1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2023 to April 30, 2024:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	No	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	No	Yes
9.	Law Enforcement	Yes	No	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	No	Yes
13.	Local Jail(s)	Yes	No	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	No	No	No
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	No	No	No
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

By selecting "other" you must identify what "other" is.

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

Our CoC is actively engaged in promoting racial equity and addressing racial disparities in homelessness, with a focus on overrepresentation of Black and Brown communities in homelessness in many part of our community, state, and country.

First, a critical component of our strategy is data-driven decision-making. CoC member Regional Economic Community Action Program, Inc. ("RECAP") and Legal Services of the Hudson Valley are together conducting a comprehensive racial equity study, incorporating HMIS data to identify gaps and trends in service delivery. HONOR's Safe Options Support (SoS) team, funded through the New York State Office of Mental Health, is also contributing to this effort by collecting, providing, and analyzing data to ensure the experiences and needs of underserved communities are accurately captured and addressed in our CoC's planning. Second, our CoC has established a People with Lived Experience (PWLE) committee that is representative of the communities we serve, and includes Black and Brown individuals. Their participation informs decision-making and ensures that our policies and strategies are rooted in lived experiences.

Third, the trainings we provide throughout our CoC raise awareness and build the competencies needed to effectively address the needs of underserved communities. HONOR, the CoC Lead Agency, hired Collective Justice Consulting to lead a training for community stakeholders aimed at improving service delivery to LGBTQ+ individuals. This session increased knowledge and trust, covering LGBTQ+ terminology, health disparities, and trauma-informed, intersectional approaches. Further, CoC member organization Fearless! Hudson Valley, Inc. (FHV), recently provided a training to CoC members on domestic violence resources and best practices including offers a range of services including a 24-hour hotline, emergency shelter, safety planning, and therapeutic counseling. These trainings exemplify the CoC's work to better reach and serve underserved communities, including LGBTQ+ individuals and survivors of domestic violence.

We are also in the process of updating our CoC's three-year Racial Equity Plan to strengthen our efforts and ensure sustainable, long-term progress.

Through these combined efforts, we aim to create a more equitable and inclusive service network that meets the unique needs of Black and Brown communities, reducing disparities and fostering sustainable pathways out of homelessness.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

		Describe in the field below how your CoC:
	1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

The CoC's bylaws contain the policy to ensure community-wide commitment and participation. Annually, the CoC plans a public campaign to recruit new members, especially underrepresented stakeholders. The outreach target audience is informed by bi-annual evaluations of membership to identify gaps in expertise essential for supporting CoC policy priorities, strategies, and funding acquisition activities. The CoC Planning Coordinator (PC) extends invitations twice annually through public postings, e-mail "blasts", social media, phone calls and targeted visitations/talks. 2) In electronic communications (email, web, social media), the CoC PC follows best practices for accessibility, including use of descriptive subject lines, simplified/ high-contrast color schemes, responsive design techniques and font size. CoC messaging always prioritizes quality content for readers to ensure targeted, value-focused communications. 3) Special outreach ensures that CoC member representation includes persons with homelessness experience. Street outreach workers, shelter operators, CoC permanent supportive housing providers are all trained annually in engagement techniques (such as motivational interviewing) to solicit participation from persons with a variety of experiences, including families, youth, LGBTQ, veterans and survivors of DV/ fleeing/trafficking. Upon enrollment, new members are invited to present opinions and their experience at CoC meetings. The CoC proactively networks with organizations that serve the cultural communities home to Orange County, which includes the Newburgh Housing Coalition. Through the CoC's meetings and active communication channels, the CoC PC actively solicits information about new and existing community cultural organizations that may be interested in CoC membership. This past year, our CoC added 2 new organizations to our membership: Osborne Association, which works with youth and adults reentering from correctional facilities; and Sisters of Charity, which includes the aging population in their focus. Over our tenure as a CoC and an active community collaborator, we have garnered a positive reputation that supports inclusivity for underrepresented populations.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
	3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) The CoC's Strategic Planning & Development Committee releases community stakeholder and consumer surveys and holds regular meeting forums that include a broad array of organizations. These include all local homeless providers as well as local Dept. of Social Services and Office of Community Development and local organizations including Habitat for Humanity. The CoC is an inclusive and outcome-oriented community-wide planning/execution body, in which structure, operations and decision-making are codified in written policies/standards which are informed by an inclusive membership base. In January 2023, the CoC published its annual survey to community providers, local DSS, homeless population and general public for distribution to consumers to assess opinions on preventing homelessness and barriers to housing. Survey responses from non-HUD organizations informed strategies to complement and enhance existing HUD-funded services and avoid duplication. Examples of added services based on feedback included rental assistance, security deposits, and prevention. 2) The CoC committees, subcommittees and workgroups are comprised of regional experts in homeless services and meet monthly to strategize on best practices; the CoC also facilitates bi-monthly public meetings. The CoC Planning Coordinator (PC) uses in-person distribution, electronic mail and social media to distribute new information materials to its members, local officials and private organizations. 3) The CoC PC, CoC Board and General Members review all information gathered in public meetings and forums and conduct proactive discussions with structured agendas to promote innovative strategies that prevent and end homelessness. Strategies are prioritized with defined action plans that include accountable stakeholders. Progress on these activities are monitored throughout the year by the CoC PC and reported to the Board and membership. The Collaborative Applicant is a local emergency shelter provider and has access to trainings, legislative forums, etc. During the past year, we have intentionally focused on outreach to prioritize a housing first approach for rapid placement and access to the wraparound services (i.e., mainstream benefits, employment support, healthcare referrals).

| | 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |
| | | NOFO Section V.B.1.a.(4) | |

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1) On August 20, 2024, the CoC Planning Coordinator (PC) notified all CoC members that HUD had opened the FY 2024 CoC Program Competition. The CoC Board prepared a public notification letter containing the following information: the program competition is now open; the Board encourages all stakeholders who have not previously received CoC funding to consider submitting an application for a new project; the amount of available new project funding; HUD-allowable types of new projects and eligibility; how to access full information (HUD EX); recourse for non-inclusion. On August 26, 2024, the PC published the letter via email "blast lists" (private/public) and CoC membership list (most are non-HUD funded stakeholders). On September 24,2024 the Collaborative Applicant (CA) published the RFP via public postings to the CA and CoC Facebook Pages. 2) The notification included the new project application with instructions for application submission via electronic mail to the PC with contact information. 3) Our CoC public messaging included a description of how applicants would be evaluated: For project selection, the CoC Board members acted as the scoring committee; members representing applicants were recused. Applicants were scored based on objective criteria including performance (resource use, participant income increase and benefits attainment, LOS), housing stability, consumer feedback and project need. Scores determined which applications the CoC will submit to HUD and the ranking order. Higher scores were prioritized. HUD makes final decisions regarding which applications are funded. The committee then selects and notifies the project in writing of acceptance/rejection. 4) The CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats. The CoC PC follows best practices for accessibility, including use of descriptive subject lines, simplified/ high-contrast color schemes, responsive design techniques and font size. The CoC also collaborated with partner organizations to assist individuals with disabilities, e.g., Independent Living, which is a consumer-directed, cross disability advocacy and service organization dedicated to enhancing the quality of life for individuals living in the Hudson Valley region. Our CoC partners with them regularly to ensure that communications are accessible.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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    - FY 2024 CoC Application Navigational Guide;
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  - PHA Crosswalk; and
   - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	

	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Nonexistent
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	In the chart below select yes or no to indicate whether your CoC:	

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

	Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:	

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1) The CoC established a Homeless Youth Advisory Committee (HYAC) to create a forum for on-going collaboration with youth education providers. Members include youth, shelter and outreach providers, McKinney-Vento homeless liaisons, school district personnel, and CoC youth service providers. Partnerships with youth education providers include Newburgh Head Start, Maternal Infant Services Network, Easter Seals of Port Jervis and Middletown ABCD (Head Start). 2) New York State Education Department (NYSED) is the SEAs responsible for providing guidance on the McKinney-Vento Homeless Education Program. As such, HONOR works in partnership with LEAs to ensure educational services are accessible for children and youth experiencing homelessness, and work with local liaisons at LEAs and school districts to use SEA materials (posters and brochures) to provide education and guidance on the McKinney-Vento program.   3) Our CoC has partnerships with all 3 major LEAs in Port Jervis, Middletown and Newburgh; these have McKinney-Vento liaisons who actively participate in the CoC's Outreach Coalition. The COC has established protocols for working with local liaisons and marketing McKinney-Vento State Education Agency posters and brochures. These relationships enable provision of quarterly trainings for CoC's (Rights under M/V Act, how to ID eligible youth/ families, Mandated Reporting, Trauma Care, Human Trafficking), technical assistance, placement, and evaluation of needs of homeless youth. These existing partnerships serve as a foundation for the evolution of more formal arrangements around distribution of education materials and expansion of referral networks. As the sole homeless youth shelter operator in a 3-county radius, HONOR, as a representing member of the CoC has a formal agreement with the Middletown LEA to provide Title I, Part D educational services to students in its youth and emergency services shelter. Services include coordination with social, health and other community services, tutoring and the provision of education supplies and materials. We are in the process of formalizing an agreement between the CoC and the Middletown LEA for the same scope of work. 4) LEAs in the service area each work with individual school districts to engage with McKinney Vento liaisons throughout each district.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

The CoC has implemented policies and procedures that require all providers to document informing households in projects of educational rights under the McKinney-Vento Act (M/V). These are distributed to new members upon acceptance to the CoC and are readily accessible on the CoC Facebook page. Projects are required to collaborate with M/V Liaisons so program participants have access to educational services. Homeless providers are required to post specific information and assign Case Managers who are responsible for informing homeless families of their rights under this act. The assigned Case Manager in each housing component is responsible for confirming school enrollment and informing homeless families of their rights under the M/V Act within 24 hours of program admission. Organizations capture signed acknowledgments of receipt of these rights from participants. The Case Manager assumes responsibility for contacting the homeless liaison for each homeless child to ensure that enrollment, transportation to schools of origin, and other appropriate supportive services are provided. The CoC provides annual trainings on the M/V Act and distributes educational materials to providers, parents, and students on their rights under this act. The CoC requires funded CoC and ESG programs to post and distribute literature which outlines the act and educational rights of homeless students.

	1C–4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
		NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

	1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.	
		NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) Our CoC actively collaborates with all members and non-members through the Coordinated Entry (CE) system so help provide housing and supportive services to survivors of domestic violence, data violence, sexual assault and stalking. Through the CE system, community organizations in our region collaborate to discuss vacancies across all programs, not just specific to DV or HUD-funded programs. Fearless! Hudson Valley, Inc. (FHV) is an active member of the CoC that provides services for individuals impacted by domestic violence, teen dating violence, human trafficking, stalking, sexual violence, and other types of crime victimization. As the sole provider of these specialized services in the CoC service region, FHV offers annual training to all CoC area projects and Coordinated Entry staff. FHV is also a member of the NY State Coalition Against Domestic Violence and the NY State Coalition Against Sexual Assault, which facilitates the CoC's access to violence prevention tools and best practices that can be incorporated into CoC policies. Trainings cover dynamics of abuse and victimization, and safety & planning protocols adopted by the CoC. These include practices for privacy and confidentiality, conducting thorough and ongoing assessments around safety and risk, and safety planning, including how to handle crisis and emergencies and informing victims of their rights to choice, safety and confidentiality. The CE system provides a regular forum for these organizations to communicate needed updates to policies specific to supporting DV and trauma survivors, which are then adopted and disseminated by the CoC to its member organizations. 2) CoC protocols ensure victims are provided the choice to access either FHV or the Homeless Resource Center. Trainings also include skill building for appropriate, person-centered, trauma-sensitive engagement with victims. Training content includes the impacts of trauma and strategies for engaging with survivors with mindfulness of the ways in which trauma can manifest. Work with survivors is centered around ensuring support and access to ongoing psycho-education around the impacts of victimization and efforts toward healing are prioritized and steered by each survivor.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1) Fearless! Hudson Valley, Inc. (FHV) is an active member of the CoC and close partner of HONOR. FHV provides services for individuals impacted by domestic violence, teen dating violence, human trafficking, stalking, sexual violence, and other types of crime victimization. Several CoC projects have existing agreements with FHV to improve their sensitivity and effectiveness regarding survivor housing needs, and these agreements are renewed annually. As the sole provider of these specialized services in the CoC service region, FHV offers annual training to all CoC area projects and Coordinated Entry staff. Training covers dynamics of abuse and victimization, and safety & planning protocols adopted by the CoC. These include practices for privacy and confidentiality, conducting thorough and ongoing assessments around safety and risk, and safety planning, including how to handle crisis and emergencies and informing victims of their rights to choice, safety and confidentiality. CoC protocols ensure victims are provided the choice to access either FHV or the Homeless Resource Center. Trainings also include skill building for appropriate, person-centered, trauma-sensitive engagement with victims. These trainings are provided twice per year, and the CoC may increase the frequency to quarterly. 2) The Coordinated Entry Coordinator serves as the liaison between CoC area projects, CE staff, and FHV to schedule trainings. Trainings and information sharing include ongoing evaluation of intakes, policies, procedures and shelter screenings to ensure practices are trauma-informed, do not jeopardize safety, and allow victims to access all needed services. The # of trainings provided, # of individuals who received training, training topics covered, and policies and procedures created are tracked and reported annually to CoC. The volume and comprehensiveness of our trainings ensures that all CoC members have up-to-date information on how to refer to FHV, to support and enhance case management for those survivors finding placement outside of a DV shelter. These trainings are provided twice per year and the CoC may increase frequency to quarterly. The CoC VSP uses the HMIS comparable database, EmpowerDB, and internal DV agency data intended to capture not only the number of people housed in emergency shelter, but also the number who reach out for assistance fleeing from an abusive situation. The confidentiality and safety of DV survivors is the CoC's utmost priority.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

(1) Our CoC appreciates the need for emergency transfer plans that can be implemented clearly and quickly to ensure participant safety. Our CoC's emergency transfer practices are aligned with the Orange County CES Policies and Procedures and is designed to address safety concerns effectively. (2) Individuals and families within our CoC have a clear and accessible process to request an emergency transfer. If someone in placement identifies safety concerns, they can communicate their worries to any staff member, and their concerns are immediately taken seriously and addressed promptly   . The CoC is currently improving its written emergency transfer policies and procedures across the CoC by leveraging the policies, best practices, and leadership of of Fearless!, our local DV housing- and services-provider, and will implement these written policies and procedures across the CoC membership in the coming year. (3) When individuals or families express concerns about their safety in their current placement, our CoC adopts a person-centered and trauma-informed approach. CoC partners work collaboratively with the individual or family to identify another safe placement option. This approach is rooted in the principles of meeting individuals and families where they are and removing barriers to finding a secure and supportive living situation. Furthermore, our CoC encourages members to participate in the county-wide WELCOME Orange initiative, which emphasizes the importance of cultural competency, trauma-informed care, person-centered approaches, and warm hand-offs to address the complex needs of survivors and other individuals. The majority of our CoC programs actively participate in this initiative, demonstrating our commitment to ensuring a holistic system of care that prioritizes the well-being and safety of those we serve.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

Our CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all housing programs and services available within our geographic area. Since 2004, survivors have had 24-hour access to the Coordinated Entry System (CES) and emergency services. Fearless!, the sole DV services provider in the county, plays a pivotal role in this by offering assessment, risk and safety planning, and placement in all programs across the CoC for survivors. The protocols employed by Fearless! are sensitive to the lived experiences of survivors seeking services, ensuring that our CoC operates with a trauma-informed approach and actively works to prevent re-victimization. Through the CES, our CoC and community organizations collaborate to discuss vacancies across all programs, including those specific to DV or HUD-funded programs. Staff and client advocates at Fearless! help survivors navigate the housing and services available, including all CoC programs, and find housing opportunities that match their goals, needs, safety plan, and overall circumstances.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC ensures survivors receive safe housing and services by:
1.	identifying barriers specific to survivors; and
2.	working to remove those barriers.

(limit 2,500 characters)

Our CoC proactively identifies systemic barriers within our CoC that may create obstacles to safely housing and providing services to survivors of domestic violence, dating violence, sexual assault, or stalking. Fearless! Hudson Valley, Inc. (FHV), an active member of the CoC and close partner of HONOR, provides services for individuals impacted by domestic violence, teen dating violence, human trafficking, stalking, sexual violence, and other types of crime victimization. FHV has a history of supporting survivors in navigating the housing market and overcome barriers to housing. 1) The CoC leverages the leadership, population knowledge, and specialized services of Fearless! to identify barriers specific to survivors. As one example, The CoC learned that limited supply of DV housing opportunities was a barrier for Orange County survivors. 2) To address this, Fearless! collaborated with HONOR in 2017 to launch a low-barrier Housing First program. Through this program, we've successfully supported numerous survivors in obtaining and maintaining housing while also accessing supportive services to enhance their sufficiency, stability, and independence.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;

| | 3. | your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and |
| | 4. | your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies. |

(limit 2,500 characters)

1)The CoC believes it is important to have an anti-discrimination policy and to engage stakeholders to influence this policy. All agency efforts are rooted in our commitment to equity. Accordingly, consistent with state and federal labor laws, the CoC has instituted system wide practices and standards that all providers and staff commit to ensuring that individuals and families receive supportive services regardless of race, gender, disability, or sexual orientation. We also provide bilingual staff and providers. These practices are infused in all standards and programs. Additionally, all HUD providers have instituted similar policies in their organizations. The CoC participates regularly in various community forums, including the Strategic Planning & Development Committee, Homeless Youth Advisory Committee, Financial Coordination Committee, which offer ample opportunities for stakeholder feedback; we also conduct an annual consumer feedback survey. These feedback mechanisms enable our CoC to catalog any feedback related to anti-discrimination, discuss and implement needed changes to CoC policies. 2) The CoC includes its anti-discrimination policy in its full set of operational policies and procedures; these are shared with CoC projects as part of the renewal process. For the next round of renewals in FY2024, we will explore the inclusion of anti-discrimination policies in our CoC project evaluation criteria. Our CoC is in the process of finalizing a handbook that contains guidelines for inclusion and anti-discrimination policies; CoC members will have to sign off on reviewing this handbook. We are also planning to revise our membership MOU to include requirements for training on racial/social justice, LGBTQ and linguistic competency; grievance procedures; and policies and procedures on racial/cultural equity. 3) The CoC board meets quarterly and makes compliance a key priority in our ongoing collaborations. We anticipate developing a clear policy in 2023. The CoC takes very seriously any issues or incidents regarding discrimination that may arise involving our clients, providers and staff. We have ongoing check-ins with providers and are working to develop a CoC system handbook that serves as a reference tool. In the event the CoC receives a complaint, or should a concern arise, those issues are submitted to the CoC board for review and consideration. We address any concern, agree on a consistent course of action and follow up with any person directly.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
New York State Homes and Community Renewal	100%	Yes-HCV	Yes
Middletown Housing Authority	15%	Yes-Public Housing	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

During the past three years the CoC Planning Coordinator has cultivated successful partnerships with three PHAs in Orange County. Our contract with Kiryas-Joel Housing Authority includes emergency housing vouchers and prevention services for individuals and families at-risk for homelessness. Our Memorandum of Understanding (MOU) with New York State Homes and Community Renewal also includes emergency housing vouchers and stability vouchers for individuals and families identified as homeless. Our newest partnership is with Middletown Housing Authority which has general preference. Kiryas Joel and New York State Homes and Community Renewal have a homeless admission preference (see attached Homeless Preference letters from PHAs).

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:	

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Stability Housing Vouchers	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Stability Housing Choice Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	18
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	18
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.
Describe in the field below:

	1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
	2.	the list of factors and performance indicators your CoC uses during its evaluation;
	3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
	4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1)The CoC prioritizes project funding based on a Housing First (HF) approach that prioritizes rapid placement while avoiding requirements and preconditions that could delay or inhibit a transition to permanent housing. Projects that are ranked highest demonstrate a clear outreach and supportive services plan to engage and serve the most vulnerable populations using the HF approach.
2) The CoC evaluates HF performance based on the vulnerability index scores of a project's client roster. Specifically, the CoC took the following actions to ensure consideration of these vulnerabilities during the review, rating and ranking process: projects were ranked and selected based on applicant experience/capacity to serve the chronically homeless, active substance users, people with criminal history and/or disabilities, and the unsheltered. Evaluation standards for renewal projects differ across project types. Projects are scored objectively using these customized HF standards describe above and ranking is based on evaluation scores.
3) Our CoC regularly monitors projects outside the competition for a HF approach through weekly meetings with comprehensive participation from organizations inside and outside of the CoC competition. Meeting agendas include review of HMIS data using HF criteria, which informs prioritization and distribution of referrals. The CE Committee provides the forum for creative problem-solving for those households that may appear challenging to place. Going forward, the CoC plans to implement a new protocol, whereby organizations will be required to submit a letter to the CoC that describes reasons for denial.
4) Our CoC improves fidelity to Housing First through regular monitoring, ensuring providers remove barriers like sobriety or treatment requirements. Site audits and desk monitoring verify that CES referrals are accepted, regardless of SUD or other conditions. The CoC follows up with providers when non-compliance is found to restore fidelity to Housing First, and have taken corrective action with a CoC member regarding HF in the past. This included ensuring access to housing regardless of income, sobriety, or criminal history, and examining that failure to adhere could result in reallocation.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

The CoC is located 45 miles NW of NYC, covering an 816 square mile area that includes 3 cities and 42 municipalities with a population of 383,000. The CoC is both urban and rural, with 78% of the population living in and around the three cities. The CoC has 3 FTE Street Outreach Workers (SOWs). SOW's are trained in engagement strategies, such as motivational interviewing to support trauma informed, survivor-centered, compassionate interactions with those they encounter. The CoC has embraced several strategies to reach people experiencing homelessness who are least likely to request assistance. First, the CoC has improved and expanded outreach by cultivating Community Connectors (CC's), including stores, churches, soup kitchens/food pantries, liquor stores, laundromats, school counselors, and others who are regularly in contact with people experiencing homelessness. Community Connectors are trained by Street Outreach Workers to contact them when they encounter any homeless individuals. SOWs are on-call to respond to CCs to ensure that any individuals encountered are linked to services immediately. This strategy creates proactive outreach and extends our capability to meet individuals wherever they are, to reach those who are less likely to request assistance. Second, The CoC's has tailored its outreach to engage those that are least likely (individuals with SUD, undocumented, doubled up/ couch surfing, DV, trafficking victims, youth, unsheltered individuals living outdoors in wooded areas) to access services by relying heavily on its outreach techniques. SOWs ensure program participant safety; provide service information (palm cards); provide transportation, initiate contact through the Coordinated Entry System and provide numerous additional service pathways. A CoC Provider, the Mental Health Association in Orange County, provides language line/deaf connections to CoC outreach operations to further remove barriers. Our CoC has developed these targeted and tailored outreach techniques over time to reach people experiencing homelessness who are least likely to request assistance.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		
	Outreach with Local & City Law Enforcement	Yes	Yes

| 1D-5. | | Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS. | |
| | | NOFO Section V.B.1.l. | |

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	75	77

| 1D-6. | Mainstream Benefits–CoC Annual Training of Project Staff. | |
| | NOFO Section V.B.1.m. | |

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	
	LGBTQ+ Cultural Awareness & Improve Trust & Service Delivery	Yes

| 1D-6a. | Information and Training on Mainstream Benefits and Other Assistance. | |
| | NOFO Section V.B.1.m | |

	Describe in the field below how your CoC:	
1.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1)The CoC's case management (CM) cohort, which consists of CMs of all HUD& non-HUD mainstream CM associates, support CoC-funded projects by linking program participants with resources to facilitate stability. CMs are locally hired and participate in regular trainings and supervision that facilitate the most up-to-date resources for program participants. The CoC coordinator is deeply involved in community networks, such as Single Point of Access (SPOA for mental health access), Cornerstone Family Healthcare (FQHC), Veterans Taskforce Meetings, Welcome Orange, DSS homeless meetings and the CoC County Outreach Coalition, to stay abreast of current local resources and services that can support CoC projects and program participants. The CoC regularly attends the local Financial Coordination Committee, chaired by the Legal Services of Hudson Valley and attended by all community providers, including the local DSS; the CoC leverages this forum to ensure members attend and have information on all benefits. The coordinator disseminates any new information of mainstream resources via email to all CoC members and organizations weekly and informs CoC members of updates during monthly committee meetings. 2)The CoC members have developed ongoing relationships with the health plan liaisons at NYS Medicaid Managed Care Plans, such as Affinity, Wellcare and Fidelis, to facilitate enrollment of individuals and families into health plans. The CoC actively coordinates with liaisons to work with participants directly at CoC member sites for health plan enrollment activities. The CoC has finalized an MOU with Cornerstone Family Healthcare, a local Joint Commission and Patient Centered Medical Home accredited FQHC that provides physical and behavioral health (BH) services in the county. Cornerstone provides a medical van onsite at the CoC's emergency adult and family shelter for healthcare. The CoC will collaborate with Cornerstone to establish referral streams for mental health and substance abuse treatment for any program participant. 3) All CoC Case Managers and outreach workers are SOAR certified and use the Coordinated Entry Assessment to capture participant needs and develop a support plan. CMs assist participants with connections to resources that include applications for food stamps, SSI, TANF, BH treatment, transportation and advocacy support. SOAR certification is mandatory as part of the job description for all CoC project staff and member organizations.

	ID-7.	Partnerships with Public Health Agencies--Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
		NOFO Section V.B.1.n.	

		Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:
	1.	respond to infectious disease outbreaks; and
	2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1) During the COVID-19 pandemic, the CoC created a strategy and planning committee to coordinate the distribution of ESG-CV funding to address multiple pandemic impacts, including: eviction prevention, safety measures, healthcare and sanitary supplies, and the reconfiguration of congregate shelter for clients and staff. The CoC established routine weekly and monthly virtual meetings at the height of COVID with mainstream healthcare organizations and representatives, including the NYS Department of Health, local Health Department, HUD representatives, and area healthcare organizations. This collaboration resulted in the development and dissemination of policies and procedures for infection control readiness and response. These policies are permanent and are reviewed and updated on an ongoing basis with this collaborative forum to ensure the CoC is prepared in the event of other public health emergencies. 2) Furthermore, an organizational Disaster Preparedness Plan was developed to address a future mass public health event following a directive from HUD. The CoC has implemented the disaster preparedness plan upon direction from the local Department of Health. Some examples of improved readiness include: flexible reduction in program capacity to allow for social distancing in a manner that is safe for clients and staff, yet works to remain responsive to the community's need for support, implementation of temporary physical plant changes to support safety for staff and clients, establishment of new policies and procedures for all programs to maintain hygiene and personal safety at necessary levels, purchase and installation of disinfection equipment across the CoC, and incorporation of additional infection control procedures for client screenings into the intake process. Development of public safety and infection control policies and procedures follows directives from the CDC and NYS Department of Health. Surplus PPE has been acquired and stocked in storage and permanent supply vendor relationships are established for restocking. Virtual communication protocols have been developed and implemented to ensure CoC membership and clients have effective methods of sharing information and operational continuity.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	

	Describe in the field below how your CoC:
1.	effectively shared information related to public health measures and homelessness; and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1) The COVID-19 pandemic carved out an essential and efficient communication pathway for the CoC to collaborate with our State and local health departments to disseminate timely information for infectious disease prevention and control measures, specifically tailored to providers who serve those who are homeless. The NYS Department of Health, local Health Department, HUD representatives, and area healthcare organizations have an established communication protocol and forum with the CoC to discuss and update CDC and NYS Department of Health safety protocols, share information from HUD, and provide local public health safety restrictions and hospital bed availability information. 2) The CoC disseminates any updates from public health agencies about infection control practices to the entire membership, including street outreach and housing via regular meetings, email, and posts updated information on its website. All CoC employees have been provided detailed instructions in infection control protocols, social distancing protocols, and self-quarantine requirements. Even with the end of the federal COVID-19 Public Health Emergency (PHE), these health information distribution systems and infectious disease prevention measures are still in place and will continue to improve the health and safety of CoC providers and participants.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1)The CoC (NY-602) in Orange County covers 816 sq. miles of mostly rural landscape, including the cities of Middletown, Newburgh and Port Jervis (designated as a Metropolitan Statistical Areas) and 23 rural towns and villages. The Coordinated Entry Assessment System strategy has been codified into policies and procedures for all CoC members and covers 100% of the CoC geographic area. The Coordinated Entry (CE) System uses a multiple access point assessment and intake model. The CoC facilitates comprehensive participation at CE committee meetings from organizations across the region, including Orange County Dept. of Social Services, housing and shelter providers, CDBG, HOME, and ESG-funded programs; DV providers, mental health and substance abuse treatment providers, hospital, health, veterans and disability organizations; homeless liaisons from area school districts, early childhood providers, and local law enforcement. The CE system relies on extensive street outreach to identify and provide services to youth, adults, and families living on the streets and uses a 211 call center system to identify people experiencing homelessness in need of services. 2)The CE system uses a standardized vulnerability index tool to ensure objective decision criteria based upon vulnerability to ensure fair, equitable and equal access to services and housing within the CoC. It supports the Housing First approach and prioritizes street and chronically homeless, ill, disabled, and homeless with safety concerns, based on risk factors (e.g., age, DV status, housing status, disability status. The index is used at weekly CE meetings and daily intakes to prioritize individuals for placements. (3) Our assessment tool and process are designed to collect personal information in a trauma-informed and person-centered manner, avoiding triggering language that risks re-traumatization, limiting the number of questions in order to respect participant privacy and dignity while collecting only the minimum necessary information, and administering the assessment in safe and comfortable settings whenever possible to create a feeling of security and trust. 4)The CoC conducts an annual survey that is distributed to all CoC program participants that participated in CE and this feedback is reviewed by all CoC members to inform programming, address issues, improve the quality of services to the community, and update the assessment tool and process itself.

| | 1D-8a. | Coordinated Entry–Program Participant-Centered Approach. | |
| | | NOFO Section V.B.1.o. | |

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
	4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1) The CE system relies on extensive street outreach to identify and provide services to youth, adults, and families living on the streets and utilizes a local 211 call center system to identify homeless in need of services. The call center is staffed with trauma-informed clinicians and provides direct entry to services for those in need. 2) The CE system uses a standardized vulnerability index tool to ensure prioritization of street and chronic homeless, ill, disabled, and homeless with safety concerns. This tool provides uniform decision criteria based upon a vulnerability score. 3) Street outreach efforts and site-based access points follow the same assessment protocols. Access points are distributed throughout the region to facilitate timely access. All CoC members and private organizations have adopted the process for CE universally for all participants. The CoC Planning Coordinator reviews all CE assessments, which optimizes efficiency in ensuring that persons, especially those most vulnerable in need receive assistance and housing as quickly as possible and in accord with their specific needs and preferences. 4) Our CoC has implemented several improvements to reduce burdens on individuals seeking assistance through our CE system. We have streamlined the assessment process by combining the CES form, VISPDAT, and client consent into a single, user-friendly form. We have trained our HONOR's Safe Options Support (SoS) team and CoC outreach workers to conduct CES assessments in various locations, including encampments and other field settings, ensuring accessibility for all clients regardless of where they are. Our after-hours call center provides comprehensive information and referrals to resources like daycare and treatment services during initial screenings, while HONOR staff offer 24/7 access to a language line for interpretation, ensuring that language barriers do not impede access to support services.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

		Describe in the field below how your CoC through its coordinated entry:
	1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
	2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
	3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

The CoC Coordinated Entry System (CES) affirmatively markets housing and services to ensure it reaches all persons experiencing homelessness through proactive outreach, communications, and marketing practices. (1) The CoC has 3 FTE Street Outreach Workers (SOWs). SOWs are trained to locate and engage with all persons experiencing homelessness throughout the CoC geography and share information about CoC housing and service opportunities and how to access CES. SOWs make additional efforts to reach those who are least likely to seek out services, including chronically homeless individuals living in wooded areas, along railroad tracks, in parks or campgrounds, and in abandoned buildings. Further, HONOR, the CoC Lead Agency and Collaborative Applicant, maintains close collaborative relationships with over 60 health, mental health, substance abuse, legal, and homeless services providers. We leverage our meetings, touchpoints and other initiatives with these organizations to affirmatively market and raise awareness regarding CoC housing and services. (2) The CoC informs clients upon contact with CES of their rights and remedies verbally and in writing through the HMIS release. CES staff review this release with the client, including the sections regarding client rights and remedies under the law (addressing any questions the client may ask), before the client signs. Further, the CoC intends to enhance its noticing practices by incorporating the language and user-friendly process associated with the EHV program into the existing process. These practices have already been approved for use in our CoC's CES, and implementation has begun. (3) The CoC will report on conditions or actions that impeded fair housing choice for current or prospective program participants to Orange County, the jurisdiction responsible for certifying consistency with the Consolidated Plan. If such impediments to fair housing are encountered, we will report them to Orange County, whose multiple departments the CoC already collaborates with and provides reporting to.

1D-9.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/31/2023

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

	Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and	
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.	

(limit 2,500 characters)

1) Our CoC continues to leverage our Racial Disparity Assessment to support the identification of racial disparities in the provision or homeless assistance. Two of our CoC leaders and committee members spearhead this effort, which utilizes data from our HMIS and System Performance Measures, and especially takes into account our current assessment data, service data, and client demographic data. Data are benchmarked to identify disparities in access to and outcomes of services. 2) Our CoC's Racial Disparity Assessment is used to expose shortcomings or other gaps related to our efforts to support all members in the community. Specifically, our Racial Disparities Assessment demonstrated that people of color are disproportionately more likely to experience homeless than white populations. Additionally, we also recognize that people of color experiencing homelessness also experiences other disparities related to their social needs such as access to healthy foods, health care, transportation and jobs. The CoC believes these disparities are unacceptable. We leverage our Strategy and Development Committee to review these data and findings, and then adjust our strategies to ensure we are reaching all vulnerable groups in our communities. Specifically, this has included intentional partnership building with providers of culturally-specific services, responsive training for program staff throughout the CoC, and targeted efforts to recruit and retain staff across the CoC who come from the underserved communities that are overrepresented among people experiencing homelessness in our CoC's geography.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

	Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes

	Other:(limit 500 characters)	
12.		

	1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
		NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

Our CoC's recent Racial Disparity Assessment concluded that people of color in the CoC's region are more likely to experience homelessness, less likely to access permanent supportive housing (PSH), and less likely than the white population to exit homeless assistance programs into positive housing destinations. The CoC Board requires all CoC members to have anti-discrimination policies within each agency, and this is a different journey for each of our member organizations. We also recognize the need to build more equity based policies into day-to-day operations at the provider- and system wide-levels.Our CoC supports members with timely and reputable research and best practices literature on equity strategies for homelessness response providers and systems. The COVID-19 pandemic catalyzed efforts to disseminate materials and convene forums that promote equity-driven decision making and activities to our CoC members, as part of the homeless system response to the pandemic. The CoC and its members have acted to improve racial equity in the provision of homeless services, which include: a series of facilitated "Talking Sessions" and social justice/racial equity trainings by the Executive Director of the Orange County Human Rights Commission to discuss racial and social injustice; targeted staff recruitment and retention efforts to attract BIPOC candidates; dedicated funding to contract with the services of the Social Justice Humanistic Education Department at State University of NY New Paltz to assist with organizational objectives relating to racial equity and social justice; comprehensive review and revisions to organizational cultural equity/anti-discrimination policies, with staff-wide re- dissemination; active engagement in DEI expertise for training and inclusion in strategic planning processes; active CoC Committee review of COVID-19 infection and vaccination disparities and development of strategies to support mitigation of these disparities.

	1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
		NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The Orange County CoC is committed to providing equitable and culturally appropriate services to the community it serves. We leverage a variety of strategies that influence our decisions and approach to outreach and service delivery. The National Alliance to End Homelessness (NAEH) has provided some guidance to addressing disparities that we work towards in our work. First, leveraging data is a key component to our efforts. Our measures for tracking progress regarding the prevention and elimination of disparities in service provision and outcomes across the CoC are largely based on analyzing local demographic data on race and ethnicity as well as HMIS data to determine the level of disparities that exist within the community. Our data review includes (but is not limited to) an assessment of racial disparities in homeless count numbers reflected in our PITcount and HMIS census (including unsheltered vs sheltered), length of time to permanent housing, housing stability measures, returns to homelessness, and participant income and benefits attainment. (2) Our first tool for performing this analysis is regular and rigorous review of our HMIS data to track our progress year after year. A second tool is our CoC's review of industry data from advocacy organizations like NAEH, which informed our recognition that lack of access to health and behavioral health care adversely influences housing stability. In response, our CoC has strengthened our wraparound services provided by our case managers across our member organizations. We recognize the road to equity is not a destination but an ongoing journey. Our CoC recognizes that prevention and elimination of disparities must be a community-wide, cross-system collaborative effort among a range of stakeholders and we are embedded in our community networks to exchange information, listen, engage with community stakeholders, and partner to act.

| 1D-10. | Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts. | |
| | NOFO Section V.B.1.q. | |

| Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes. |

(limit 2,500 characters)

The CoC recognizes the value of engaging the voices of those with lived experience of homelessness. Our goal is to continue to build trusting relationships with individuals to help inform our work and improve the experience of those we encounter. In 2023, the CoC Board recruited two persons with lived experience from one of our member organizations (Orange County Safe Harbor) and a third through another CoC member (Regional Economic Community Action Program, RECAP) to serve on the CoC Board. These new Board members will participate in CoC decision-making and outreach efforts, and will also take leadership over analysis of data to identify racial disparities in CoC programs and services. In addition to this increase in individuals with lived experience of homelessness on our CoC Board, our community outreach and annual consumer surveys are additional channels for feedback from those with lived experience, which inform our CoC's strategies for improving homeless services in our community. We continually explore ways to enhance our engagement of voices with lived experience. For example, we are exploring the development of a lived experiences advisory council. This council is responsible for advising the Continuum of Care in its efforts to improve the quality and delivery of care and to address other social factors that influence a person's ability to build their capacity to be self-sufficiency and acquiring permanent housing.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	2	1
2.	Participate on CoC committees, subcommittees, or workgroups.	2	1
3.	Included in the development or revision of your CoC's local competition rating factors.	2	1
4.	Included in the development or revision of your CoC's coordinated entry process.	2	1

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Beyond housing, our CoC recognizes the importance of creating space to increase self-sufficiency for those living in crisis. Accordingly, we look to address other social factors such as employment and professional development to support housing stability. We engage individuals in case management to offer job training, readiness and placement; our case managers have extensive knowledge of existing employment/professional development programs throughout the county and make any needed referrals. Specifically, the member organizations of our CoC, RECAP, MHA, Safe Harbors and HONOR, have provided opportunities within their organizations for those with lived experience of homelessness. Our CoC leverages existing employment and professional development programs from each member organization by coordinating and referring through our collaborative. Prior to the pandemic, we also partnered with Orange County on their job development assistance program and we plan to restart that partnership when the county is prepared to do so. Our CoC is also planning a job forum, whereby community providers will have the opportunity to meet directly with persons with lived experience.

	1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
		NOFO Section V.B.1.q.	

		Describe in the field below:
	1.	how your CoC gathers feedback from people experiencing homelessness;
	2.	how often your CoC gathers feedback from people experiencing homelessness;
	3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
	4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
	5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

The voices of persons with lived experience of homelessness are essential for the sustainability and continuous evolution of the quality of services that our CoC and member organizations provide. 1) The CoC conducts a consumer survey this feedback is reviewed by all CoC members at regular CoC Committee meetings to inform programming, address issues, lower service barriers, and improve the quality of services to the community. 2) The CoC's consumer survey is conducted annually, and is augmented with additional touchpoints to gather input from people experiencing homelessness. For example, we leverage the quarterly meetings of our Lived Experience Advisory Board to gather feedback, identify unique insights or concerns raised arising from the lived experience of members. 3) Our CoC uses a quality improvement approach to addressing challenges raised by those with lived experience. Once an issue or challenge is identified, our CoC committee collaborates using a "plan-do-study-act" framework to implement improvements. 4) Our CoC receives feedback specifically from those who have received CoC or ESG programs through our annual survey, our Lived Experience Advisory Board, and other feedback gathered at the project level and brought before our CoC Board and other committees for consideration and action. 5) Examples of improvements based on feedback have included rental assistance , security deposits, enhanced prevention efforts and improvements in the quality of housing stock through needed repairs/renovations to adhere to housing quality standards (HQS).

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	

	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1,2,) The Orange County CoC recognizes the need to advocate for reforms to expand permit housing and to reduce regulatory barriers to housing developments. Orange County is experiencing a large housing demand with limited supply and the CoC President participates in ongoing meetings with the city leadership to address and advocate zoning and land use reform, specifically the lowering of regulatory barriers to housing development. Among the CoC, we continue to add to the supply of permanent housing; Safe Harbors (a CoC member) is in the early stages of working with the city of Newburgh to purchase three contiguous properties to build low-income housing in the city. Additionally, representatives of the CoC attend zoning meetings; RECAP and Safe Harbors, Newburgh Ministry and HONOR have provided letters of support for newly funded projects and advocate to city officials about the need to expand our supply within the community.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/26/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	09/04/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	16
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1,2) Our CoC collects housing stability data from each project in order to monitor CoC success in successfully housing program participants in permanent housing; our evaluation scores for 2022 projects show an 8% increase from FY2020-FY2021 for the % of participants who remained in PSH or exited to permanent housing. The CoC Board, reviews this data on a quarterly basis to collaborate on challenges, gaps in referrals, outreach and housing capacity in the county. We are currently reviewing data to establish a baseline for the average length of time housing for PSH and RRH participants. Our proposed benchmark is 85% of participants housed within 60 days. We also consider a range of qualitative factors that influence time to permanent placement, such as disability status and availability of appropriate housing structure, expressed personal preferences for geographic location by those who are homeless. 3)The CoC's ranking and selection process prioritizes funding for projects serving these specific vulnerabilities: chronic homelessness, zero income, criminal history, active substance use, psychiatric/physical disability, IDD, and unsheltered homelessness. 4)The CoC took actions to ensure appropriate consideration during the rating and ranking process of projects that provide housing and services to the hardest to serve populations that could result in lower performance levels as a result. An example of one action was that rating and ranking criteria were designed to award more points to those projects that serve chronically homeless, active substance users, and people with criminal history and/or disabilities. Other factors prioritizing projects serving the most vulnerable populations include answers to the following: significant and long-standing experience, operate successful Housing First programs, link participants to Medicaid and other
mainstream services, increase participant income, including through SOAR help participants to stabilize in housing.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

	Describe in the field below:
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

The demographics of our homeless populations have shifted over the last several years. Based on our Racial Disparity Assessment, people of color are more likely to experience homelessness, less likely to access permanent supportive housing (PSH) resources, and less likely to exit homeless assistance programs to positive housing destinations than the white population.1) Our CoC uses a range of sources that represent the racial composition of the populations we serve to inform our local competition process. These include equity research, best practices, feedback from our consumer survey, our Scoring Committee and Strategic Planning & Development Committee. We include the feedback and perspectives of leaders of color on our Strategic Planning & Development Committee and Lived Experience Advisory Board to proactively address racial disparities in our system, shape our review factors and process. Scoring Committee members used a combination of their community experience, disparity data and recommendations from equity literature to inform rating factors for project applications. Evaluation standards for renewal projects differ for PSH from RRH given the higher need population in PSH . Our review, selection and ranking process includes a review of HMIS data to account for its track record of addressing the needs of local homeless population, particularly those of over-represented groups. Our evaluation standards include capacity to provide culturally competent support. 2) The current composition of our CoC Scoring Committee includes 2 African American individuals, who represent Project Life, which provides housing services in Orange County. The CoC is actively recruiting new members who represent different races in Orange County, particularly those disproportionately represented in homeless populations. 3) The CoC took the following actions to prioritize projects that address barriers faced by those racial/ethnic groups over-represented in the homeless population: projects were ranked/selected based on experience/capacity to serve chronically homeless, substance users, people with criminal history and/or disabilities, unsheltered; a clear outreach and supportive services plan to engage and serve the most vulnerable populations using the Housing First model. These scoring criteria are designed to prioritize projects that lower barriers historically faced by communities of color. As a result, they reduce inequities in projects and within our CoC geography.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

		Describe in the field below:
	1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
	2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
	3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
	4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1)The CoC utilizes objective and performance based criteria and outcome data to ensure strategic allocation of federal, state and local resources within the CoC jurisdiction to the most effective and high success probability projects and interventions to reduce homelessness. Projects are monitored twice annually. Data sources utilized include individual assessments; HMIS data; Consumer Surveys; and APRs. The Planning Coordinator routinely monitors all projects per CoC Board instructions. Programs that are not meeting the CoC goals of effectively servicing the needs of homeless in the community are first provided with technical assistance, and when indicated, corrective action plans are initiated. Any program unable to meet defined performance goals is then subject to reallocation per CoC policy. The Orange County Housing Consortium will consider involuntary reallocation if an agency cannot achieve desired outcomes after corrective action plans have been initiated; or an agency has overestimated project costs and is at risk of returning a portion of funding to HUD; or an agency receives a score of 70 or less as a result of the NOFO project renewal. A funded agency may voluntarily reallocate its funding if they submit to the board in writing that they are no longer receptive to receiving HUD funding and have developed their own strategy to serve the participants in their project. The final reallocation decisions are made by the Board after considering the recommendation of the Scoring/Ranking Committee. 2) The CoC did not identify projects meeting reallocation requirements in 2024. 3) The CoC did not reallocate project funds in 2024. 4) The CoC did not reallocate project funds in 2024 because CoC member projects did not meet the reallocation requirements per policy.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024? | No |

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/04/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/04/2024

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024

1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/26/2024

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	CARES of NY

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/06/2024

2A-4.	Comparable Databases for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1) Fearless! Hudson Valley, Inc. (FHV) is an active member of the CoC that provides services for individuals impacted by domestic violence, teen dating violence, human trafficking, stalking, sexual violence, and other types of crime victimization. As the sole provider of these specialized services in the CoC service region, FHV is bound by Federal and State legislation to maintain the confidentiality of all survivors who seek services. Additionally, they are prohibited from entering any client data into HMIS. FHV does, however, maintain and utilize a comparable data management application, EmpowerDB. This data program is highly secure and is used to collect all client information and demographics, as similarly reported by other CoC agencies into HMIS. 2) EmpowerDB is VAWA and 2024 HMIS compliant and also has the capability to generate the CoC APR and ESG CAPER CSV files in a zipped file for the purposes of ensuring consistency in reporting requirements and expectations for all CoC agencies. These reports do not include any personally identifying information and data is fully encrypted and inaccessible to anyone outside organization. FHV is permitted to share aggregate data, general trends, and hypothetical case studies, and also participates in the annual Point-In-Time Count.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	236	28	264	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	57	0	57	100.00%
4. Rapid Re-Housing (RRH) beds	77	0	77	100.00%
5. Permanent Supportive Housing (PSH) beds	305	0	272	89.18%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

N/A Our HMIS Database Coverage Rate 95.31%

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/25/2024

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	04/30/2024

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.	

(limit 2,500 characters)

1) The CoC has conducted the PIT count of homelessness (sheltered and unsheltered) in our geographic area annually since 2007. We have become adept at this process with increasing accuracy year by year. The count always adheres to HUD requirements and is scheduled for one 24-hour period during the last week in January each year as prescribed. The CoC established a homeless Youth Advisory Committee (YAC) as a forum for on-going collaboration with homeless youth, youth shelter and outreach providers including McKinney-Vento homeless liaisons, school personnel, and CoC youth service providers. Partnerships with youth education providers include Newburgh Head Start, Maternal Infant Services Network, Easter Seals of Port Jervis and Middletown ABCD (Head Start). Our CoC also partners with all 3 major Local Education Agencies (LEAs) in Port Jervis, Middletown and Newburgh; these have McKinney-Vento liaisons who actively participate in the CoC's Outreach Coalition. Fearless! (FHV), the CoC's DV provider, which serves children and accompanied youth who are survivors of DV, teen dating violence, human trafficking and other crimes, provides housing, advocacy and social supports facilitates achievement of stability, which in turn, prevents disproportionate use of health, mental health, incarceration, unemployment services in the future. This year and each year, the CoC engaged with these youth-serving partners to ensure youth were counted comprehensively and accurately in the PIT count. 2) As part of the CoC's PIT Count planning process, these partners (along with our own Youth Advisory Committee) also identified appropriate PIT count locations to ensure the number of homeless youth would be captured accurately. 3). The Youth Advisory Committee also serves as a forum where we aim to recruit youth experiencing homeless as counters during our unsheltered PIT Count .

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

		In the field below:
	1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
	2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
	3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
	4.	describe how the changes affected your CoC's PIT count results; or
	5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

Not Applicable. There have been no changes or revisions to our current PIT count or unsheltered PIT count implementation, including methodology or data quality. We conduct a shelter and unsheltered Point In Time Count annually.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1) The CoC determines risk factors for experiencing homelessness by using past history, experience, and best industry practices. For persons experiencing homelessness for the first time, the CoC also utilizes evidence-based risk factor correlations (e.g., best predictors). Risk factor data are generated through provider and consumer surveys, HMIS data, and cross collaboration with community resources. Top risk factors identified include mental illness and SUD, marital breakdown, DV, transitions in/out of institutional care settings, affordability of housing and employment status, intellectual and developmental disabilities (IDD), history of evictions, incarceration and/or hospitalization 90 days plus, low social economic status, and young age with history of adversity and trauma. 2) A county-led housing workgroup addresses and identifies specific resources to reduce first time homelessness. Several local providers are applying/supplementing funding through New York State's Empire State Supportive Housing Initiative (ESSHI) program focusing on serving the identified needs such as inadequate housing subsidies for consumers, as well as the other factors noted above and potential mitigation strategies. We increased RRH beds using ESG CV dollars. We also partnered with Orange County Department of Social Services to systematically identify and reach out to at-risk families to provide rental assistance and eviction prevention supports to prevent individuals and families from losing housing and becoming homeless in the first place. 3) The CoC Board is responsible for designing and implementing strategies to address the changing needs of the homeless population. The CoC Planning Coordinator (PC) under supervision of the collaborative applicant, HONOR, assumes responsibility for overseeing the CoC's strategy to reduce first time homelessness.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless–CoC's Strategy.	
	NOFO Section V.B.5.c.	

	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1) Through the CE process the CoC prioritizes project funding based on a Housing First approach getting individuals rapid placement into permanent housing, while at the same time avoiding service participation and preconditions that might delay placement. Once placed into housing, the CoC utilizes Case Management and other resources to address chronic homelessness history, income deficits, past criminal history, active substance use, psychiatric/physical disabilities, and other factors. The CoC uses the vulnerability index tool, constantly updating scoring to reflect changing populations, prioritized around resident age, physical and mental status, substance usage, and DV status. Unsheltered clients are given priority. This assessment and rapid placement model is the core of the CoC's strategy for reducing the amount of time that individuals or families remain homeless. 2) Shelters within the CoC are under performance contracts with DSS to reduce shelter stays. DSS holds monthly case conferences with the CE system providers to review length of time spent homeless and addresses barriers to housing through referrals to mainstream resources, specialized case management, and housing placement assistance. The CE system providers review those clients in the HMIS system with the longest length of time homeless and prioritize head of households for permanent supportive housing projects. The CoC was also funded for a PHRRH program was awarded the DV bonus. The CoC identifies and houses individuals and families by utilizing the CE list via HMIS through comprehensive intake and assessments. Using data within CE (HMIS) determines individuals with the longest length of homelessness. The CoC utilizes standardized assessment (CE Intake /Assessment and Vulnerability Index) tool to ensure that all homeless participants will be prioritized by the same vulnerability standards. This tool provides uniform decision criteria based upon vulnerability score. 3) The CoC Planning Coordinator assumes responsibility for overseeing the CoC's strategy to reduce the length of homelessness.

| | 2C-3. | Successful Permanent Housing Placement or Retention –CoC's Strategy. | |
| | | NOFO Section V.B.5.d. | |

		In the field below:
	1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
	2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1) The CoC utilizes several strategies to increase transitions to Permanent Housing (PH), including the HUD endorsed "Moving On" strategy, the use of payment vouchers to facilitate transition to PH, and intensive Case Management to assist clients during the transition process. Further, efforts to address employment status, job training, and physical and mental health are emphasized. Current data indicate that successful exits to permanent housing destinations for this cohort is 32%. The CoC's strategy to increase the rate at which program participants from ES, SH, TH, RRH exit to PH destinations is centered on unsuccessful transitions, namely clients exiting ES. The CoC studied this measure utilizing the 2022 SPM Data Quality Report and determined that the greatest number of homeless who experience "unsuccessful" exits to PH destinations are those in the ES as many of these individuals "self-discharge" without notice to the ES operators. As a result, the CoC now has CM staff trained in individualized "Safe Exit Planning" with newly enrolled clients. Planning includes PH navigation and "safety net" strategies to maintain PH and avoid future episodes of homelessness. These strategies are implemented prior to discharge of ES client. 2) CoC HMIS data indicates PH retention trend continues to be strong and is
achieved through very close monitoring of projects by the Planning Coordinator. Our CoC's exit to/ PH retention rate is 97% Strategies to retain or exit to PH (except RRH) includes intensive case management informed by a HF approach that intentionally creates a plan focused on retention, overall wellness and psycho-social trauma informed supportive services; individualized stabilizing protective factors that are monitored by project staff, and regular monitoring and quality of client's linkages to mainstream resources. 3) The CoC PC under supervision of the Collaborative Applicant, HONOR, assumes responsibility for overseeing the CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

2C-4.	Reducing Returns to Homelessness–CoC's Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1) The CoC reviews the HMIS monthly report identifying individuals and persons in families at greatest risk of returning to homelessness. Common factors identifying individuals include, but not limited to, mental illness and SUD, marital breakdown, DV, transitions in/out of institutional care settings, affordability of housing and employment status, intellectual and developmental disabilities (IDD), history of evictions, incarceration and/or hospitalization 90 days plus, low social economic status, and young age with history of adversity and trauma. 2) CoC strategies include reviewing CoC project discharge policies, identifying ways to track program participants (PP) at risk of return to homelessness, and providing strategic intervention to prevent returns. The CoC expanded CE to provide post discharge follow up and create a standardized program discharge procedure to ensure appropriate level of care at discharge. Additionally, the CoC ensures post discharge follow up, and individual placements continue to be reviewed during the Housing First Meetings where a multidisciplinary approach is utilized to review individual history of placements, successful/unsuccessful levels of care, and natural supports to reduce the reduce the rate of additional returns. Furthermore, Intensive Case Review (ICR) Meetings are held for participants that are identified with a higher rate of recidivism. Orange County replicated CoC's Housing First Model with a non HUD funded program. We have also worked with the county to enhance supports in response to the negative impact of the pandemic to facilitate access to housing. As a result of our strategies, our CoC saw an improvement in returns to homelessness in 2 years . 3) The CoC PC under supervision of the CA; HONOR, assumes responsibility for overseeing the CoC's strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1) The CoC collaborates with local chambers of commerce and disability advisory councils to increase program participants' (PP) access to skills and employment. HMIS data informs the CoC of successful program types and assists in developing systematic responses to help homeless PP increase employment and income. The CoC saw an overall increase in earned income for stayers from and leavers from from FY2022 to FY2023. The Department of Social Services attends monthly CoC meetings and is an active collaborator assisting clients with employment assistance. Also, the Employment & Training Administration (ETA) assists clients in finding work. 2) The CoC works with mainstream employment organizations, the local ETA and Orange County Workforce Development Board to help individuals and families
increase their cash income by hosting work fairs, use of job developers, work readiness programs, education programs and providing client transportation. CoC projects assess PPs at entry to determine income goals and help connect them with resources such as care management and legal services to increase income from mainstream sources. 3) The CoC Planning Coordinator under supervision of the Collaborative Applicant; HONOR, assumes responsibility for monitoring CoC's strategy to increase job and income growth from employment.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1) The CoC strategy to increase non-employment cash income to program participants (PP) includes providing access to SOAR training (SSI/SSDI Outreach, Access, and Recovery) to increase access to Social Security Administration (SSA) disability benefits for eligible individuals who have a mental illness, medical impairment, and/or a co-occurring substance use disorder. HMIS data informs the CoC of successful program types and assists in developing systematic responses to help homeless PPs increase income.Program CMs assess all PPs for eligibility for non-employee entitlement funding support, including disability and IDD. Further, the CoC provides assistance
enrolling PPs in the Medicaid program if they are eligible. The CoC works with local Department of Social Services which provides access to non-employment cash sources. CoC projects assess PPs at entry to determine income goals and connect them with resources such as care management and legal services to increase non-employment cash income from available Federal and State mainstream benefit programs. The CoC saw an overall increase in nonemployment cash income for leavers and stayers from FY2022 to FY2023.
2) The CoC PC under supervision of the Collaborative Applicant; HONOR, assumes responsibility for monitoring CoC's strategy to increase non employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
RECAP Housing First	PH-PSH	19	Both

3A-3. List of Projects.

1. What is the name of the new project?   RECAP Housing First

2. Enter the Unique Entity Identifier (UEI):   DKLMA5FHWDC3

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 19

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

Not applicable

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.	
	If you answered yes to question 3C-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2024 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.	

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	548
2.	Enter the number of survivors your CoC is currently serving:	101
3.	Unmet Need:	447

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1.The number of DV survivors needing housing or services in NY-602 CoC was calculated using the cumulative number of survivors served as shown in the comparable database as well as internal DV agency data gathered from tracking hotline calls and community referrals that were collected in spreadsheets for a one-year period.
2.The CoC used the HMIS comparable database, EmpowerDB, and the internal DV agency data intended to capture not only the number of people housed in emergency shelter, but also the number who reach out for assistance fleeing from an abusive situation.
3.There are multiple factors that explain why the needs of all survivors in the CoC are not fully met. There is a current lack of housing inventory, which has caused the rental market to become static. There also has historically been a lack of rental subsidies specifically targeted to survivors of domestic violence. ESG and ESGCV made an impact on the number of households in the CoC that can be housed in the short-term, however funding for ESGCV has ended. Receiving additional CoC- funded DV Bonus money will allow the CoC to expand its current projects dedicated to rehousing survivors. Client barriers include a lack of adequate income and access to savings. Service needs of DV survivors are met to the fullest extent possible by Fearless! and with the support of a network of community resources and partners.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
Fearless! Hudson ...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Fearless! Hudson Valley
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	100%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1.The rates of housing placements of DV survivors was calculated using the cumulative number of survivors served as shown in the comparable database as well as the internal DV agency data gathered from tracking hotline calls and community referrals that were collected in spreadsheets and the Coordinated Entry list for a one-year period.

2.The rates reported all account for exits to safe housing destinations.

3. Project staff reach out to those who were discharged to confirm they are still housed. For those who exited shelter through the RRH program housing retention is confirmed through regular case management meeting and home visits. For those who exited shelter or the RRH program through other avenues, outreach is done by Fearless! after 6 months via phone call or mailer if contact is safe for the program participant.

4. The CoC VSP uses the HMIS comparable database, EmpowerDB, and internal DV agency data intended to capture not only the number of people housed in emergency shelter, but also the number who reach out for assistance fleeing from an abusive situation.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

		Describe in the field below how the project applicant:
	1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
	2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;
	3.	determined survivors' supportive services needs;
	4.	connected survivors to supportive services; and
	5.	moved survivors from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1.All DV survivors in the Fearless! DV shelter are assessed by an advocate upon entry. Once a screening and intake is completed, Fearless! staff discuss housing options with the survivor and preferences on where to live, family composition, special needs, affordability and other stipulations that may affect housing. Once the survivor is ready, advocates discuss plans to remain in housing when leaving shelter and ways Fearless! can assist, including DV RRH. The survivor completes a budget and rental assistance calculation if interested in a program with a subsidy such as DV Bonus RRH, Housing Choice Voucher or RSP (state funded rental assistance). If the survivor opts in, Fearless! staff completes a vulnerability assessment, and a referral is made to CE for consideration. Case managers then work with each survivor to look for apartments, contact landlords, and move into safe affordable housing.

2.When CE referral is done, Fearless! provides an anonymous ID to the CE Coordinator to be added to the CE list. When selected, the referred housing program contacts the survivor. Fearless! complete releases and eligibility paperwork with the survivor and coordinates services between program and survivor to ensure seamless transition. All advocates are educated on the CoCs Emergency Transfer Plan, if necessary. The vulnerability assessment tool prioritizes DV survivors by allocating extra points based on safety of their current living situation.

3.After settled and safe, Fearless! assesses needs and goals with the survivor. Survivors self-direct their supportive services as all programs are person-centered and trauma-informed.

4.Once needs are assessed, Fearless! staff make referrals to community resources including primary care, MH, SUD, DSS/CPS, Medicaid Care Management, legal services, education and employment providers, support groups, and any survivor requested services.

5.Fearless! staff work with survivors-post housing placement to address service and subsidy needs. Permanent housing stability needs are reviewed with the advocate, housing program and survivor, to ensure long-term safe and stable housing. All DV RRH participants are referred to Housing Choice Voucher programs, Stability Vouchers, PSH or RSP, the locally administered rental assistance program for long-term subsidy.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1.Intakes are conducted privately in DV staff offices or a private conference room to assure that there is privacy. There are several private spaces to ensure a confidential space is always available. Childcare is provided when requested so that any children accompanying their parent are occupied and the parent can concentrate on the conversation in a private manner.

2. Program staff are educated on the need for person-centered safety planning on a case-by-case basis. Each staff member is given a Safety Plan template to use as a guide but are also encouraged to gather as much safety information as possible. Information gathered during safety planning is used in concert with client choices on how to make a safe placement into permanent housing.

3. Anyone that visits the shelter signs confidentiality forms that require they do not disclose the location of the facility. The number of contractors brought to the site are limited. All new staff and new residents agree not to disclose the location of the house or scattered site housing.

4. Staff have been trained to screen for power and control, or coercive control tactics, to identify the primary aggressor. Staff are trained about the importance of conducting separate interviews with couples to effectively obtain the most useful information. The training also covers techniques for addressing a victim's fears, confidentiality, and how to reassure the victim of the importance of gathering all relevant information. Trainings on confidentially and safety policies and practices occur at onboarding for new staff and annually. All staff from maintenance to administration to case managers complete confidentially and safety trainings.

5. Each advocate is trained to work with survivors to help identify what they feel is the safest housing for them, whether congregate or scattered site. The advocate educates the survivor about different housing options and helps them to choose where they would feel safest. Congregate spaces are checked monthly for safety and confidentiality concerns. Staff communicate with the maintenance team or other responsible parties to assure all protections are maintained. Scattered site apartments require additional safety and confidentially protections that may vary by survivor. Staff work to put measures in place such as video doorbells, panic buttons, external lighting, property cameras or locating apartment buildings with security staff to safely house survivors.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

The project is centered around safety and confidentiality; Fearless! is equipped to support survivor safety. The dynamics of domestic violence victimization and safety concerns are dependent on the behavior of the abusive person and their choices to perpetrate harm, and their tactics may escalate, shift and change as their control is challenged in some way. Despite this, the project applicant ensures the confidentiality of its locations, specifically shelter, as well as locations related to the survivors who may access services. These efforts have been in place for decades and will remain in place to ensure survivor safety in accessing services and navigating life free from violence and abuse. Evaluation of the ability to ensure safety in the DV Bonus project has led to implementation of new safety standards in scattered site housing options. The project works with landlords and survivors themselves around evaluating safety measures that will feel most supportive. This includes ensuring appropriate external lighting, the use of video doorbells or cameras, additional locks, window locks, security bars, and other strategies, as appropriate. The project also employs participants surveys to assist with the evaluation of safety protocols. The DV RRH project has been operating for two years and has continuously assessed the ability to ensure safety through feedback gathered in surveys, regular case management meetings with survivors, program review with staff and annual CoC monitoring.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

	Describe in the field below the project applicant's experience in:
1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

1. Fearless has extensive experience prioritizing placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.
2. Topics explored for placement plan include geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.
3. The advocate works to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate provides the participant with options that meet or exceed their preferences. All decisions are made by the survivor, but the advocate helps to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits.
4. The advocate works to ensure that both the preferences and stated needs are addressed when locating house. Program staff trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs is the housing placement going to be stable.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

		Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
	1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
	2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
	3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
	4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Staff are provided training on understanding vulnerability, power differentials, ethical awareness and mutual respect. The program uses a survivor-centered approach. The survivor is considered the expert on their own life. Program staff provide information and education when requested and help the survivor identify solutions and resources. Staff use open communication and are trained on de-escalation techniques and conflict resolution. Staff work toward identifying and working through issues, rather than taking sides or finding fault and blame. Survivors are empowered to make decisions for their life with support from the advocate; the advocate does not make decisions for the survivor. Advocates help assess the risks and benefits associated with certain decisions, but they do not make the decision on any course of action.

2. Training is offered several times a year on trauma-informed care and its effects on survivors. As part of the supportive counseling process for all victims, advocates educate clients on trauma, how trauma affects the brain, mental health, decision making and effects on the family. Providing program participants with information on trauma helps children and parents process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors; enhance safety, growth, parenting skills; and family communication. Each survivor is assigned an advocate for supportive counseling who also provides education and family-centered support, evaluates stress and risk factors for trauma, and addresses trauma specific interventions based on the program participant's needs.

3. Case planning is always survivor-centered. Participants complete a needs assessment and goal plan, determining their own individual goals and family goals. Focus is on short-term goals, leading to the participant's long-term goals, to show the survivor a pattern of progress made and focus on the future. Short term goals enable the survivor to maintain focus on the path they have set-out towards achieving for their longer-term target. Focusing on strengths helps to provide a welcome boost to productivity and client engagement in the housing process. By having an active role in the progression of the goals, the client learns problem-solving skills and about the importance of accessing community resources for sustainability. Families are empowered to reach their goals independently with assistance from staff where they feel it is necessary. Family 'milestones' are identified and celebrated.

4. Program staff are trained several times per year on cultural competence, accommodating culturally specific needs and inclusion. Training topics directly relate to providing services, new trends in victimization, advocacy improvement, Trauma-Informed Care, collaborations or anything pertinent to working with victims and ensuring a continued nondiscrimination approach to services. There is a sizeable Hispanic population in Orange County and many of the survivors served have a language barrier. Several bilingual advocates (English/Spanish) are on staff and the agency contracts with a Language Line to help mitigate this potential barrier

5. Support groups and supportive counseling is offered weekly. Referrals to other community groups are made for spiritual/religious services and activities in the community that will foster healthy family relationships. Living Independently curriculum is used in response to resident requests and is offered to program participants a few times per year.

6. Parenting support groups are provided, and referrals are made to family education and support groups. Fearless! employs a Child Care/Outreach and Education Coordinator. This staff member is assigned to look specifically at meeting the needs of the children in the family and assists with enrolling children in local schools and Head Start or finding day care programs. The legal services provider in Orange County is an active member of the CoC and works

closely with Fearless! on identifying the legal needs of survivors and providing those services in a trauma-informed manner.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

1.Program staff offered the following supportive services while quickly moving survivors into permanent housing and addressing safety needs:
•completed intake with each new applicant, including a safety plan, as an individualized strategy meant to utilize a person's unique strengths and abilities;
•met with survivors to address needs, for supportive counseling and to review educational material; such as the Power & Control Wheel, trauma-bonding and trauma related material, family and relationships;
•assisted survivors pursue court orders on Family Offense (Order of Protections), Child Custody and Child Support;
•offered free legal services through an attorney for those type of cases, including Divorce proceedings;
•assisted survivors in applying for a confidential address through the Address Confidentiality Program through the New York State Department of State;
•assisted survivors with applying for microloans through the Independence Project through National Network to End Domestic Violence (NNEDV) to rebuild credit;
•assisted survivors with applying for DSS benefits, birth certificates, social security cards and driver's licenses;
•connected survivors with transportation solutions;
•secured moving trucks/services and storage units that are necessary for leaving a home where violence has occurred;
•provided beds, dressers and kitchenware to families to furnish their new permanent housing units;
•supplied survivors with food to start them off in their new home; and
•connected survivors to other community supports for remaining needs.
Fearless! also operates:
•24-Hour Crisis Hotline – Program offers a 24-hour confidential hotline service for survivors, victims and those affected by domestic violence. This service provided information on topics such as fleeing domestic violence, financial abuse, court services, after-hours supportive telephone counseling, shelter and referrals to other shelters/housing options.
•Supportive Counseling – Program offers survivors supportive counseling to assist with improvement of self-esteem, normalize their situation and feelings to reality, regulate impulses and negative thinking, and reinforce the ability to cope with life stressors and challenges.
•Legal & Personal Advocacy – Program offers personal advocacy to the survivor when in need of support at medical appointments, DSS/CPS, legal/lawyers, court appearances, law enforcement or anything else in the community they requested related to their domestic violence.
•Emergency Shelter – Program operates a 37-bed safe dwelling for all populations, and was able to offer this emergency shelter, as well as hotel rooms when appropriate, for victims seeking shelter.
•Outreach and Education – Program offers outreach and education to the survivors, their families and all community members. Advocates provide outreach and educational information at multiple community events including health fairs and events at the local Community College, Food Distributions, CPS/DSS, Tourism Recreation & Parks, local churches and schools. Program holds quarterly Task Force Meetings with multiple community agencies.
•Information & Referrals – Program gives information and makes referrals to survivors to provide them with resources for shelter/housing, mental health, substance use, medical appointments, food insecurities, housing, relocations, transportation, education, childcare and other community agencies that assisted in empowerment.
•911 Cell Phone Assistance – Program provides survivors with cell phones,

services and minutes, so they had access to communicate with emergency services, their support system and Program office.
•Office of Victims Services (OVS) Information & Claims Assistance – Program provides survivors with information about OVS and claims assistance when they were victims of a crime and suffered monetary damages.
•Housing Services – Program provides survivors opportunities to secure permanent housing by attending CoC meetings; coordinating services with DV RRH, ESG RRH and CE Coordinator; working with Coordinated Care Services; and attending all conferences regarding the prevention of homelessness. Program was awarded the Safe Housing Grant to assist survivors in the county secure and retain housing, or relocate to safe housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1. Fearless! will prioritize placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors will work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff will attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.
2. Topics explored for placement plan will include geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.
3. The advocate will work to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate will provide the participant with options that meet or exceed their preferences. All decisions are made by the survivor, but the advocate will help to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits.
4. The advocate will work to ensure that both the preferences and stated needs are addressed when locating house. Program staff will trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs will the housing placement be stable and successful.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths–for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. All program participants are and will be treated with dignity and respect by staff. Staff, and program participants, are expected to interact in a manner that creates a 'partnership' with each other. The values of noncompetitive, nonpunitive, affirming and collaborative interaction are modeled by program staff. Regular training on mutual goal-setting, collaborative approach and strength based interventions will be provided to staff. Staff will work on presenting issues and focus on guiding toward solutions. Staff and participants understand that there is a partnering to accomplish the stated goals of the survivor/family.

2. Program staff are trained in trauma-informed care provision on a regular ongoing basis. Program staff will work together to provide information and training on trauma for participants. Ongoing free counseling with a trauma informed therapist will continue to be made available for participants. All staff are trained in the effects of power and coercive control, trauma bonding and the cycle of abuse.

3. All applicants will complete a screening and intake with an advocate, including a needs assessment and goal plan. The advocate will focus on short-term and long-term goals after the immediate safety crisis has been addressed, if applicable. By emphasizing the client's strengths, the advocate will raise awareness for the participant which can sometimes provide an important catalyst for change and re-evaluation of priorities. Also focusing on strengths will help to provide a welcome boost to productivity and client engagement in the housing process. By having an active role in the progression of the goals, the client will learn problem-solving skills and community resources for sustainability.

4. Program staff will be trained several times per year on cultural competence, accommodating culturally specific needs and inclusion. Training topics will directly relate to providing services, new trends in victimization, advocacy improvement, Trauma-Informed Care, collaborations or anything pertinent to working with victims and ensuring a continued nondiscrimination approach to services.

5. Program will offer a Support Group, Supportive Counseling, information about local resources for victim-related services and supports, mentorships, spiritual and religious services, and activities in the community that will foster healthy family relationships.

6. Program will provide parenting support groups, referrals to family education and support groups, connections to local legal services assistance and educate participants about childcare opportunities in the area.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

1.The new project will involve survivors with a range of lived experience in policy and program development by soliciting feedback from current and former program participants. Feedback will also be solicited from members of the LEAB who may have co-occurring service needs beyond domestic violence. The DV RRH project will include the development and utilization of anonymous surveys to provide feedback as to how survivors would like to be involved in the project's policy and program development. The DV RRH project incorporates the experience of victims in the creation of shelter structure, requirements, activities, group development and services. All services are driven by survivor experiences and feedback is voluntary.

2.Voluntary surveys are utilized to collect anonymous data and feedback on the DV RRH project and have been used to create and expand services for survivors. Policy and program development that has been implemented based on survivor feedback include: expanded access to WIFI and the use of smart TVs at the shelter; enhanced transportation assistance for survivors for purposes other than appointments related to their victimization, such as to job interviews, food shopping and recreation activities.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
	3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
	4.	Attachments must match the questions they are associated with.
	5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
	6.	If you cannot read the attachment, it is likely we cannot read it either.
		. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
		. We must be able to read everything you want us to consider in any attachment.
	7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
	8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes	CoC Lived Experie...	10/22/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/25/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/26/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms For ...	10/26/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/22/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/25/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/26/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD HDX Competiti...	10/23/2024
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Levera...	10/22/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Lived Experience Letter

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms For One Project

Attachment Details

Document Description: Notification of Project Rejected

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HUD HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Leverage & Formal Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/12/2024
1B. Inclusive Structure	10/26/2024
1C. Coordination and Engagement	10/26/2024
1D. Coordination and Engagement Cont'd	10/23/2024
1E. Project Review/Ranking	10/26/2024
2A. HMIS Implementation	10/23/2024
2B. Point-in-Time (PIT) Count	10/22/2024
2C. System Performance	10/22/2024
3A. Coordination with Housing and Healthcare	10/23/2024
3B. Rehabilitation/New Construction Costs	10/22/2024
3C. Serving Homeless Under Other Federal Statutes	09/12/2024

4A. DV Bonus Project Applicants	10/24/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

October 1, 2024

SUBJECT: Leadership and Participation of Individuals with Lived Experience of Homelessness in CoC NY-602

To Whom It May Concern:

I, _Anita Michael _____ , will be volunteering my experience and provide guidance to NY-602 CoC Board and serve as a member of CoC Lived Experience Advisory Division (LEAD), which is responsible for making decisions for the homeless in our community.

Our LEAD Advisory Board has housing providers, not-for profit agencies, local government, and Individuals with Lived Experience of Homelessness (IWLEH) to create, implement and revise policies for our CoC governance and decision-making activities.

Our goal is to improve the CoC's ability to serve individuals and families experiencing homelessness with severe service needs in Orange County.

Sincerely,

Anita Michael *Anita Michael*

CoC Lived Experience Advisory Board Member

119 east main St Apt 2 middle town N.y 10940

845-882-4788

Serenity @ gmail.com

Please complete the information below on the organization being assessed.

Provider Information	
Provider's Legal Name	HONOR- ehg
Acronym (If Applicable)	
Year Incorporated	1974
EIN	MCNVH8MKQ1K1
Street Address	38 Seward Avenue Middletown, NY
Zip Code	10940

Project Information	
Project Name	Steven Saunders Residence
Project Budget	95,265
Grant Number	NY0449L2T022215
Name of Project Director	Kelly Zago
Project Director Email Address	kzago@honorehg.org
Project Director Phone Number	845-343-7115

Which best describes the project *	Permanent Supportive Housing

If project is a Safe Haven, please choose project type that it most operates like, e.g. shelter, transitional housing, or permanent housing

Are your services targeted to any of the following populations specifically? Please select one if so, as this impacts your assessment questions.	People in Recovery

*Please note that when you select a project type, particular standards may not be relevant.

Management Information	
Name of CEO	Christopher Molinelli
CEO Email Address	cmolinelli@honorehg.org
CEO Phone Number	845-343-7115
Name of Staff Member Guiding Assessment	Kelly Zago
Staff Email Address	kzago@honorehg.org
Staff Phone Number	845-343-7115

Assessment Information	
Name of Assessor	Michelle Herrera
Organizational Affiliation of Assessor	HONOR
Assessor Email Address	mherrera@honorehg.org
Assessor Phone Number	845-467-9071
Date of Assessment	Sep 09 2024

HONOR
8-Sep-23

Some standards have not been evaluated. Please return and complete all standards before finalizing report.

Your score:	156
Max potential score:	*204*

Score is calculated by awarding 1 point for standards answered 'sometimes' and 2 points for standards answered 'always'. Categories that are not applicable for your project are not included in the maximum potential score.

156

Percentage of Standards "Said"

■ Not at all ■ Somewhat ■ Always

Percentage of Standards "Documented"

■ Not at all ■ Somewhat ■ Always

Percentage of Standards "Done"

■ Not at all ■ Somewhat ■ Always
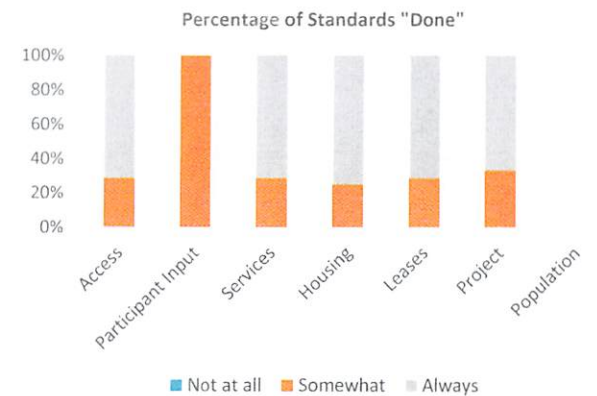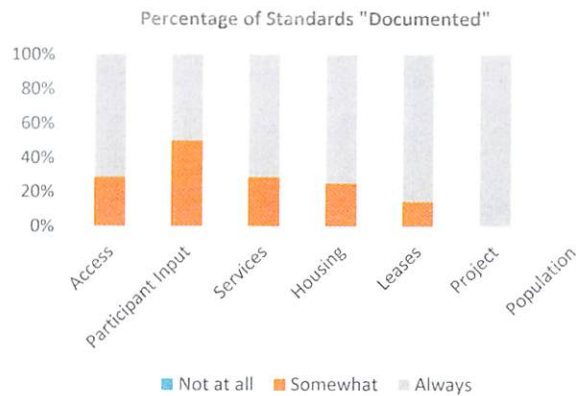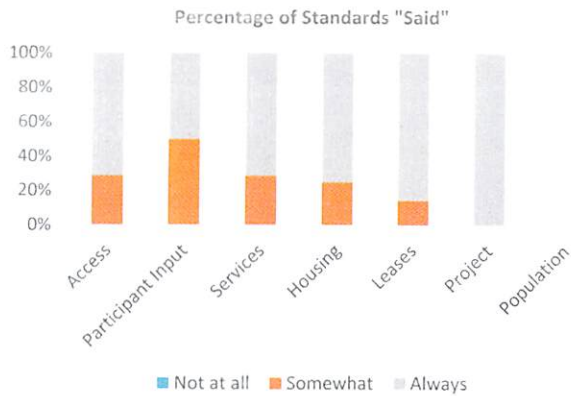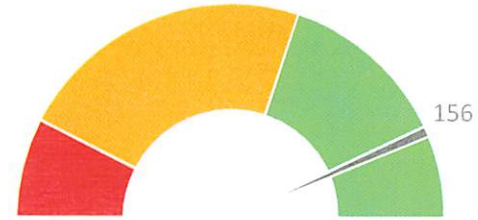
Orange County Housing Consortium CoC
2024 Renewal Evaluation Standards and Scoring Tool
For all criteria, performance below the lowest indicated benchmark will receive zero points.

Evaluation Criteria	2024 Benchmark / Actual Average Results for FY2023	FY2023 SPM Results	2024 Proposed Standard	2023 Points	2nd 2023 Standard	2023 Points	3rd 2023 Standard	2023 Points
PERFORMANCE								
Efficient Use of Resources								
Spending on last year's HUD grant [1]	See Far Right Column for Benchmark	NA	Same	10	Projects over $2M must spend at least 95% & leave less than $75K unspent. Projects under $100K must spend at least 90%. All other projects must spend at least 95% & leave less than $50K unspent.			
Eligibility								
At least one Adult Participant per household with previous residence that indicates qualified literal homelessness	100%/104%	NA	100%	10				
PSH Only: At least one participant per household has a disability	100%/105%	NA	100%	10				
Participant Income/Resources								
Non-Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) [2]	25% PSH/10% 25% RRH/20% 40% TH/16%	9%	25% PSH 25% RRH 40% TH	5	20% PSH 20% RRH 30% TH	3	15% PSH 15% RRH 20% TH	1
Youth Programs only: Percentage of adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers) [2]	20%/31% (PSH = 0%, RRH = 60%, TH = 31%)	No specific youth outcome reported	20% PSH 40% RRH 40% TH	5	15% PSH 30% RRH 30% TH	3	10% PSH 20% RRH 20% TH	1
Percentage of adult participants who increased OTHER INCOME (NON-EARNED) from entry to exit ot f/u (leavers and stayers) [2]	35% PSH/45% 35% RRH/15% 45% TH/28%	36%	40% PSH 25% RRH 35% TH	10	30% PSH 15% RRH 25% TH	6	20% PSH 10% RRH 20% TH	3
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers) [2 & 3]	95%/90%	NA	95%	10	85%	6	75%	1
All participants with Health Insurance (leavers & stayers) [3]	95%/93%	NA	95%	10	85%	6	75%	3
Rapid Exit/Length of Stay (LOS)								
TH Only (Non-DV): LOS for participants is 1 year or less	85%/87%	Avg LOT H'less = 122 days but bundled with Shelter & Safe Haven	90%	10	80%	6		
TH Only (DV Projects): LOS is 2 years or less	75%/97%		85%	10	75%	6		
Housing Stability								
PSH Only: Percentage of participants who remain in PSH or exited to permanent housing [4]	95%/97%	98%	95%	10	90-94%	6	85-89%	2
RRH and TH Only: Percentage of leavers who exited to permanent housing [4]	90%/90%	48% but includes Shelter	95%	10	85%	6		
Percentage of leavers who exited to homeless shelter, DV shelter, streets or unknown [4]	Less than or equal to 10%/5%	RTH w/in 6 mos after PH exit: ES-13%, TH-7%, PH-5%	Less than or equal to 5%	10	6-10%	6		
CONSUMER SURVEYS								
Consumer Surveys - Response Rate	35%/69%	NA	35%	5	25%	3		
Consumer Surveys - Results	50 Points/43.9	NA	50.0	5				
COMPLIANCE								
Percentage of participants accepted into the program from the by-name list between October 1, 2020 and September 30, 2023 (excludes DV projects)	100%	NA	100%	5				
A Lateness Penalty: 10 points deducted for each document submitted late including Paper Consumer Surveys, Project Data Form, Agency Data Form, and/or Paper APR	NA	NA	Same	minus 10				
PERFORMANCE IMPROVEMENT (formerly CORRECTIVE ACTION) THRESHOLD CRITERIA								
Occupancy based on quarterly unit utilization (excludes new projects)	90%/108%	NA	90%	N/A				

[1] Excludes new projects and SROs.

[2] Excludes participants who are not yet required to have an annual assessment.

[3] Excludes participants who are ineligible for benefits

[4] Excludes deceased participants or programs with only 1 exit with a bad outcome. When a person exits a DV project to a shelter for safety purposes, agencies should report this as a "transfer" rather than an "exit to shelter" for the purposes of this evaluation.

DATA TO BE COLLECTED FOR DESCRIPTIVE OR TRACKING PURPOSES OR SETTING BENCHMARK FOR 2024- NOT SCORED

Evaluation Criteria	2024 Benchmark/Actual Results	FY 2023 SPM Results	2024 Benchmark	Notes	
HMIS Universal Data Elements: Error rate of less than 5% for a minimum of 13 of 16 tracked data elements	.	NA	Same	Descriptive - result is average score for all programs. 15.4 data elements had error rate of <5%	
PSH & RRH Only: Average length of time from matched to housed	NA	NA	85% housed within 30 days	Get Baseline for 2024 Evaluation	
RRH Only: LOS from date housed is 6 months or less	50%/42%	NA	50%	Descriptive	
Cost per household served for all projects and cost per PH exit for TH and RRH	None	NA	None	Descriptive	

Orange County Continuum of Care (CoC)
RFP for 2024 CoC Bonus New Project

DEADLINE FOR SUBMISSION OF APPLICATIONS: 11:59 PM on Monday, September 30, 2024

BACKGROUND

The Orange County Housing Consortium (OCHC) is seeking applications for new projects for inclusion in the CoC's 2024 application for HUD CoC funds. Each year OCHC competes with other Continuums across the country to secure federal funds to end homelessness through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program. In 2024, in addition to the usual bonus funding awarded through this process, HUD also announced Domestic Violence Bonus (DV Bonus -RRH). Through this CoC competition, OCHC is eligible to apply for approximately $414,000 for CoC Bonus funding for Permanent Housing (PH) with a Housing First model and an additional $384,700 for Domestic Violence Bonus RRH projects.

The total funds available for new projects in 2024 will be determined based on the final bonus amounts, as determined by HUD.

OCHC uses those scores to determine which applications are submitted to HUD and the order in which they are ranked. Projects that score higher will have a greater chance of being funded. HUD makes final decisions regarding which applications are funded. Projects seeking funding under the DV bonus compete with other projects seeking that type of funding nationally. Projects not conditionally selected by HUD for funding under the DV Bonus, may be considered by HUD for funding through the permanent housing bonus. In other words, OCHC anticipates that any DV bonus project included in the CoC's application to HUD that is not selected for the DV Bonus will automatically compete for the usual pot of funds available to the CoC and may be funded through that usual pot instead of through DV Bonus funds.

OCHC encourages applications from applicants that have never previously received CoC funds as well as from applicants that are currently receiving or have in the past received CoC funds. OCHC provides
technical assistance to ensure that the process is accessible to all eligible applicants, including those who have not received CoC funds in the past.

Please note that this application is based on the best information that is currently available, and OCHC may need to revise the requirements described herein and/or request additional information based on additional guidance received from HUD and/or decisions made by OCHC Board/Steering Committee. OCHC will disseminate all information about this funding opportunity as it becomes available through the CoC's distribution list. **To ensure that you receive the latest information please e-mail mherrera@honorehg.org.**

Orange County Continuum of Care (CoC)
RFP for 2024 CoC Bonus New Project

INSTRUCTIONS

This is the application for Orange County Housing Consortium (OCHC) CoC Bonus for permanent housing funds.

New projects to be included in the OCHC 2024 CoC Application to HUD will be conditionally selected by an independent scoring committee and notified by OCHC. Final decisions regarding awards will be made and announced by HUD via the national CoC program competition.

The CoC reserves the right not to review late or incomplete applications or applications that do not meet the project requirements described in this RFP. The CoC also reserves the right not to review applications that exceed page limits specified in this RFP (attachments are excluded from the limit) or do not meet HUD's threshold eligibility criteria. Please note: upon acceptance, projects must complete application and submit project application within e-snaps.

All applications should be sent to: mherrera@honorehg.org by 11:59 PM on Monday, September 30, 2024.

Project Requirement and Priorities

- Eligible localities:
  - Projects must be located within Orange County, NY.

- Eligible populations:
  - Permanent Housing:

    - All projects must dedicate 100% of units and/or provide services exclusively to chronically homeless and/or Dedicated Plus individuals and/or families, as defined by HUD (See Appendix).
    - Disabilities: All projects must serve exclusively disabled households as defined by HUD (See Appendix)

The following types of new projects will be considered:

- **Permanent Housing (PH) Housing First Project in the amount of $414,000.** PH Projects funded through this RFP may serve only individuals and/or families, including unaccompanied youth, who are residing in emergency shelter or a location not meant for human habitation or meeting the domestic violence criteria in paragraph (4) of the HUD definition of homelessness, including persons fleeing or attempting to flee human trafficking (see Appendix and Eligible Populations sections for more information). To be eligible for funding projects must commit to using the Housing First model (see Appendix).

- **Domestic Violence Rapid Rehousing (DV RRH) projects in the amount of $ 384,700.** DV RRH projects that demonstrate trauma informed; victim centered approaches – (must follow Housing First model).

Orange County Continuum of Care (CoC)
RFP for 2024 CoC Bonus New Project

New projects to be included in the OCHC 2024 CoC Application to HUD will be conditionally selected by an independent scoring committee and notified by OCHC. Final decisions regarding awards will be made and announced by HUD via the national CoC program competition.

The CoC reserves the right not to review late or incomplete applications or applications that do not meet the project requirements described in this RFP. The CoC also reserves the right not to review applications that exceed page limits specified in this RFP (attachments are excluded from the limit) or do not meet HUD's threshold eligibility criteria.

All applications should be sent to: mherrera@honorehg.org by 11:59 PM on Monday, September 30, 2024.

Project Requirement and Priorities

- Eligible localities:

  - Projects must be located within Orange County, NY.

- Term – Projects may apply only for a one-year term.

- Eligible applicants:

  - Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.

  - Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds, outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

  - Applications shall only be considered from applicants who are not in corrective action status as a result of a 2023 OCHC project evaluation.

- Other Requirements
  - Projects, except victim service providers as defined by HUD, must agree to enter client data into the OC HMIS. Except projects must enter data into a comparable database.
  - Project must agree to participate in the annual homeless point-in-time count (PIT Count).
  - Project must agree to participate in Coordinated Entry.
  - Project must agree to follow a Housing First Model.

- o Project must comply with all HUD requirements and OCHC CoC Policies.
- o Applications must demonstrate a plan for **rapid implementation** of the program; the project narrative must document how the project will be ready to begin housing the first program participant within 12 months of the award (i.e., by no later than December 2025).

- Applicants are responsible for reading and following all instructions contained herein. Please contact **mherrera@honorehg.org** for questions about the application form or process.

- Please save your document with the following naming convention:

    <Agency name –Program name-NEW OCHC24>.
    Example: ABC Services-Home to Stay-NEW OCHC24.doc

- The CoC reserves the right not to review late or incomplete applications or applications that do not meet the project requirements described in this RFP. The CoC also reserves the right not to review applications that do not meet HUD's threshold eligibility requirements.

- **Please read carefully through the entire application including instructions pages 1-4, application pages which begin on page 5 – 12 along with supporting documentation letters and attachments as stated on pages 13 - 21. All applications should be sent to: mherrera@honorehg.org by 11:59 PM on Monday, September 30, 2024.**

Orange County Continuum of Care (CoC)
RFP for 2024 CoC Bonus New Project

Being selected through the rank and review process does not guarantee funding; rather allows the project to apply for CoC funding to HUD which is a competitive process.

Applicant/Agency Name:

Agency Contact:

Proposed Project Name:

What project are you applying for?

☐ New project

☐ Expansion of an existing project

☐ Domestic Violence – RRH Project

Threshold Question: Eligible DV bonus project must follow a Housing First approach.

Housing First is a recovery-oriented approach to ending homelessness which allows for rapidly housing individuals without screening out or terminating based on any of criteria listed below. Does the proposed project screen out or terminate based on any of the following?

If any response "Yes" to any of the following, your project is not eligible to apply for this funding.

- ➤ Having too little or no income
- ➤ Active or history of substance abuse
- ➤ Criminal record with exceptions for state-mandated restrictions
- ➤ History of domestic violence
- ➤ Failure to participate in supportive services Failure to make progress on a service plan
- ➤ Loss of income or failure to improve income
- ➤ Being a victim of domestic violence
- ➤ Activity not covered in a lease agreement typically found in the project's geographic area.

☐ Yes – Meets Eligibility Threshold

☐ No – Project is not Eligible for Funding

1. Will the Project be able to start within 12 months of Contract Execution? ☐ Yes - 5 pts ☐ No - 0 pts

2. Is the applicant a current member of the Orange County (CoC)? ☐ Yes - 10 points ☐ No - 0 points

3. Is the agency applying as a current CoC funded grantee?   ☐ Yes - 0 pts ☐ No - 5 pts

Current HUD Funded Agencies Only:

3a. If yes, are there any unresolved monitoring/audit findings from HUD or the CoC? ☐ Yes - 0 pts ☐ No - 5 pts

3b. Has the agency drawn down all HUD Contracted funds over the two previous contract years? Only consider the same project type that is being applied for? Please attach your last 2-years eLOCCS closeouts.   ☐ Yes - 5 points ☐ No - 0 points

4a. Does your agency attend 50% of Case Conference Meetings in the OC CoC Coordinated Entry program?　　　　　□ Yes – 5 pts □ No - 0 pts

4b. If you currently do not participate in the Coordinated Entry Case Conference Meetings, provide details on how the agency will assign staff to attend. (0-5 pts)

5. Project Description (0-10pts)

Please provide a brief description that addresses the scope of your project. Please include the target population that will be served and the reason why this project is being proposed.

6. Agency Experience (0-10 pts)

Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e your target population).

- 4 pts for detailing experience serving an underserved population
- 3 pts for explaining how you have connected clients to supportive services necessary to maintain stable housing.
- 3 pts for detailing other funding sources the agency uses/ has used in the past to serve HUD Defined Homeless Persons.

8. Racial Equity and Barriers to Participation (0-5 pts)

Has your project identified any barriers to participation (e.g., lack of outreach) faced by people of different races and ethnicities, particularly those over-represented in the local homelessness population? What steps have you taken, or will you take to eliminate the identified barriers?

Examples of barriers might include language barriers, consistent access to transportation, access to the Coordinated Entry process, lack of consistent communication from provider agencies, etc.

- 2 points *if the applicant describes barriers to participation faced by those over-represented in the homelessness population;*
- 3 points *if the applicant describes tangible actions taken at the agency and/or project level to eliminate identified barriers.*

9. Diversity and Inclusion: (0-5 pts)

Please tell us what your agency has done over the last year to promote Diversity, Equity, and Inclusion (DEI) at the program and agency level. Check out the HUD Fair Housing Toolkit as a resource.

- 3 pts *for providing a specific example of an action or initiative taken to promote DEI and/or a specific example of an action or initiative taken to support the LGBTQIA+ Community.*
- 2 pts *for participating in outside committees or workgroups that promote DEI in the CoC.*

10. Feedback from Program Participants/Persons with Lived Experience & Decision-Making

(0-5 pts)   What proactive processes does your agency have to receive and incorporate feedback from persons with lived experience?

- 3 pts if applicant specifies how often participants will be asked for feedback about their programs and services and explains how feedback will be used to implement programmatic changes.
- 2 pts if agency describes how employees with lived experience are involved in decision-making and/or policy creation.

11. Housing and Healthcare Leverage Agreements

The CoC will receive points for successfully demonstrating that agencies are leveraging Healthcare and Housing partnerships to bolster CoC programs. Does your agency have relationships/partnerships with any of the below? (Max 20 Pts)

☐ Public/Private Healthcare Organizations

☐ PHAs. local housing organizations. or other non-CoC/ESG funding streams

11a. If you checked Public/Private Healthcare Organizations:

Does your agency have a written commitment from a health care organization with the value of the commitment and the date(s) the healthcare resources will be provided. Please include documentation with your application to receive full points.

☐ **Yes- 10 points** ☐ **No – 0 points**

*Please note, this commitment will be submitted with the CoC's Application, so the CoC is awarded additional points.

11b.   If you checked PHAs. local housing organizations. or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG by: providing at least 25 percent of the units included in the project; or in the case of a rapid re-housing project. serve at least 25 percent of the program participants anticipated to be served by the project?* Please include documentation with your application to receive full points.

☐ **Yes- 10 pts** ☐ **No – 0 pts**

* Please note, this commitment will be submitted with the CoC's Application, so the CoC is awarded additional points.

BUDGET Section

Provide a 12-month Budget Proposal (required for review):

ACTIVITY	COC FUNDS REQUESTED	NOTES
A. Rental Assistance	$	
B. Support Services	$	
i. Salaries	$	
ii. Benefits	$	
iii. Other	$	
C. VAWA (new eligible activity)	$	
D. Rural Costs (new eligible activity)	$	
E. Operating	$	
F. Admin (Up to 10%)	$	
G. Total Project Costs	$	
MATCH	**AMOUNT**	**SOURCE**
H. 25% Match Requirement		

Provide the HUD Cost Per Bed: $ (_____) line G/ number of beds)

Please attach:

   ✓ 501c3 documentation
   ✓ If applicable: Formal Housing leveraging commitments (contracts, MOU with PHA, etc.)
   ✓ If applicable: Formal Healthcare leveraging commitments (MOUs, service agreements, etc.)

Newburgh, Middletown, Orange County CoC 2024 Renewal Program Evaluation Report

Agency Name: Emergency Housing Group/HONOR

Program Name: HONOR Housing First III

Start date: 10/01/2022 end date 09/30/2023

Number of Participants: 26   Households: 14

Number of Leavers: 0   Adult Leavers: 0

Component Type: PH

Grant Number: NY1119

Number of Units in Application: 6

Number of Stayers without required Annual Assessment: 0

Total Grant: $ 150,144   Amount Unspent:$0

Evaluation Criteria	2024 Benchmark/ Standard PSH	Program Performance	2024 Points	Awarded Points
PERFORMANCE				
Spending on last year's HUD grant[1]	Projects under $100K must spend at least 90%. All other projects must spend at least 95% and leave less than 50K unspent	100%	10	10
At least one adult participant per household with previous residence that indicates qualified literal homelessness	100%	100%	10	10
PSH Only: At least one participant per household has a disability	100%	100%	10	10
Percentage of all adult participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers)[2]	25%	31%	5	5
Youth Programs Only: Percentage of adults participants who increased EARNED INCOME from entry to exit/follow-up (leavers and stayers)	20%	N/A	N/A	N/A
Percentage of all adult participants who increased OTHER INCOME (NON- EARNED) from entry to exit/follow-up (leavers and stayers)[2]	35%	46%	10	10
All adult participants with NON-CASH benefits excluding health insurance (leavers and stayers)[2]	95%	100%	10	10
All participants with health insurance (leavers and stayers)[2]	95%	100%	10	10
PSH Only: Percentage of all participants who remain in PSH or exited to permanent housing[3]	95%	100%	10	10
Percentage of all leavers who exited to shelter, streets or unknown[3]	Less than or equal to 10%	0%	10	10
Performance total score			85	85
CONSUMER SURVEYS				
Consumer Surveys - Response Rate	35%	65%	5	5
Consumer Surveys - Results	50 Points		5	0
Consumer Surveys total score			10	5
COMPLIANCE				
All project must/and do only accept participants from the CE list in HMIS during the period of October 1, 2022 to September 30, 2023 [4]	100%	100%	5	5
Compliance total score			5	5
SCORING SUMMARY				
Total			100	95
Total Score, converted to a percentage	formula = (Points Awarded / Points Available for Scoring)			95%
Lateness Penalty: 10 points deducted for each document submitted late.				0
Grand Total				95

[1] Excludes new projects.

[2] Excludes Participants who are not yet required to have an annual assessment

[3] Excludes deceased participants and programs with only one exit resulting in a negative outcome. Also excludes participants who exit a project to a shelter for safety purposes.

[4] Excludes DV programs. DV provider participates in CE meetings utilizing de-identifying client information.

Orange County Continuum of Care (CoC)
RFP for 2024 CoC Bonus New Project

Being selected through the rank and review process does not guarantee funding; rather allows the project to apply for CoC funding to HUD which is a competitive process.

Applicant/Agency Name:	Regional Economic community Action Program, Inc.
Agency Contact:	Charles R. Quinn
Proposed Project Name:	Housing First PSH

What project are you applying for?

[X] New project

[ ] Expansion of an existing project

Threshold Question: Eligible DV bonus project must follow a Housing First approach.

Housing First is a recovery-oriented approach to ending homelessness which allows for rapidly housing individuals without screening out or terminating based on any of criteria listed below. Does the proposed project screen out or terminate based on any of the following?

If any response "Yes" to any of the following, your project is not eligible to apply for this funding.

> Having too little or no income
> Active or history of substance abuse
> Criminal record with exceptions for state-mandated restrictions
> History of domestic violence
> Failure to participate in supportive services Failure to make progress on a service plan
> Loss of income or failure to improve income
> Being a victim of domestic violence
> Activity not covered in a lease agreement typically found in the project's geographic area.

[ ] Yes – Meets Eligibility Threshold

[ ] No – Project is not Eligible for Funding

1. Will the Project be able to start within 12 months of Contract Execution? ☐ Yes - 5 pts ☐ No - 0 pts

2. Is the applicant a current member of the Orange County (CoC)? ☐ Yes - 10 points ☐ No - 0 points

3. Is the agency applying as a current CoC funded grantee? ☐ Yes - 0 pts ☐ No - 5 pts

Current HUD Funded Agencies Only:

3a. If yes, are there any unresolved monitoring/audit findings from HUD or the CoC? ☐ Yes - 0 pts ☐ No - 5 pts

3b. Has the agency drawn down all HUD Contracted funds over the two previous contract years? Only consider the same project type that is being applied for? Please attach your last 2-years eLOCCS closeouts. ☐ Yes - 5 points ☐ No - 0 points

5

4a. Does your agency attend 50% of Case Conference Meetings in the OC CoC Coordinated Entry program? ☐ Yes – 5 pts ☐ No - 0 pts

4b. If you currently do not participate in the Coordinated Entry Case Conference Meetings, provide details on how the agency will assign staff to attend. (0-5 pts)

Not Applicable- Regional Economic Community Action Program attends 100% of the Coordinated Entry Case Conferences.

5. Project Description (0-10pts)

Please provide a brief description that addresses the scope of your project. Please include the target population that will be served and the reason why this project is being proposed.

RECAP has been operating a Supportive housing program under the COC since 1995. RECAP plans to house individuals and families first and then work on any hardships and or barriers that they are trying to overcome. This could include but not limited to substance abuse diagnosis, mental health, domestic violence and more. RECAP intends to take 30% of the household income and pay the remaining balance to help lift the financial burden so the individual and or family can focus on their mental health, SUD, vocational training etc. RECAP will provide case management to the tenants on a biweekly basis unless more is needed. Case management will include financial literacy, advocacy, assistance with doctor appointments, transportation, addressing food insecurity, increasing net worth and much more. RECAP will receive its referrals from the Coordinated Entry list held at HONOR. The target population will be the most vulnerable F/I on the coordinated entry list that presents as homeless with a long and continuing disability. The housing industry has become very scarce and with the income inflation the need for housing and financial support to individuals and or families is high. This project is proposed to help said F/I obtain safe and affordable housing and reduce the number of the homeless population.

10

6. Agency Experience (0-10 pts)

Please provide a detailed description of the agency's experience in administering projects dedicated to serving an underserved population (i.e your target population).

10

- 4 pts for detailing experience serving an underserved population
- 3 pts for explaining how you have connected clients to supportive services necessary to maintain stable housing.
- 3 pts for detailing other funding sources the agency uses/ has used in the past to serve HUD Defined Homeless Persons.

RECAP's Housing Program has offered permanent housing options to those experiencing housing instability and homelessness for over three decades. The clients we serve are primarily those who have low or limited incomes. RECAP's homeless PH program serves homeless Orange County families and individuals (F/I). This includes but not limited to those who may experience domestic violence, substance use disorder and have veteran status. F/I ability to live independently is enhanced through the program by providing safe supportive housing and support services since 1995. COC utilizes HUD's criteria for homelessness and disabilities in determining eligibility for participation in the program. The program receives referrals from the counties Coordinated Entry list. The Coordinated Entry team meets biweekly to discuss vacancies and make referrals. This program's goal to provide stable housing in RECAP owned properties as well as housing throughout Orange County. Scattered site locations are accessible to supported services and public transportation. Case Mgmt. services provide assistance to clients by identifying personal development goals, increasing independent living skills, addressing substance use disorder and/or behavioral health concerns; provide crisis intervention, include an education/vocational assessment, offer referrals to community partners where appropriate, and provide family support and much more. The outcomes are residential stability, increased skill and income levels and provide greater self-determination and self sufficiency. In 2022-23 98% of the program participants achieved housing stability and 85% of person's aged 18 & older maintained or increased their total income. Often, participants enter the program facing multiple barriers such as but not limited to, lack of daily living, parenting skills, legal issues, and no means of transportation. Additionally, clients have not completed formal education nor vocational training to ensure their ability to enter the work force prepared and set for success thereby increasing their self-sufficiency. Becoming a participant in RECAP's Supportive Services program and with the help of financial stability from the COC, participants also have access to further or complete their education. Throughout the program history and due to stable housing and subsidized rent, participants have completed education programs, reunified with their child/ren, maintained employment, maintained sobriety and focused on their mental health. In conclusion, this has provided participants with greater income and a chance at unsubsidized housing options in their future. The programs' outreach works with a wide range of resources to engage new participants, and this includes but is not limited to, OC Dept of MH, OC DSS, OC probation, CPS, DOCCS, SUD treatment providers and many more. Outreach may include support from member agencies with face-to-face meetings, email notices, and vacant bed counts using HMIS. Outreach is done in conjunction with HONOR and CE. RECAP has adopted the housing first model and gets assistance from the county's referral process using coordinated entry.

7 . Community Need (0-10 pts)

What gap in services or need in the community will this project address or fill? Please provide any anecdotal or quantitative evidence of this gap and how your project would address it.

10

- 2 points *for identifying HUD/local priority populations served through proposed project;*
- 2 points *for identifying the service gap or need in the community;*
- 2 points *for detailing data evidence of the service gap or need in the community;*
- 4 points *for explaining how the proposed project will address the need.*

This project will offer a Housing First model and will serve individuals and/or families, who are residing in emergency shelter or a location not meant for human and are identified as chronically homeless. Orange County is experiencing a surge in homelessness for both individuals and families. Housing stock is limited and prices elevated and oftentimes out of reach for those with no or limited resources. According to the Orange County Department of Social Services, there are 400 individuals and families currently housed in hotels and there were an estimated 135 chronically homeless individuals reported in 2023 according to the Orange County Continuum of Care's annual Point-in-Time count, which measures homelessness across the region, including both sheltered and unsheltered individuals. This project will provide case management services to assist with locating housing and the subsidies available will allow placement in permanent housing. The combination of supportive services and housing subsidies will increase self-sufficiency and decrease housing instability. Moreover this program design will allow chronically homeless individuals and families to attain permanent housing and leave the local homeless shelter or hotels rooms they have been residing in.

8. Racial Equity and Barriers to Participation (0-5 pts)

Has your project identified any barriers to participation (e.g., lack of outreach) faced by people of different races and ethnicities, particularly those over-represented in the local homelessness population? What steps have you taken, or will you take to eliminate the identified barriers? Examples of barriers might include language barriers, consistent access to transportation, access to the Coordinated Entry process, lack of consistent communication from provider agencies. etc. 2 points *if the applicant describes barriers to participation faced by those over-represented in the homelessness population;* 3 points *if the applicant describes tangible actions taken at the agency and/or project level to eliminate identified barriers.*

5

Barriers to participation in homelessness services for people of different races and ethnicities, particularly those over-represented in local homelessness populations, can vary depending on the community. Common barriers in Orange County include: **Language Barriers:** Many individuals experiencing homelessness, particularly immigrants or those from non-English speaking backgrounds, may face difficulties in accessing services due to a lack of information in their primary language. **Action:** RECAP's staff is predominantly bilingual, providing translation services, we additionally ensure all program materials are available in multiple languages can help address this barrier.

Transportation Challenges RECAP's tri-annual Community Needs Assessment consistently identifies a lack of transportation as an on-going barrier. Consistent access to reliable transportation can be a significant barrier for people trying to access services, especially in areas where public transit is almost non-existent and expensive. **Action:** Offering transportation assistance (e.g., bus passes, shuttle services) and partnering with transportation providers to offer free or discounted rides.

Cultural Competency & Trust Issues Individuals from racial and ethnic minority groups may have experienced past discrimination, making them distrustful of providers or services. Additionally, some programs may lack cultural sensitivity. **Action:** Training staff in cultural competency, hiring staff who reflect the diversity of the population being served, and collaborating with trusted community organizations can build trust and foster inclusion. Additionally, hiring staff who reflect the community is vital to ensure inclusive service provision.

Lack of Consistent Communication Over-represented populations may face challenges in maintaining consistent communication with providers due to lack of stable housing, phones, or internet access. **Action:** Ensuring multiple means of communication (phone, email, in-person) are available and consistently following up with individuals. Offering free cell phones or mobile devices through partnerships with tech providers could be another option.

Discrimination and Bias Racial and ethnic minority groups may face systemic bias in accessing housing services, such as implicit biases held by service providers. **Action:** Implementing anti-bias and anti-racism training for staff and service providers, as well as establishing equity-focused policies and monitoring for discrimination in service delivery.

Tangible Actions to Eliminate Barriers As part of RECAP's Community Needs Assessment, conduct focus groups and surveys among over-represented populations to directly understand the specific barriers they face. Form partnerships with local advocacy groups or culturally specific organizations that already work with over-represented populations. Regularly review and update agency policies to ensure they do not unintentionally exclude or disadvantage racial or ethnic minority groups.

Eliminating these barriers requires continuous effort, community engagement, and data-driven decision-making to ensure equal access to services for all people, particularly those disproportionately affected by homelessness.

9. Diversity and Inclusion: (0-5 pts)

Please tell us what your agency has done over the last year to promote Diversity, Equity, and Inclusion (DEI) at the program and agency level. Check out the HUD Fair Housing Toolkit as a resource.

- 3 pts *for providing a specific example of an action or initiative taken to promote DEI and/or a specific example of an action or initiative taken to support the LGBTQIA+ Community.*
- 2 pts *for participating in outside committees or workgroups that promote DEI in the CoC.*

Over the past year, RECAP has made significant strides in promoting diversity, equity, and inclusion (DEI) at both the programmatic and agency-wide levels. Central to these efforts is the JEDI (Justice, Equity, Diversity, and Inclusion) initiative, which serves as a cornerstone of RECAP's commitment to fostering an inclusive environment for both staff and clients.

In collaboration with Inaudy Esposito from the Orange County Human Rights Commission, RECAP has worked to expand its outreach and improve its DEAI strategies. This partnership has enabled the agency to engage in meaningful discussions and actions around human rights, equity, and social justice.

At RECAP's annual staff development and training day, Dr. Ebony Green served as the keynote speaker, delivering a powerful address that reinforced the importance of DEI principles in the workplace and in service delivery. Her insights helped shape the organization's approach to staff development, encouraging a deeper understanding of systemic inequities and the role of social services in addressing them. Dr. Green was complimentary to RECAP staff for actually reflecting their community in our diverse makeup.

RECAP's leadership has also taken an active role in state and local DEI initiatives. The agency's Chief Operating Officer is a member of both the statewide DEAI committee and the Leadership Orange DEAI committee, where they contribute to broader discussions and efforts aimed at fostering diversity and inclusion across sectors. These leadership roles underscore RECAP's commitment to not only internal change but also community-wide progress toward equity.

Finally, RECAP's Board of Directors is a tripartite model, with one third of the Board representing those with lived experience with limited or low income.

Through these various initiatives, RECAP has demonstrated a strong commitment to embedding DEI principles throughout its programs and operations, ensuring that its services are accessible, inclusive, and equitable for all.

10. Feedback from Program Participants/Persons with Lived Experience & Decision-Making

(0-5 pts)   What proactive processes does your agency have to receive and incorporate feedback from persons with lived experience?

- 3 pts if applicant specifies how often participants will be asked for feedback about their programs and services and explains how feedback will be used to implement programmatic changes.
- 2 pts if agency describes how employees with lived experience are involved in decision-making and/or policy creation.

RECAP staff provides a monthly survey to clients to measure services satisfaction. Client surveys are reviewed by staff and program supervisor weekly. Feedback is examined and staff determines response to information. Client input is welcomed to better inform service provision and program design in order to more effectively meet the needs in our community.

In addition, RECAP staff utilize HUDs annual survey to ensure the needs of our clients and their families are effectively addressed. Furthermore, Case Management staff meets weekly to discuss all clients concerns and/or barriers to meeting individual goals. We work as a team to help one another in the process of helping our clients. Throughout the agency, staff with lived experience and/or peers are involved in program design. Their ideas and suggested are reviewed and when appropriate implemented into service delivery. In addition to staff with lived experience, RECAP's Board of Directors is comprised of one third of members who identify as those who are or have lived in poverty.

11. Housing and Healthcare Leverage Agreements

The CoC will receive points for successfully demonstrating that agencies are leveraging Healthcare and Housing partnerships to bolster CoC programs. Does your agency have relationships/partnerships with any of the below? (Max 20 Pts)

X Public/Private Healthcare Organizations

X PHAs, local housing organizations, or other non-CoC/ESG funding streams

11a. If you checked Public/Private Healthcare Organizations:

Does your agency have a written commitment from a health care organization with the value of the commitment and the date(s) the healthcare resources will be provided. Please include documentation with your application to receive full points.

☐ **Yes- 10 points** ☐ No – 0 points

*Please note, this commitment will be submitted with the CoC's Application, so the CoC is awarded additional points.

11b. If you checked PHAs, local housing organizations, or other non-CoC/ESG funding streams, will your project utilize housing subsidies or subsidized housing units not funded through the CoC or ESG by: providing at least 25 percent of the units included in the project; or in the case of a rapid re-housing project, serve at least 25 percent of the program participants anticipated to be served by the project?* Please include documentation with your application to receive full points.

☐ **Yes- 10 pts** ☐ No – 0 pts

* Please note, this commitment will be submitted with the CoC's Application, so the CoC is awarded additional points.

BUDGET Section

Provide a 12-month Budget Proposal (required for review):

ACTIVITY	COC FUNDS REQUESTED	NOTES
A. Rental Assistance	$209,000.00	Rental assistance and security
B. Support Services	$10,000	Realtor fees security
i. Salaries	$100,000.00	2 case managers
ii. Benefits	$25,000.00	fringe
iii. Other	$10600	Client incentive, new bedding, towels, laundry soap etc.
C. VAWA (new eligible activity)	$8000.00	Vicitim line
D. Rural Costs (new eligible activity)	$	
E. Operating	$10,000.00	IT equip
F. Admin (Up to 10%)	$41,400.00	FISCAL
G. Total Project Costs	$414000.00	Total
MATCH	AMOUNT	SOURCE
H. 25% Match Requirement	103500.00	Tenant rents, donations, Agency MOU

Provide the HUD Cost Per Bed: $ (_____ 8280.00 _____) line G/ number of beds)

Please attach:

- ✓ 501c3 documentation
- ✓ If applicable: Formal Housing leveraging commitments (contracts, MOU with PHA, etc.)
- ✓ If applicable: Formal Healthcare leveraging commitments (MOUs, service agreements, etc.)

Michelle Herrera

Dear Mr. Quinn,

Please see attached letter regarding your request to apply for CoC DV Bonus Dollars - FY 2024 CoC Program Competition.

Thank you,

Michelle Herrera
CoC Planning Coordinator
HONOR
185 Monhagen Avenue
Middletown, NY 10940
Office: 845-343-7115 ext. 314
Fax: 845-394-2937
Cell: 845-467-9071
E-Mail: mherrera@honorehg.org

How may I help you?

ORANGE COUNTY HOUSING CONSORTIUM

Partners in Housing
Transforming Lives

President, Christopher Molinelli
Vice President, Nicole Anzalone
Secretary, Charles Quinn
Treasurer, Gregory Castro

October 4, 2024

Charles Quinn
Executive Director
RECAP
40 Smith Street
Middletown, NY 10940

Dear Mr. Quinn:

I thank you for your time and interest in submitting a proposal for Domestic Violence Bonus Dollars through the FY 2024 Continuum of Care (CoC) Program Competition.

We regret to inform you that the proposal submitted has been declined. A proposal from a Direct Service Provider (DSP) with vast experience with Domestic Violence has been accepted to apply for the DV funding.

We encourage you to apply again the next funding cycle.

Sincerely,

Michelle Herrera
CoC Planning Coordinator

Michelle Herrera

From:	Michelle Herrera
Sent:	Friday, October 4, 2024 1:46 PM
To:	Sarita Green
Subject:	CoC DV Bonus Dollars - FY 2024 CoC Program Competition
Attachments:	CoC FY 2024 Acceptance Letter DV Bonus - FEARLESS.pdf

Importance: High

Good Afternoon Ms. Green,

Congratulations! I am pleased to notify you that your application for CoC Domestic Violence Bonus Dollars through the FY 2024 Continuum of Care (CoC) Program Competition Consolidated Application has been accepted. Please see attached acceptance letter.

Thank you,

Michelle Herrera
CoC Planning Coordinator
HONOR
185 Monhagen Avenue
Middletown, NY 10940
Office: 845-343-7115 ext. 314
Fax: 845-394-2937
Cell: 845-467-9071
E-Mail: mherrera@honorehg.org

HONOR

How may I help you?

ORANGE COUNTY HOUSING CONSORTIUM

Partners in Housing Transforming Lives

President, Christopher Molinelli
Vice President, Nicole Anzalone
Secretary, Charles Quinn
Treasurer, Gregory Castro

October 3, 2024

Sarita Green
Fearless! Hudson Valley, Inc.
P.O. Box 649
Newburgh, NY 12551

Dear Ms. Green:

I am pleased to notify you that your application for CoC Domestic Violence Bonus Dollars through the FY 2024 Continuum of Care (CoC) Program Competition Consolidated Application has been accepted. Your proposal for the project, Fearless DV RRH meets the Housing and Urban Development (HUD) threshold criteria and OCHC's Policy Priorities for funding with a score of 90 out of and will be included in the ranking of new (#18) and renewal projects for this round of HUD Competitive funding.

Should you have any questions concerning this announcement please feel free to contact me at 845-343-7115 ext.314 or mherrera@honorehg.org.

Sincerely,

Michelle Herrera
CoC Planning Coordinator

From:	Michelle Herrera
Sent:	Friday, October 4, 2024 1:55 PM
To:	Charlie Quinn <cquinn@recap.org>
Subject:	CoC Bonus Dollars - FY 2024 CoC Program Competition
Attachments:	CoC FY 2024 Acceptance Letter CoC Bonus - RECAP.pdf
Importance:	High

Good Afternoon Mr. Quinn,

Congratulations! I am pleased to notify you that your application for CoC Bonus Dollars through the FY 2024 Continuum of Care (CoC) Program Competition Consolidated Application has been accepted. Please see attached acceptance letter.

Thank you,

Michelle Herrera
CoC Planning Coordinator
HONOR
185 Monhagen Avenue
Middletown, NY 10940
Office: 845-343-7115 ext. 314
Fax: 845-394-2937
Cell: 845-467-9071
E-Mail: mherrera@honorehg.org

How may I help you?

ORANGE COUNTY HOUSING CONSORTIUM

**Partners in Housing
Transforming Lives**

President, Christopher Molinelli
Vice President, Nicole Anzalone
Secretary, Charles Quinn
Treasurer, Gregory Castro

October 4, 2024

Charles Quinn
Executive Director
RECAP
40 Smith Street
Middletown, NY 10940

Dear Mr. Quinn:

I am pleased to notify you that your application for CoC Bonus Dollars through the FY 2024 Continuum of Care (CoC) Program Competition Consolidated Application has been accepted. Your proposal for the project, for RECAP- Housing First meets the Housing and Urban Development (HUD) threshold criteria and OCHC's Policy Priorities for funding with a score of 88 of 95 and will be included in the ranking (#17) of new and renewal projects for this round of HUD Competitive funding.

Should you have any questions concerning this announcement please feel free to contact me at 845-343-7115 ext.314 or mherrera@honorehg.org.

Sincerely,

Michelle Herrera
CoC Planning Coordinator

NY-602 Newburgh, Middletown, Orange County Housing Consortium
Final Project Scores for All Projects
Renewal Projects

Ranking	Agency Name	Project Name	Grant Number	Total GIW ARA	Project Score	Project Status
1	Emergency Housing Group, Inc.	HONOR Housing First III FY 2024	NY1119L2T022307	$162,780	95.5	Accepted
2	Regional Economic Community Action Program, Inc.	FY 2024 Regional Economic Community Action Program COC	NY0445L2T022316	$747,064	95.4	Accepted
3	Safe Harbors of the Hudson, Inc.	Safe Harbors Cornerstone Residence	NY0446L2T022316	$204,762	95.3	Accepted
4	Regional Economic Community Action Program, Inc.	FY 2024 Regional Economic Community Action Program COC Vets	NY0811L2T022313	$265,967	95.2	Accepted
5	Emergency Housing Group, Inc.	Permanent Housing Bonus Money FY 2024	NY0856L2T022311	$85,844	90.5	Accepted
6	Mental Health Association in Orange County, Inc.	Home to Stay FY 2024	NY0439L2T022316	$300,164	90.3	Accepted
7	Mental Health Association in Orange County, Inc.	2024 Renewal MHA NY0437 MH/DD	NY0437L2T022316	$88,776	90.2	Accepted
8	Emergency Housing Group, Inc.	HONOR ehg (PSH) Bonus FY 2024	NY0986L2T022309	$464,310	85.5	Accepted
9	Mental Health Association in Orange County, Inc.	2024 Renewal MHA NY0448 Individuals	NY0448L2T022316	$88,776	85.4	Accepted
10	Emergency Housing Group, Inc.	Stephen Saunders Residence FY2024	NY0449L2T022316	$99,834	85.3	Accepted
11	Mental Health Association in Orange County, Inc.	MHA HDH FY 2024	NY0440L2T022316	$141,656	80.5	Accepted
12	Mental Health Association in Orange County, Inc.	Family Supportive Housing FY 2024	NY0450L2T022316	$176,459	80.3	Accepted
13	Newburgh Interfaith Emergency Housing Inc.	Project LIFE Rapid Rehousing Program FY 2024	NY1170L2T022306	$159,164	75.0	Accepted
14	CARES of NY, Inc.	Orange CoC HMIS 2024	NY0441L2T022316	$65,809	Not Scored	HMIS - Accepted
15	Emergency Housing Group, Inc.	HONOR Coordinated Entry 2024	NY1467L2T022301	$87,000	Not Scored	CE- Accepted
16	Emergency Housing Group, Inc.	HONOR/Fearless Domestic Violence Project FY 2024	NY1390D2T022302	$314,376	Not Scored - Extension	Accepted

New Projects

Ranking	Agency Name	Project Name	Funding Amount	Score or Status
17	Regional Economic Community Action Program, Inc.	CoC Bonus – RECAP Housing First	$414,000	88.0
18	Fearless! Hudson Valley	CoC Domestic Violence Program	$273,844	90.0
N/A	Emergency Housing Group, Inc.	CoC Planning Project Application FY2024	$172,563	N/A

All projects accepted.
There were no projects reduced .
There was one project rejected. Went with DV Provider instead

David Jolly, President & CEO
Cornerstone Family Healthcare
147 Lake Street
Newburgh, NY 12550

SUBJECT: Healthcare Resources for HONOR Housing Program in CoC NY-602

To Whom It May Concern:

Cornerstone Family Healthcare is a non-profit Federally Qualified Health Center with a mission to provide high quality, comprehensive, primary and preventative health care services in an environment of caring, dignity and respect to all people regardless of their ability to pay. For more than fifty years, Cornerstone has been responsive to meeting the needs of the communities in which we serve with a continued emphasis on the underserved and those without access to health care regardless of race, economic status, age, sex, sexual orientation or disability. Today, over six hundred Cornerstone employees provide care for more than 40,000 individuals and families annually in the New York's Orange, Rockland, Ulster and Broome counties.

Cornerstone is proud to support Emergency Housing Group, Inc (dba HONOR) in its mission of providing individualized and integrated services to people who may be combating chemical dependency in need of transitional housing or requiring crisis intervention. Specifically, Cornerstone is providing mobile healthcare services, in addition to clinic-based services at our locations in Middletown and elsewhere in Orange County, to participants in HONOR's Stephen Saunders CoC PH-PSH program. These services are provided on an ongoing basis, including a commitment that the services will be provided during the period 10/1/25 – 9/30/27, and are valued at over $30,000 annually.

Cornerstone is proud to invest in partnerships in Orange County that advance the communitywide commitment to the goal of ending homelessness.

Respectfully,

Chief Executive Officer
Cornerstone Family Healthcare

A non-profit, multi-disciplinary community health center that believes that health care is a Right and not a Privilege.

Referral Agreement

Healthcare for the Homeless Ancillary Services

This Referral Agreement ("Agreement") is entered into between Cornerstone Family Healthcare (Cornerstone) located at 2570 Route 9W, Cornwall NY 12518 and OCHC Continuum of Care (the CoC) located at 185 Monhagen Avenue, Middletown NY 10940 effective October 1, 2024. Each signatory to this Agreement may be referred to as a "party," and collectively as "parties."

WHEREAS, Cornerstone is a nonprofit corporation, a federally qualified health center providing primary care in Orange County, NY and

WHEREAS, the CoC offers to improve the quality of life for our communities by cultivating and promoting access to housing opportunities. The CoC offers to serve the human and housing needs of Orange County residents by providing a forum to aid in the effective implementation of community development, economic development and affordable housing programs and practices.

NOW THEREFORE, in the interest of collaborating to coordinate the care of patients who have an identified barrier to their wellbeing that includes housing. The CoC and Cornerstone will work together to serve homeless patients in need of medical services, housing, care management as referred by the Cornerstone and the CoC respectively, and

WHEREAS the Parties desire to enter into an Agreement that clearly identifies the roles and responsibilities of each party with respect to the development and implementation of Primary Care Services at Cornerstone.

ARTICLE I: TERM AND TERMINATION

1.1 Term. The initial term of this Agreement shall be from September 1, 2022, for a period of one year. Upon expiration of the Initial Term, this Agreement shall be automatically renewed for successive one-year terms, each commencing on the first day following the date on which the preceding initial term or renewal term shall have expired.

1.2 Modification. This Agreement may be modified at such time that an update or change is required to reflect the status of each party, or the patients mutually served, or terminated and in accordance with Section1.3.

1.3. Termination. Notwithstanding any other provision in this Agreement, this AGREEMENT may be terminated on the first to occur of the following:

(a) Either Party may terminate this AGREEMENT, with or without cause and with or without providing reasons for termination, upon giving the other Party ninety (90) days' prior written notice.

(b) Either Party may terminate this AGREEMENT for breach upon giving the other Party thirty (30) days' prior written notice of intent to terminate and a description of the specific breach of the AGREEMENT. If the breaching Party has not cured the breach by the end of the 30-day notice period, this AGREEMENT shall terminate immediately at the expiration of the 30-day period.

ARTICLE II RESPONSIBILITIES

2.1. Responsibilities of the CoC will include:

a. Offer referral to housing and care management services for patients of Cornerstone who may be experiencing homelessness
b. Review referral requests and triage according to urgency
c. Refer client, if eligible to Coordinated Entry list (CE is list of undomiciled clients searching for permanent housing)
d. Work with referring primary care practice to expedite care in urgent cases.
e. Consider and manage the special needs of patient/family
f. Agree to engage in pre-referral consult if requested
g. Provide primary care practice with number for direct contact for urgent/immediate matters.
h. Provide appropriate and adequate information in a timely manner
i. Notify referring primary care practice (Cornerstone) if patient fails to follow through with referral for assistance
j. Document client encounters

The CoC, employees, and contractors providing services through this agreement will be appropriately licensed, certified, and/or otherwise qualified to furnish services as assigned.

The CoC shall provide all services pursuant to this agreement in accordance with applicable state and federal law and any performance standards established by Cornerstone and the CoC.

2.2. Responsibilities of Cornerstone. Cornerstone shall:

    a. Cornerstone will provide access to primary care for individuals and families who are experiencing homelessness, or are at-risk of homelessness

    b. Cornerstone will provide on-site primary care services at the emergency housing shelter through the mobile health van (weather permitting)

    c. Prepare patient for referral to the CoC

    d. Use referral guidelines where available, including all applicable forms

    e. Patient/family made aware of and in Agreement with reason for referral, type of referral, and selection of subspecialist/specialist

    f. Track and manage the patients through the referral process

    g. Provided patients with expectations for events and outcomes of referral

    h. Provide appropriate and adequate information including necessary demographic and insurance information

    i. Provide appropriate and adequate access for patients regardless of their ability to pay for the referred service

    j. Document the reason for referral, including

        i. With consent, provide demographic data on patient

        ii. Provide clinical data pertinent to reason for referral

        iii. Document any special needs of patient

        iv. Indicate type of referral requested

        v. Provide pre-visit preparation and assistance as applicable

        vi. Provide consultation (evaluate and advise when necessary)

    k. Provide an indication of urgency

    l. Make direct contact with subspecialist/specialist for urgent cases

    m. Provide subspecialty/specialty practice with number for direct contact for additional information or urgent matters

    n. Review secondary diagnoses or suggested referrals identified by subspecialist/specialist.

    o. Provide subspecialty/specialty practice with any changes in patient's clinical status relevant to the condition being addressed by the subspecialty/specialty practice

    p. Contact the patient, if deemed appropriate, when notified by subspecialty/specialty practice of failure to keep appointment.

    q. Provide assistance with any follow-up care recommended by the subspecialty/specialty practice

ARTICLE III LIABILITY AND INSURANCE

3.1 Liability. Each Party shall be solely liable for any and all claims, costs, and expenses arising from or out of any act or omission in the performance of its obligations thereunder.

3.2 Insurance. Each Party shall maintain such policies of general, malpractice and professional liability insurance as shall be necessary to insure it, its Board of Directors, and its employees against any claim or claims for damages arising by reason of an act or omission in the performance of its respective obligations hereunder. Such policies shall be carried in on a per occurrence basis. Each party shall further maintain worker's compensation and unemployment compensation policies for its employees.

ARTICLE IV CONFIDENTIALITY

4.1 Cornerstone and the CoC are covered entities for the purpose of Health Insurance Portability and Accountability Act (HIPPA) and subject to 45 CFR and 164 of the HIPPA Privacy Regulation.

4.2 To the Extent that employees are participating, employees shall;

    a. Receive training by Cornerstone and the CoC respectively on, compliance with, all privacy policies adopted pursuant to the Protected Health Information, and

    b. Not disclose any Protected Health Information, as the term is defined by applicable State and Federal Law.

ARTICLE V GENERAL PROVISIONS

It is mutually understood and agreed by and agreed by and between parties that:

1. Participation in Similar Activities: This instrument in no way restricts the CoC or Cornerstone from participating in similar activities with other public or private agencies, organizations, and individuals.
2. This agreement may be extended or amended upon written request of the CoC or Cornerstone and the subsequent written concurrence of the other(s). The CoC or Cornerstone may terminate this agreement with a 30-day written notice to the other(s).
3. Responsibility of Others: The CoC and Cornerstone and their respective agencies and office will handle their own activities and utilize their own resources, including the expenditure of their own funds, in pursing these objectives. Each party will carry out its separate activities in a coordinated and mutually beneficial manner.
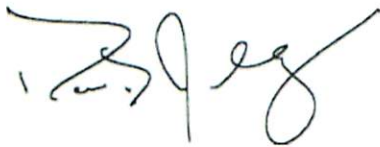
4. PRINCIPAL CONTACTS: The principal contacts for this instrument are:

CoC: Michelle Herrera, CoC Coordinator

Cornerstone: Sybil Medina, COO

A non-profit, multi-disciplinary community health center that believes that health care is a Right and not a Priviledge

5. AUTHORIZED REPRESENTATIVES: By signature below, Cornerstone and the CoC certifies that the individuals listed in this document as representatives of the Parties are authorized to act in their respective areas for matters related to this Agreement.
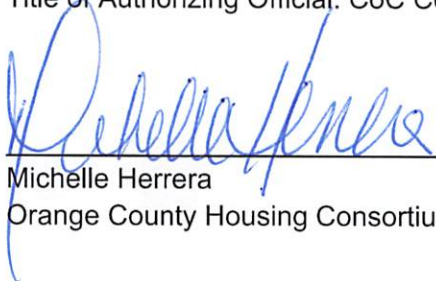
Title of Authorizing Official: President and Chief Executive Officer

_____

David Jolly
Cornerstone Family Healthcare

Title of Authorizing Official: CoC Coordinator

_____

Michelle Herrera
Orange County Housing Consortium, CoC