

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

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

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

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: NY-602 - Newburgh, Middletown/Orange County CoC

1A-2. Collaborative Applicant Name: HONOR-ehg

1A-3. CoC Designation: CA

1A-4. HMIS Lead: CARES, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	No	No
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith Based Warming Shelters	Yes	Yes	No
Independant Community Landlord	Yes	No	Yes
Student Representation form Local Community Colleges	Yes	No	Yes

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

Our CoC's has established a widely inclusive structure and application process that targets opinions and participation of the most knowledgeable, committed and involved organizations, entities and individuals dedicated to preventing and ending homelessness in our geographic area. The experience and expertise of these members is incorporated into our leadership, committees and workgroups. The Board's membership includes: Christopher Molinelli who has overseen shelters, PSH and HF for 19 years; Eileen Robertson who has overseen transitional and PSH for families with children for 13 years; Angela Jo Henze who has overseen scattered-site PSH as a mental health professional; Cathie Jones whose agency provides PSH in an innovative project that utilizes substantial non-HUD resources. Similarly, committees include government, formerly homeless, private developers, law enforcement and faith communities

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
HONOR Youth Shelter	Yes	Yes	Yes
Orange County Youth Bureau	Yes	Yes	Yes
Access: Family Empowerment	No	Yes	No
Cornell: Parenthood/RAPP	No	Yes	No
Safe Homes: Fleeing Youth	No	Yes	Yes
Mental Health Association: Family Support	No	Yes	Yes
Big Brothers/Big Sisters: HMI Initiative	No	Yes	No
Boys and Girls Club	No	Yes	No
Warwick Community: LBGTQ Youth	No	Yes	No

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

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Safe Homes of Orange County	Yes	Yes
Orange County Harbor Initiative (Trafficking)	Yes	Yes
Friends House (Youth)	Yes	Yes
Ecclesia House	Yes	Yes
Mental Health Association	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The OCHC regularly encourage proposals from entities not receiving funds in prior competitions. On 8/1/2016 countywide notification released that HUD FY2016 funding cycle was open and available for new projects. Via social media, email blast and CoC Facebook page, via Mental Health Associations website 8/8/2016. The announcement contained language appealing to non HUD funded entities to apply; identified eligible project types; offered tech support; bonus points for new applicants in the rating process. The Board appealed to first time applicants who have expertise consistent with HUD's Policy and Program Priorities contained in the NOFA. The COC considers new applicant project inclusion in the Priority Listing using the following factors: HUD threshold requirements; how project improves system; applicant experience with similar projects, project quality, population to be served, timeliness of implementation; accuracy of budget; agreement to participate in CES, COC planning; data management experience

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Semi-Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

There are 3 CON Plan jurisdictions: OC Office of Community Development; City of Newburgh; City of Middletown. All CONs are represented among the COC membership. The OCOCD is represented on the COC Board and participates in COC planning and strategies. The CONs of the two Cities send representation to the COC meetings. The CoC Board is in quarterly telephone consultation with all three CON Plan offices to specifically: assist with preparation of CON Plans and CAPER; to identify how CONs allocate HOME, CDGB, HOPWA and the resources to prevent, reduce and end homelessness; to provide cost performance and outcome data for CoC, PSH, HF, RR and other HMIS data, PIT and OCHC System performance results for CON Plan development; identify together mainstream resources and gaps in housing and services; to ensure collaborative to reduce duplication of effort, increase continuity of purpose and effectively focus resources to meet goals of FSP. Estimated 12hrs of consult quarterly.

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

ESG is administered by NYSOTDA, the statewide recipient, under the Solutions to End Homelessness Program (STEHP). Two COC agencies are sub-recipients of shelter funding: HONOR for RHYA/HHS youth shelter; Safe Homes for DV shelters. Quarterly the COC Board consults (phone/face to face) with OTDA to ensure knowledge of STEHP priorities and desired outcomes and monitors how sub-recipients are complying with rapidly exiting HHs from homelessness, providing essential services, PH and increasing income. Specifically, consultation focuses on: effectiveness of Coordinated Entry System; consistent interflow of COC/ESG HHs; Written Standards for HH eligibility/prioritization and how resources prevent and end homelessness; full integration of data management systems; ensure standard community-wide policy priorities for ESG/CoC. As a result, ESG sub-recipients conform to same performance standards as COC projects, are monitored by Board for outcome achievement, adhere to HMIS and CES utilization.

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

Safe Homes is the primary CoC provider of Victim Services and operates undisclosed shelters supported by ESG. HONOR provides shelter for RHYA supported by ESG and HHS. These two CoC agencies partner with the DSS Safe Harbor Initiative for HH's fleeing DV, sex and labor trafficking, violence, sexual assault and stalking. They coordinate services with other CoC providers. Safe Homes staff are located at the primary Coordinated Entry site, the Housing Resource Center, to ensure safety (thru Safety Plans) and confidentiality in providing services to DV victims. All HH's presenting at HRC as DV victims are discreetly referred to/assessed by Safe Homes staff. These HHs maintain anonymity and access DV Shelter and COC housing and services without required personal information via the COC policy. The Safe Homes staff assists DV HHs obtain services and housing of their choice (CoC/Other). Recordkeeping is maintained at a separate social services location and no information is recorded in HMIS.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Newburgh Housing Authority	8.00%	Yes-Both
Middletown Housing Authority	9.00%	Yes-Public Housing
Port Jervis Housing Authority	15.00%	Yes-Public Housing
Village of Kiryas Joel Housing Authority	2.00%	No

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

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

The OC Office of Community Development underwrites units for those meeting the Homeless Preference Set-Aside criteria as set forth in HOME funding for the following: Stephen Saunders Residence (4 units), Newburgh Ministries (4 units), Ecclesia Ministries (4 units), Lander St. Project (6 units), Temple Hill (14 units) Buena Vista Apts. (14 units). Path Stone and RECAP receive HOPWA subsidized housing funding for homeless households living with HIV/AIDS (24 units total). Two providers receive subsidy funding under both Section 236 for

senior housing (3 units) and Section 42 for low income tax credit housing (6 units). The Department of Social Services provides both TANF and Safety Net assistance for homeless households. All of these units are used to house those who meet the literally homeless preference criteria. The COC utilizes these additional resources for our Homeless and encourages all Housing Providers to establish Homeless Set-Aside Preference in the development of new or refurbished units.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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

Our CE system is known publicly & to homeless who seek assistance. Ease of access is provided by two centrally located (foot/public transport), visible/advertised (Radio TV, Newspapers, signage) portals of entry within jurisdiction and during off-hours by an advertised hotline. Staff goals at sites are to: standardly assess & prioritize for services HHs; rapidly connect HHs with appropriate housing and services(HF/PSH/RR); minimize assistance requirements; ensure user friendly system. Two Outreach Workers identify/transport those least likely to seek help by: being present where and when the homeless gather and passing out palm cards with contact info for assistance; posting flyers conspicuously; cultivating non-traditional partners (liquor stores, libraries, law enforcement, faith communities, ERs etc) who are regularly present in our communities and able to identify HHs and immediately contact the OWs for follow up. "By-name Lists" are maintained by Outreach Workers.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange County Head Start Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith Based Community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	14
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	14
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

In establishing project application priorities (renewal/new) the CoC policy stipulates that all projects serve the most vulnerable, improve the CoC system performance and meet the priorities in Notice CPD-014-12. Specifically, all are evaluated and then ranked for performance based on: offering housing dedicated to the CH in the order of HUD’s priority (over 1 year homeless as defined with severe service needs (SSN); more than 1 year homeless without SSN; less than 1 year with SSN; less than 1 year without SSN); target a critical vulnerability (significant health/behavioral health) requiring an intense level of support- high utilization of emergency services and psychiatric facilities; unsheltered youth/children, pregnant women, infants/toddlers; vulnerability to illness or death; risk of continual homelessness; vulnerability to victimization(DV/Trafficking); special focus on LGBTQ; establish realistic outcomes based on level of service difficulty; prioritize turn over beds for CH.

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

6/30/16 & 8/1/16 the COC announced county-wide notification that HUD competitive funding cycle was open via media, email blast and CoC Facebook. On 7/25/16 notification via email blast and CoC Facebook page indicating the criteria for new funding and renewal project proposals, these sources represent open communication, transparency, broadly inclusive as several thousand are notified through this process, in addition information was made available via the CoC member agency Mental Health Associations(MHA) website 8/8/2016. On 8/10/16 CoC published via the MHA website, CoC Facebook policies and critical ranking/selection of projects following the same process as described and requested comment and concerns. Parties were referred the HUDEXchange

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/09/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/31/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Projects are monitored twice annually. The desired outcome is to meet goals of the federal strategic plan. Data sources are: Individual assessments; HMIS; Consumer Surveys; APRs. CoC has developed a standard evaluation tool measuring each project against thresholds: occupancy/utilization; participant eligibility (1 adult literally homeless; 1 person in HH with disability); earned/employment/cash/non-cash benefits/other income for stayers and leavers; exit destination and % who transition to permanent housing; % who exit to shelter/street; length of time homeless; assessing/ linking participants to mainstream benefits(food stamps etc); spending/draw down as measured in eLOCCs; CH priority for turnover beds. Each threshold has a standard % expectation. The Planning Coordinator monitors on site all projects as per a schedule from the COC Board. Monthly reports are submitted by the PC to COC Board. Poor performing projects are required to formulate/fulfill a Corrective Action Plan.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 3 of CARES Regional HMIS governance Charter

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

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

2A-4. What is the name of the HMIS software AWARDS(Affordable Wide Area Relational

used by the CoC (e.g., ABC Software)? Database System)

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Foothold Technology

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation Multiple CoCs coverage area:

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$65,809
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$65,809

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

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

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$65,809
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/28/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	306	17	246	85.12%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	49	0	49	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	312	0	312	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

N/A

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	1%
3.2 Social Security Number	7%	1%
3.3 Date of birth	0%	1%
3.4 Race	1%	2%
3.5 Ethnicity	1%	1%
3.6 Gender	0%	0%
3.7 Veteran status	0%	1%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	3%	2%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	2%

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

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

7

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

Quarterly

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

Both Project and CoC

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

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

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

All Federal Partner programs operating in the CoC are utilizing the HMIS.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/22/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

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

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

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

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

Prior to 1/22/16 the COC's PIT Count Committee along with CoC Planning Coordinator met with local law enforcement, faith based community and service providers to review procedure and questionnaires for the annual PIT count.

Surveys were distributed, all were asked to complete forms for each homeless in sheltered programs on 1/22/16 day of the PIT. Volunteers were scattered throughout the county including the emergency shelter, and Housing Resources Center. Verification of hotel and shelter counts were based on total count in administrative records and HMIS. Counts for individuals/families fleeing from DV we counted by Safe Homes staff with limited personal information for protection and safety. Duplication was avoided as every survey had the first name and initial of last name on each completed form. Data was collated reporting on count and sub population information. The CoC continues to utilize this system as it ensures accuracy and is layered with checks and balances.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

N/A

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

During the preparation for the 2016 PIT the CoC Planning Coordinator and CoC Board President met with county chiefs of police, faith based community members, local newspaper, and news stations, a meeting was also held with all CoC committee service providers to ensure that Orange County residents were aware of the upcoming PIT and what as a community can be done to assist volunteers in communicating with sheltered individuals/families the importance of the count and how it can offer assistance to the homeless population. By taking these steps prior to the actual count on 1/22/16 the volunteers had a better understanding of the questionnaire, process and were able to communicate to the residents the importance of a more accurate count.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/22/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/28/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

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

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

On January 22, 2016 the PIT count was conducted for the unsheltered. The Counters conducted the count at the same time on this same date. Public Places Count: Counters were organized into teams and went to public places where homeless are known to congregate. Teams went out according to a "map" of areas to be covered designed by the committee to avoid duplication. Public Places Count and Interviews: The unsheltered were surveyed by the Counters using a common instrument which called for identifying information, again to avoid duplication. Service Based Count: Providers of soup kitchens, food pantries and drop-in centers counted the unsheltered accessing these centers & surveyed each, again with identifying information. Everyone surveyed was ask where they were sleeping on this night and if they had previously been counted. Method selected based on: known locals due to year around Outreach Workers; mapping ensures comprehensive COC coverage; survey controls needed data.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

N/A

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

N/A

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	495	343	-152
Emergency Shelter Total	303	266	-37
Safe Haven Total	0	0	0
Transitional Housing Total	47	57	10
Total Sheltered Count	350	323	-27
Total Unsheltered Count	145	20	-125

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,352
Emergency Shelter Total	1,198
Safe Haven Total	0
Transitional Housing Total	233

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

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

(limit 1000 characters)

HMIS Data indicates that there are 1,025 persons who are identified as first-time HHs as measured against the established criteria. Staff at the two CES portals screen for diversion all presenting and attempt to prevent homelessness by offering diversion services (financial/social services) provided by COC partners and mainstream resources. A local college was contracted to identify risk factors by analyzing intake/assessment data of those 1st time HH entering the system from DSS records and HMIS data from HHs providers over a 5 year period. Factors were: lack of affordable housing units; loss of employment/regular income; onset of health, behavioral health and SA issues. Proactively, workers in the CES, including DSS Workers(who have the resources for prevention) intervene and: cultivate stop-gap housing with family/friends; offer job resources; connect HH immediately with health, behavioral health and substance abuse services. More prevention strategies are being developed..

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

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

(limit 1000 characters)

The HMIS data indicates: Persons in ES + SH = Avg 57.53 days; median = 40 days. When TH is factored in, the results are: Avg 71.26; median = 45 days. This is a 10% reduction over 2014-15. ESs within the COC are under performance contracts with DSS and must move HHs to permanent housing within 90 days. Length of stay is measured by a standard daily census report at CoC shelters of enrollees which includes Enrollment-to-Date length of stay on each HH. The CoC holds a monthly meeting of HUD/ESG and non HUD/ESG funded providers to review these tracked data reports and other referrals which serves to identify those in the system with the longest length of time homeless and prioritizes HHs for PSH projects or refers to the COC Selection Committee for HF consideration. The COC’s further plan to reduce length of shelter stays is to utilize HMIS regularly to track the length of time homeless and to reduce shelter stays by implementing a RRH project for individuals, families and youth 18-24.

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

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

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

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	0
Of the persons in the Universe above, how many of those exited to permanent destinations?	0
% Successful Exits	0.00%

**3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	421
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	395
% Successful Retentions/Exits	93.82%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

HMIS Data shows: that of those exiting TH for permanent housing there are 0 returning to homelessness in 24 months; for those exiting CoC PSH, only 4.55% returned to homelessness in 24 months; of those exiting ES for permanent housing 23.53% have a recidivism episode in less than 180 days. In 90% of cases this was due to placement in non-CoC PH with weak Support Services. Strategies to minimize recidivism are: COC holds monthly HMIS/case conferencing to identify multiple episodes of homelessness and assigns CMs to increase services; ensures that all PSH CoCs are consistent with HF principles and not discharge HHs to homelessness; configure HMIS to flag returns to homelessness & plan responses to reduce recidivism. Going forward the CES will identify returners at the initial intake and develop housing and service plans to address issues that caused returns. The COC will use HMIS data from RR & PSH to track returns to homelessness that occur for those components at 6, 12, & 24 months.

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

Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

HMIS Data demonstrates job and total income growth from all sources for CoC project participants at the following rates: Stayers—21.81%; Leavers—32.93%. As projects are evaluated on this measure, Strategies to increase the levels include the Board charging the CoC Planning Coordinator to monitor and provide training for projects and report back the degree to which CoC projects are: assessing HHs at entry to determine if HH qualifies for employment or cash benefits & have connected them with resources; assisting enrollees monthly to determine if they have stabilized and can be employed/qualify for benefits; ensuring that unemployable are enrolled in cash/non-cash benefits at point in time. There are 2 SOAR trained individuals that work with project staff and direct a corrective action plan for projects not fulfilling these strategies. RECAP, Project Life, MHA, HONOR and Cornerstone are just 5 examples of projects which have successfully enrolled participants in cash/non-cash benefits.

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

The primary mainstream employment organization with whom the COC is working to grow income for employable homeless individuals and families is the NYS Department of Labor through the OC Employment and Training Administration whose representatives are members of the COC. When project participants who have been assessed for employment are referred, this organization provides further assessments and works with participants to develop soft skills including interviewing and resume writing. They are also placed in pre-employment training worksites. The strategies as described in 3A-6 above have been implemented with 100% of project compliance. All of the COC funded projects are PSH. Of this number 12 of the projects are regularly connecting participants who have potential for employment to the ETA (75%). Additionally, the HONOR Job Developer, who relates daily to the ETA, cultivates job opportunities among employers in the community on behalf of all COC project participants.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

Note to Reviewer: The detailed instructions under this question relate to "Thoroughness of Outreach." The COC employs two FTE Street Outreach Workers who cover the entire jurisdiction and who work modified hours to be in the streets in places and times where and when homeless are known to be visible and enter encounters into HMIS. They utilized the following methods: Canvass, map and record where and when they encountered street homeless; dispense palm cards with service information; post informational flyers in conspicuous places; conduct interviewing with HH they encounter and create

case files on each; cultivate third party partners among community members who have occasion to see the homeless. For those HH they engage, transport to shelters or other identified services within the CES to ensure safety. They prepare weekly reports and submit to the COC Selection Committee in order that those HH who meet the criteria are offered priority for PSH, HF and RR. The COC also operate a 24 Help Line.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/05/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	128	46	-82
Sheltered Count of chronically homeless persons	61	28	-33
Unsheltered Count of chronically homeless persons	67	18	-49

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

The number of sheltered chronically homeless decreased by 33, unsheltered homeless number decreased by 49 an overall decrease of 65%. Strategies accomplished: CoC converted 98 beds from non-dedicated to dedicated for CH, a 38% increase (had projected 20%) on 9/1/15; 100% of turnover bed policy is in place; one grant amendment with HUD completed to increase capacity; no PSH project significantly underspent; CoC continues to fund only PSH project and HMIS and was awarded two bonus HF awards to increase capacity (30 units); CoC is requesting RR project from reallocated funds; Board continued monitoring activities (APR/HMIS) and developed strategies to increase effectiveness to meet needs of unsheltered; Housing First committee which meets regularly to prioritize longest individuals for PSH; FTE Planning Coordinator in place to increase monitoring of CoC project outcomes; CoC engaged TA to assist with developing targeted criteria and performance measure instrument to more effectively meet FSP goals.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	71	120	49

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The CoC has adopted a policy requiring all PSH projects to prioritize 100% of turnover for CH people. The CoC now only funds PSH and HMIS. The CoC will monitor adherence to the policy of prioritizing CH for available beds. In addition, to ensure that the CoC will achieve the proposed objectives, the Board of Directors, and CoC Planning coordinator will monitor project compliance using APR data to ensure dedicated and prioritized beds are used to house CH people and ensure CH people are identified to fill those units by generating from HMIS, PC will work with HMIS lead and agencies at least monthly to review HMIS data for accuracy, the PC is working closely with the Orange County Single Point of Access (SPOA) and Housing First committee to monitor any chronically homeless individuals/families in the county which are coded for priority in receiving the next available CH bed.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Yes

Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 1-4

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

Outreach to identify and engage CH strengthened thru 2 FT Outreach Workers & increase in number of Faith Based seasonal warming stations. Full time COC Planning Coordinator in place and charged with thorough monitoring of projects & reporting back to the Board to ensure compliance with COC policies/standards and HUD Prioritization Order. Qualities of Effective Coordinated Assessment implemented thru Welcome Orange Initiative, Trauma Informed Care & Person Center approaches so assistance is accessible, identifies needs and is rapid. Selection Committee established to determine placement priority in HF units based on Prioritization Order and Severity Index. Reallocation of funds from underperforming projects realized. Awards for 2 HF projects implemented (38 beds) with intense support services. 2016 reallocation to create RR for families/children Partnerships with mainstream resources and conversion of some CoC agencies to Medicaid Vendors provides stable financial support for CH.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

The COC places homeless families who present at the HRC/CES in the Emergency Family Shelters immediately to ensure safety so that no families are left homeless on the street. Families are assessed at the ESs and are assisted with mainstream benefits, other financial assistance, and services such as medical, mental health, substance abuse, domestic violence and housing location. Within 48 hours each family formulates with a Care Manager an Individualized Service Plan (ISP). ESs are monitored monthly by the Planning Coordinator to ensure rapid housing placements for families. The COC is applying for a Rapid Rehousing project and a HF Domestic Violence Families with Children project to increase our capacity with the resources that are needed to more rapidly connect families' experiencing homelessness to permanent housing. These two projects will ensure PH placement for families within 30 days. The CoC ESG funding supports shelter operations.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	0	0

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
OTDA licensing for Family Tier 2 Shelters do not allow for involuntary family separation	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 43	09/09/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	62	50	-12
Sheltered Count of homeless households with children:	62	50	-12
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The COC continued to have 0 unsheltered families for both the 2015 and 2016 unsheltered counts. The number of sheltered families was reduced by 24 % Year-to-Date compared. All families are connected with TANF, Medicaid and employment in hopes of non-shelter placement, and if in the shelter a quicker entrance into more stable housing. The CoC continues to be successful at working with partners through the Coordinated Entry System to identify and house homeless families rapidly resulting in this decrease.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

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

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

Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
HHS Street Outreach funding and Safe Harbor Initiative	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Intensify Street Outreach with HHS funding	<input checked="" type="checkbox"/>
Open Drop in Center for Street Youth	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	12	13	1

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$767,818.00	\$984,818.00	\$217,000.00
CoC Program funding for youth homelessness dedicated projects:	\$111,900.00	\$178,900.00	\$67,000.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$655,918.00	\$805,918.00	\$150,000.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	8
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	6
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	12

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

COC established the Homeless Youth Advisory Committee which meets quarterly at the RHYA Shelter. Members include:homeless youth,the 17 M/V Liaisons,school counselors,LEA representatives from districts,youth&family serving providers&Head Start.The Committee;has developed a curriculum and provides quarterly trainings for COC providers(Rights under the M/VAct;how to ID homeless youth and families; Mandated Reporting for Abuse&Neglect;Trauma Informed Care;HumanTrafficking);has developed P&P for schools and providers to ensure the protection/safety of Homeless children and families;schedules cross in service presentations quarterly(present to COC providers and vice versa)to ensure mutual understanding of strategies to end youth and family homelessness.Shelters and PSH projects with children have tutorial services from schools under Title I,and ReCAP is the CoC liaison with early childhood servicesCollaboration occurs identifying homeless youth,referral is via 211 or street outreach workers.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and

**procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

The Homeless Youth Advisory Committee (HYAC) is the COC's primary body to develop strategies of care for youth and families (HHs), ensure that HHs are informed of educational rights & that services are accessible and educational needs are being addressed. The HYAC/CoC has codified P&P for CoC/ESGs. Training Policy: HYAC annually provides mandatory training on the M/V Act to providers & informational materials for HHs. Policy to Inform: COC requires all providers to document that they have informed HHs in their projects of their educational rights; Collaboration Policy: Projects are required to collaborate with M/V School Liaisons to ensure HHs have access & are connected with educational services. Procedures: Projects assign a Case Manager responsible for coordinating for project HHs educational services with schools links to ReCAP for early childhood, ensure students are enrolled within 24-48hrs, maintain case records and fulfill reporting. Monitoring: COC PC monitors projects quarterly for compliance.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

RECAP, a Community Action Program, and a major CoC funded provider of housing and homeless services in our CoC, administers the Head Start program in our jurisdiction NY 602. While there are no formal written agreements or MOUs, all CoC /ESG funded agencies utilized this program for the children in our projects as needed. Additionally, the following agencies are regular partners for the benefit of our mothers with infants, toddlers and young children: Safe Homes of Orange County; Project Life; the Orange County Family Justice Center; HONORehg.; the Child Care Counsel of Orange County; Cornell Cooperative Extension RAPP program; Children's Rights Society, Inc.; Dispute Resolution Center; Jean Black School. Pre-School Learning Experience; Newburgh Healthy Families.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	21	2	-19
Sheltered count of homeless veterans:	13	0	-13
Unsheltered count of homeless veterans:	8	2	-6

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The CoC has seen a decrease in Veterans from 2015 PIT; 0 sheltered and a decrease of 6 unsheltered down 19% this decrease is due to an increased focus on identifying homeless Veterans, collaboration and coordination with VA services, and utilizing the CoC's Housing First Projects to house Veterans in low barriers, stable environments.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The COC ensures that VETS are identified, assessed and assisted either by veteran specific resources or for those ineligible by COC Program resources. The intake staff at every portal of the Coordinated Entry System ask individuals if they ever served in the military upon intake. Outreach Workers also ask question of Veteran status. Once identified, linked to the Housing Resource Center where the VA provides a Homeless Liaison to assess the individual's eligibility for benefits and to coordinate services including referrals to local VAMC at the VA in Montrose. Within the COC, Westcop is under contract with the VA to administer both HUDVASH and SSVF assistance. RECAP provides up to 54 units of PSH for homeless singles/families who are Vets with a disability. The Mental Health Association provides a peer support worker (VET-TO-VET) for accessing services for both eligible and noneligible VETS. OC Veterans Task Force meets monthly to identifying needs, and link Veterans to VASH & SSVF.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	18	2	-88.89%
Unsheltered Count of homeless veterans:	10	2	-80.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

According to officials from the Department of Veteran Affairs, the OC COC has been very effective in outreaching, identifying and connecting to appropriate services homeless Veterans in our jurisdiction. Orange County has two full time street outreach workers, and three Veterans organizations that work closely together to ensure that any identified homeless Veterans are immediately linked to needed services. Through Housing First, RECAP Veterans Housing, Westcop Orange County has successfully housed 69 homeless Veterans in the past year. Through daily street outreach, and building relationships with homeless individuals outreach workers are able to identify Veterans in a timely

manner, thus decreasing the number. HONORehg Orange County's homeless shelter and the three Veterans organization are working collaboratively to create a "Veterans Haven" at the shelter that will allow Veterans a safe, comfortable place to stay during their transition from street to permanent housing.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	17
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	17
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The COC annually engages the OC Department of Health to provide training to all COC/ESGs to update on options available under the Affordable Care Act. All projects (100%) assist HHs to enroll by linking them with one of the Navigator Agencies for New York State of Health. Project Case Managers coordinate contact between respective program participants and Certified Application Counselors from these agencies to ensure enrollment which is presently at 75% secured. The partner providers (Medicaid/Medicare, Maternal Infant Services, Greater Hudson Valley Family Health Center, Harper Health) provide extensive

health screenings and referrals for HHs. Four of the CoC funded agencies are Health Home Providers and enroll participants in this comprehensive system. The GHVFHC implemented an initiative and provided a mobile health van at the Shelter sites 2x weekly over the last 12 months. Over 600 Households have received health screenings and referrals. This initiative will be expanded.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Project Care Managers develop health care goals with participants and assist with fulfilling them	<input checked="" type="checkbox"/>
Cornerstone Family Health Care	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	16
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	16
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	16
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	16
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	X
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
CoC staff present in overnight seasonal warming station to engage least likely	<input checked="" type="checkbox"/>
Utilize former street homeless to identify location where least likely congregate	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	0	0

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

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

(limit 1000 characters)

N/A

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

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

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

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

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

Attachment Details

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Submission Summary

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

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1A. Identification	09/09/2016
1B. CoC Engagement	09/07/2016
1C. Coordination	09/08/2016
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1D. CoC Discharge Planning	08/18/2016
1E. Coordinated Assessment	09/08/2016
1F. Project Review	09/08/2016
1G. Addressing Project Capacity	09/08/2016
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2B. HMIS Funding Sources	08/25/2016
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2D. HMIS Data Quality	09/07/2016
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2F. Sheltered Data - Methods	09/08/2016
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2H. Unsheltered PIT	09/08/2016
2I. Unsheltered Data - Methods	08/22/2016
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3A. System Performance	09/08/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/08/2016
3B. Objective 3	09/08/2016
4A. Benefits	09/08/2016
4B. Additional Policies	08/26/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required