that may arise that could negatively impact our housing retention rate. We are also considering developing a Housing Crisis Response Team, that would provide rapid-response mobile services to address crises that could lead to eviction of homeless people placed in permanent housing through the new Rapid Rehousing model that HUD is moving toward in response to the new HEARTH legislation signed into law on 5/22/09.

**What percentage of homeless persons in permanent housing have remained for at least six months?** 88

**In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?** 90

**In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 91

**In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?** 91

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.**

**Instructions:**

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?**

We will maintain the percentage we've already successfully achieved by continuing to leverage all available resources to move our homeless residents into permanent housing. We are just beginning to implement two major Rapid Rehousing programs funded by HUD's ARRA Homelessness Prevention and Rapid Rehousing Program. One program is being administered by Westchester County and the other by the City of Yonkers. Together these two programs have the potential to move over 100 households out of shelters and into permanent housing over the next two years.

**Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).**

We will maintain the percentage we've achieved by continuing to leverage all available permanent housing resources. Over the long term we will continue to implement the two HPRP-funded Rapid Rehousing programs described above. We hope to sustain the core of these programs with CoC funding after HUD implements the changes mandated by the HEARTH Act. NYS has shown willingness to commit state funds for new permanent supportive housing for the chemically dependent, mentally ill and ex-offenders. We can't know yet how these efforts will be impacted by NYS' current budget crisis, but we hope that NYS will maintain this priority. We recently moved dozens of homeless people into permanent housing using HUD-VASH. We will continue to work with HUD-VASH and the VA's housing programs. We also hope that we will be able to shift some of our permanent housing that is currently supported with CoC funds to project-based Section 8 subsidies so we can put more CoC funds into creating new housing.

**What percentage of homeless persons in transitional housing have moved to permanent housing? 70**

**In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 70

**In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 70

**In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?** 70

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

#### Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

##### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

##### In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We have already exceeded and in general expect to continue to exceed the nationwide target established by HUD. The Westchester County Department of Social Services screens all families and individuals entering our county's 24-hour shelter system to determine their eligibility for public assistance. This includes a determination of employability. Clients who are deemed employable are referred for employment and/or education services. Those who are deemed unemployable due to mental illness or chemical dependency are referred to appropriate treatment. We offer specialized employment services for the physically disabled and the "hard to employ", i.e. those with multiple employment barriers. We may experience a decrease in the percentage employed at exit over the next few years because unemployment is rising sharply here in Westchester and throughout the New York metro area.

##### Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

We have already exceeded and in the long term expect to continue to exceed the nationwide target established by HUD. The Westchester County Department of Social Services screens all families and individuals entering our county's 24-hour shelter system to determine their eligibility for public assistance. This includes a determination of employability. Clients who are deemed employable are referred for employment and/or education services. Those who are deemed unemployable due to mental illness or chemical dependency are referred to appropriate treatment. We offer specialized employment services for the physically disabled and the "hard to employ", i.e. those with multiple employment barriers.

What percentage of persons are employed at program exit? 22

In 12-months, what percentage of persons will be employed at program exit? 22

**In 5-years, what percentage of persons will be employed at program exit?** 22

**In 10-years, what percentage of persons will be employed at program exit?** 22

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 5: Decrease the number of homeless households with children.**

**Instructions:**

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

**In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?**

We have already successfully reduced the number of homeless households with children in Westchester by providing county-funded rent subsidies to over 100 families annually. We will continue to reduce the numbers by continuing to leverage all available resources to move our homeless families into permanent housing. We recently began implementing two major Rapid Rehousing programs funded by HUD's ARRA Homelessness Prevention and Rapid Rehousing Program. One program is being administered by Westchester County and the other by the City of Yonkers. Together these two programs have the potential to move over 100 households out of shelters and into permanent housing over the next two years.

**Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?**

We will continue to reduce the number of homeless families by leveraging all available resources to move homeless families into permanent housing. Over the long term we will continue to implement the two HPRP-funded Rapid Rehousing programs described above. We hope to sustain the best of these programs with CoC funding after HUD implements the changes required by the HEARTH Act. NYS has shown willingness to commit state funds for new permanent supportive housing for the chemically dependent, mentally ill and ex-offenders. Some of this housing will serve families. We will continue to work with HUD-VASH and the VA's housing programs to develop new housing for veterans, including veterans with families. We also hope that we will be able to shift some of our permanent housing that is currently supported with CoC funds to project-based Section 8 subsidies so we can put more CoC funds into creating new housing.

**What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 324

**In 12-months, what will be the total number of homeless households with children?** 320

**In 5-years, what will be the total number of homeless households with children?** 300

**In 10-years, what will be the total number of  
homeless households with children?** 280

### 3B. Continuum of Care (CoC) Discharge Planning

#### Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

**For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).**

#### Foster Care:

As a CoC member, the Westchester Department of Social Services is lead agency to secure permanent housing of all children discharged from foster care in the county. A DSS committee reviews all discharge plans, to ensure that no child is discharged into a homeless situation. This committee, co-chaired by DSS consist of The Single Point of Return (SPOR), whose purpose is to identify those supports and services that will sustain the youth in the community, Westchester Student Advocacy, current contract providers of Aftercare Services, Westchester Out of State (WOOS), Westchester Youth Forum and NYS Office of Mental Retardation and Developmental Disabilities (OMRDD). DSS has contracted with the following agencies: Westchester Institute for Human Development (WIHD), Children's Village, and Family Services of Westchester to provide housing and after care services to youth discharged from foster care. DSS collaborates with the court system, County Attorney, provider agencies and it's Income Maintenance division to assure that the youth have financial and medical supports to prevent homelessness.

#### Health Care:

All health care facilities have been instructed to call the Homeless Assessment Center, administered by both DSS and DCMH, or local housing office of DSS, which evaluates the individuals' housing needs and makes recommendations for appropriate housing placement. DSS and local hospitals collaborate on appropriate housing needs prior to hospital discharge. DSS secures the actual housing. In addition, Department regulation under Emergency Assistance, provides for the payment of household expenses including, but not limited to, the payment of rent for a period of 180 consecutive days per stay when recipient is receiving care temporarily in a medical facility. Appropriateness of other various existing Federal, state and local assistance programs are also reviewed as a means to permanently house/re-house persons faced with housing needs upon hospital discharge to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance program. To address these matters, institutional staff, and DSS staff collaborate with other appropriate agencies, including Protective Services for Adults, Section 8, contracted providers, treatment centers, VESID, after care treatment centres, brokers, landlords to identify/secure the housing needs of discharged persons. Applications for needed assistance are taken by the Dept. of Social Services who determine housing eligibility and provide appropriate, available services to this population.

**Mental Health:**

A person admitted under the Mental Hygiene Law will be discharged to the community after the person's treatment team or a judge has determined that the person no longer needs inpatient care and treatment.

A service plan will be prepared for the person being discharged. The person, along with his or her authorized representative, must be given the opportunity to actively participate in its development.

The plan will include:

A statement of the person's need, if any, for supervision, medication, aftercare services and help finding work.

A specific recommendation of the residence type in which the patient is to live and a listing of the services available in such a residence.

The individual's preferences for location and residence type will also be taken into consideration if there are openings.

Staff also must consult with the local department of social services, and must process any applications for public assistance, Medicaid and Supplemental Security Income before the individual is released.

People committed under the Criminal Procedure Law or Correction Law will be released or discharged under terms of those laws.

A voluntary status patient may be released conditionally only if the patient consents. If the patient is under 18, the parent, legal guardian, or custodian may have authority to consent on the patient's behalf. Discharge procedures are the same as stated above if the individual is willing to work with the discharge team prior to leaving the hospital.

**Corrections:**

\*What? Describe the policies that have been developed

Westchester County's policy is to work with the prisons & jails to ensure that County residents are released from facilities with adequate housing. This is accomplished through two programs: Reentry Task Force and Transitional Management Services. Case managers from these programs assist clients to access community based services: substance abuse and mental health treatment, employment, vocational and housing assistance. Transitional Management Services is targeted to people with serious mental illness and co-occurring disorders returning from local & state correctional facilities. The Reentry Task Force works with all offenders.

\*Where? Indicate where persons routinely go upon discharge from a publicly funded institution

Clients discharged from correctional institutions are discharged to live alone or with family members who reside in private residences, state OMH funded housing and state OASAS funded community residences.

\*Who? Identify the stakeholders or collaborating agencies

WC Dept. of Community Mental Health working collaboratively with WC Dept. of Correction, WC Dept. of Social Services, WC District Attorney's Office, WC Dept. of Public Safety, New York State Division of Parole, New York State Dept. of Education VESID, City of White Plains Police and the City of Yonkers Police Dept. participates in pre-release discharge planning for offenders released from county and state correctional facilities.

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

**Instructions:**

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

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

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

Westchester County received \$2,373,791 in HPRP funding. Westchester County set aside 51% of these funds for the purpose of providing medium-term rental assistance (up to 18 months) to homeless families staying at the County's emergency/transitional shelters as well as case management services, and 43% of these funds were set aside for the purpose of providing short-term rental assistance (up to 3 months) and case management services to households who are at-risk of becoming homeless due to non-payment of rent and for the prevention of utility shut-off.

The Cities of Yonkers, Mount Vernon, and New Rochelle were also awarded HPRP funding. Yonkers received \$1,533,003, Mount Vernon \$745,701, and New Rochelle \$686,935. All three cities are focusing on eviction prevention. Yonkers is also doing Rapid Rehousing. Each city is only serving its own residents. The 3 cities are also using similar local eligibility criteria for their eviction prevention programs. Each will only serve households who have lived in its city within the last 12 months. Each will only serve households with recent housing stability, defined as 12+ consecutive months of independent living at one address within the last 36 months. Eviction prevention participants must have at least 2 of the 18 risk factors for homelessness identified by HUD for HPRP. Each city is giving priority to serving people who have lost a job or had their employment income reduced by at least 10% over the last year.

**Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

NSP - Westchester County received \$6,680,000 of Neighborhood Stabilization Program funds through the New York State Housing Finance Agency for the purpose of acquiring and/or rehabilitation approximately 38 eligible foreclosed properties in the Cities of Mount Vernon, Peekskill and Yonkers to be sold to eligible low/moderate income buyers.

VASH - The County is currently administering 105 vouchers received under the HUD-VA supportive Housing Program to assist Westchester County VA residents with housing assistance. An additional 35 vouchers have been awarded and will become available shortly to continue providing housing assistance to the County's veterans.

## 4A. Continuum of Care (CoC) 2008 Achievements

### Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	105	Beds	109	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	91	%	88	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	40	%	70	%
Increase percentage of homeless persons employed at exit to at least 19%	19	%	22	%
Decrease the number of homeless households with children.	400	Households	324	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

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

### Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

### Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	140	65
2008	140	85
2009	121	109

### Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

### Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

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

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

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

### Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

**Does CoC have permanent housing projects for which an APR should have been submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	131
b. Number of participants who did not leave the project(s)	604
c. Number of participants who exited after staying 6 months or longer	113
d. Number of participants who did not exit after staying 6 months or longer	534
e. Number of participants who did not exit and were enrolled for less than 6 months	54
<b>TOTAL PH (%)</b>	<b>88</b>

### Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

**Does CoC have any transitional housing programs for which an APR should have been submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
a. Number of participants who exited TH project(s), including unknown destination	287
b. Number of participants who moved to PH	201
<b>TOTAL TH (%)</b>	<b>70</b>

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

**Instructions:**

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

**Total Number of Exiting Adults: 678**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	78	12	%
SSDI	34	5	%
Social Security	7	1	%
General Public Assistance	112	17	%
TANF	128	19	%
SCHIP	2	0	%
Veterans Benefits	6	1	%
Employment Income	143	21	%
Unemployment Benefits	17	3	%
Veterans Health Care	1	0	%
Medicaid	236	35	%
Food Stamps	192	28	%
Other (Please specify below)	90	13	%
Medicare			
No Financial Resources	120	18	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does CoC have projects for which an APR Yes  
should have been submitted?**

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

### Instructions:

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

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

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

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

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

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

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

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

Steering Committee: 12/17/08, 2/27/09, 3/11/09, 4/22/09, 5/21/09, 6/18/09, 7/23/09, 8/26/09, 10/5/09, 10/16/09, 10/22/09, 10/29/09, 11/9/09  
Recovery Housing Network: 1/13/09, 2/10/09, 3/10/09, 4/14/09, 5/12/09, 6/9/09, 7/14/09, 8/11/09, 9/8/09, 10/13/09, 11/10/09

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

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

If yes, identify these staff members Provider Staff

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

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

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** No

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part A - Page 2

<p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>	<p>Yes</p>
<p><b>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</b></p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>.)</p>	<p>No</p>
<p><b>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</b></p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p><b>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</b></p>	<p>Yes</p>
<p><b>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</b></p>	<p>Yes</p>
<p><b>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</b></p>	<p>Yes</p>
<p>On 8/10/2009, The County entered into a settlement and stipulation agreement to promote a higher level of fair and affordable housing including the construction of 750 units in 31 eligible communities.</p>	
<p><b>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</b></p>	<p>Yes</p>

## Part A - Page 3

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

## Continuum of Care (CoC) Project Listing

**Instructions:**

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

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

**EX1\_Project\_List\_Status\_field** List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Renaissance Chron...	2009-11-23 20:34:...	1 Year	City of Mount Vernon	37,800	Renewal Project	SHP	SSO	F
S+C Round 3 Renewal	2009-11-23 22:30:...	1 Year	Westchester Count...	1,014,564	Renewal Project	S+C	SRA	U
Family Service So...	2009-11-23 19:08:...	1 Year	The Municipal Hou...	180,713	Renewal Project	SHP	PH	F
Greyston Family I...	2009-11-23 19:14:...	1 Year	The Municipal Hou...	66,474	Renewal Project	SHP	PH	F
Westhab STAIR	2009-11-23 19:45:...	1 Year	Westchester Count...	205,485	Renewal Project	SHP	TH	F
S+C Round 5 Renewal	2009-11-23 22:38:...	1 Year	Westchester Count...	711,552	Renewal Project	S+C	SRA	U
Children's Villag...	2009-11-23 17:44:...	3 Years	Westchester Count...	48,530	Renewal Project	SHP	TH	F
YWCA Job Plus	2009-11-23 20:21:...	1 Year	The Municipal Hou...	46,034	Renewal Project	SHP	TH	F
S+C Round 10 Renewal	2009-11-23 23:02:...	1 Year	Westchester Count...	488,472	Renewal Project	S+C	SRA	U
Sharing Community...	2009-11-23 18:43:...	1 Year	The Municipal Hou...	236,659	Renewal Project	SHP	SSO	F
Sharing Community...	2009-11-23 21:11:...	1 Year	The Municipal Hou...	465,276	Renewal Project	S+C	SRA	U
Greyston Phillips...	2009-11-23 20:49:...	1 Year	Westchester Count...	113,750	Renewal Project	SHP	PH	F

Tarrytown YMCA - ...	2009-11-23 19:20:...	1 Year	Westchester Count...	30,000	Renewal Project	SHP	PH	F
Westhab Apt. Find...	2009-11-23 19:02:...	1 Year	Westchester Count...	100,000	Renewal Project	SHP	SSO	F
S+C Round 6 Renewal	2009-11-23 22:47:...	1 Year	Westchester Count...	492,948	Renewal Project	S+C	SRA	U
CMV Shallow Rent ...	2009-11-23 20:26:...	1 Year	City of Mount Vernon	143,031	Renewal Project	SHP	PH	F
CMV Harm Reductio...	2009-11-23 18:56:...	1 Year	City of Mount Vernon	49,749	Renewal Project	SHP	SSO	F
Westhab Yonkers O...	2009-11-23 18:33:...	1 Year	The Municipal Hou...	32,333	Renewal Project	SHP	TH	F
Westhab Yonkers O...	2009-11-23 18:27:...	1 Year	The Municipal Hou...	102,274	Renewal Project	SHP	TH	F
CMV Rent Subsidy II	2009-11-23 21:02:...	2 Years	City of Mount Vernon	203,115	New Project	SHP	PH	F4
Shelter Plus Care...	2009-11-23 21:23:...	1 Year	City of Mount Vernon	62,712	Renewal Project	S+C	SRA	U
Renaissance Re-en...	2009-11-23 18:51:...	1 Year	Westchester Count...	58,545	Renewal Project	SHP	PH	F
Permanent Housing...	2009-11-23 22:18:...	2 Years	Westchester Count...	629,039	New Project	SHP	PH	P3
S+C Round 1 Renewal	2009-11-23 22:22:...	1 Year	Westchester Count...	1,011,792	Renewal Project	S+C	SRA	U
S+C Round 2 Renewal	2009-11-23 22:26:...	1 Year	Westchester Count...	1,173,960	Renewal Project	S+C	SRA	U
MVUT Rehousing As...	2009-11-23 19:56:...	1 Year	City of Mount Vernon	30,450	Renewal Project	SHP	SSO	F
CMV S+C III	2009-11-23 21:19:...	1 Year	City of Mount Vernon	116,340	Renewal Project	S+C	TRA	U
Renaissance Chemi...	2009-11-23 18:08:...	1 Year	City of Mount Vernon	43,260	Renewal Project	SHP	SSO	F
S+C Round 9 Renewal	2009-11-23 22:58:...	1 Year	Westchester Count...	216,060	Renewal Project	S+C	SRA	U

GCCC White Plains...	2009-11-23 17:31:...	2 Years	Westchester Count...	282,415	New Project	SHP	SSO	F5
CMV S+C II	2009-11-23 21:15:...	1 Year	City of Mount Vernon	73,164	Renewal Project	S+C	TRA	U
Greyston Health S...	2009-11-23 19:49:...	1 Year	Greyston Health S...	251,111	Renewal Project	SHP	PH	F
Westhab Mt Vernon...	2009-11-23 20:03:...	1 Year	City of Mount Vernon	33,273	Renewal Project	SHP	TH	F
CMV Homeless Empl...	2009-11-23 19:39:...	1 Year	City of Mount Vernon	171,675	Renewal Project	SHP	TH	F
Human Dev. Servic...	2009-11-23 20:10:...	1 Year	Westchester Count...	121,776	Renewal Project	SHP	SSO	F
S+C Round 4 Renewal	2009-11-23 22:34:...	1 Year	Westchester Count...	1,283,496	Renewal Project	S+C	SRA	U
Westhab Yonkers O...	2009-11-23 18:17:...	1 Year	The Municipal Hou...	48,729	Renewal Project	SHP	TH	F
Legal Services of...	2009-11-23 20:30:...	1 Year	Legal Services of...	52,753	Renewal Project	SHP	SSO	F
MVNHC Medical & S...	2009-11-23 20:15:...	1 Year	The Municipal Hou...	73,049	Renewal Project	SHP	SSO	F
Safe Haven	2009-11-23 17:21:...	2 Years	Westchester Count...	1,160,000	New Project	SHP	SH	F1
S+C Round 7 Renewal	2009-11-23 22:51:...	1 Year	Westchester Count...	240,960	Renewal Project	S+C	SRA	U
My Sister's Place...	2009-11-23 20:40:...	1 Year	Westchester Count...	105,000	Renewal Project	SHP	TH	F
My Sisters Place ...	2009-11-23 19:34:...	1 Year	The Municipal Hou...	15,364	Renewal Project	SHP	TH	F
Jan Peek STAR PRO...	2009-11-23 20:57:...	2 Years	Westchester Count...	151,816	New Project	SHP	PH	F2
S+C Round 8 Renewal	2009-11-23 22:55:...	1 Year	Westchester Count...	583,104	Renewal Project	S+C	SRA	U

## Budget Summary

<b>FPRN</b>	\$4,195,163
<b>Permanent Housing Bonus</b>	\$629,039
<b>SPC Renewal</b>	\$7,934,400
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NY-604 Certificat...	11/23/2009

## Attachment Details

**Document Description:** NY-604 Certification of Consistency with the Consolidated Plan