

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: NY-601 - Poughkeepsie/Dutchess County CoC

1A-2. Collaborative Applicant Name: County of Dutchess

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Cares Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	No	No
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
N/A	Not Applicable	No

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

The Steering Comm. reviews membership annually by category, identifies under-represented populations, and assigns a CoC member to outreach to the organizations involved with that population to ask that they consider CoC participation. At each CoC meeting there is an opportunity for public comment where any attendee may make an announcement or raise an issue. At each CoC meeting there is also 15 min presentation followed by a Q&A on a topic related to homelessness in the CoC. CoC members identify future topics at the end of each meeting. CoC and non-CoC members conduct presentations. In this way, non-CoC members can provide their perspective if unable to commit to regular CoC meetings. The CoC also uses committee membership to include a wider variety of opinions. As an example, the Director of Social Work at Marist College participates on the Program Review Comm.

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

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

The CoC has open membership. Any organization or individual interested in the issue of homelessness in the county may join, attend meetings, and vote. The CoC maintains an extensive e-mail list of all persons who have attended CoC meetings or expressed interest. The CoC meeting schedule is released publicly at the beginning of each year. It is distributed to the CoC e-mail list (which includes CoC and non-CoC members) and posted on the CoC website. Meetings are held the 3rd Tues. of Feb/May/Sept/Nov at the DC Community and Behavioral Health Training Room. As noted in the question above, the CoC's Steering Committee also does specific outreach to organizations or individuals it feels are under-represented in the CoC membership. In May 2018 the CoC reached out to all the CoC agencies to identify a homeless or formerly homeless person to serve on the CoC's Steering Committee. This person will begin active participation with the CoC this fall and will help the CoC identify and plan additional outreach opportunities.

1B-3.Public Notification for Proposals from Organizations Not Previously

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

An informal announcement was made at the May 15, 2018 CoC meeting where the possibility of funds via the 2018 NOFA was discussed and agencies were encouraged to contact CoC staff to have a preliminary discussion. Once the NOFA was released, a formal notice regarding the availability of funds was made available through a public announcement to the e-mail list and on the CoC webpage on July 11, 2018. Potential applicants were provided basic guidelines and links to the full guidance. Two CoC staff people provide comprehensive technical assistance to applicants who do not currently receive CoC funds.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
	Not Applicable
	Not Applicable

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

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

The CoC has two ESG recipients, Hudson River Housing (HRH) and Legal Services of the Hudson Valley (LSHV). They are both active CoC members, with HRH having a leadership role on the Steering Committee and as a CoC Co-Chair. The CoC reviews all ESG applications prior to submission and

recommends funding adjustments, if necessary. The CoC's ESG recipients receive their funding through New York State which requires the CoC issue a certification of consistency for every new and renewal ESG application. This process gives the CoC a clear process to influence the planning and allocation of ESG funds as the CoC can withhold the required consistency certification for projects it determines do not support the CoC goals.

The CoC's Data Committee also completes an annual review of the ESG programs via their Annual Performance Reports. The ESG APR's are compared with CoC goals and recommendations are made where ESG funds are not being effectively deployed to support CoC goals.

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

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

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

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

The CoC's Universal Response to Domestic Violence Committee (URDVC), create in 1994, oversees a coordinated community response to domestic violence within the CoC. The Committee, which meets monthly, includes the District Attorney's Office, Dutchess County (DC) Dept. of Community and Behavioral Health, DC Dept. of Community and Family Services, Legal Services of the Hudson Valley, DC Family Court, Integrated Domestic Violence Court, DC Probation and Community Corrections, City of Poughkeepsie Police, DC Sheriff's Office, New York State Police, City of Beacon Police, Family Services' Center for Victim Safety and Support, Grace Smith House, and House of Hope. The URDVC Project Coordinator works in the County's District Attorney Office. The URDVC creates, implements and monitors formal protocols for case management in multiple systems including criminal justice, civil justice, law enforcement and service agencies that work with DV victims. Their most recent projects and protocols have been: the Domestic Abuse Response Team (DART) which coordinates DV cases in the City and Town of Poughkeepsie and the City of Beacon; the High Risk Management Project, an interdisciplinary team that provides case review to DV cases with great risk of lethality; and the

Lethality Assessment Program (LAP) where local police departments use a screening tool when responding to a domestic incidents and provide an accompanying referral. All the CoC's PHA and HCV programs have emergency transfer plans for DV victims.

All the protocols developed by the URDVS are victim centered, trauma-based and provide the maximum client choice for housing and services. As an example, under LAP law enforcement officers use a lethality screening tool and give the victim an opportunity to connect with an advocate at the scene via phone. Victims who chose not to talk to an advocate at the scene will received referral information in case they want to reach out later.

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

The Coordinated Entry System began in January 2018. The CoC's largest DV provider, Grace Smith House (GSH), is part of the Coordinated Entry Comm. which developed and maintains the system and they reached out to several coordinated entry systems identified by HUD as having a best practice in serving DV survivors. These best practices for safety and planning were incorporated into our system.

On May 9, 2018 the CoC conducted an in-person training for all CoC members and CE staff on safety planning for DV victims. The training was conducted by Grace Smith Houses' Director of Outreach and Support Services. We will continue to conduct this training on an annual basis.

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

The CoC uses a variety of data sources to assess the scope of community needs related to domestic violence, dating violence, sexual assault and stalking. The New York State Division of Criminal Justice Services Domestic Violence Victims Report provides the most precise picture of incidence of domestic violence. The 2017 showed 481 incidences, although it is well known that domestic violence is an underreported crime. In 2010 the Dutchess County Legislature appointed a Citizen Advisory Committee on Domestic Violence which created a System-wide Review and Recommendations. The report was updated in 2013 and it is this document which guides the work of the CoC's Universal Response to Domestic Violence Committee. The CoC has a wide variety of additional data available to assess community needs from the following sources: National Network for End Domestic Violence Census, CoC HMIS, comparable DV database discussed below, Center for Victim Safety and Support, and Family Court Domestic Violence Filings.

DV housing providers are required to enter client data into a comparable database and are required to submit a quarterly report, comparable to the regular HMIS quarterly report. This data is compared to HMIS data, and aggregated with HMIS data, to get a full picture of the specific needs of DV

victims and the overall homeless population. In 2018-2019 the CoC will work more closely with the Universal Domestic Response Team, the Department of Community and Family Services and the various DV providers to collate the various data sources and better quantify the need for housing and services in our community.

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

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

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

- 1C-4b. Applicants must describe:**
- (1) how many domestic violence survivors the CoC is currently serving in the CoC’s geographic area;**
 - (2) the data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

In 2017 the Center for Victim Safety and Support (CVSS), operated by Family Services, provided comprehensive services to 2,961 crime victims. This includes 643 adults or child victims of sexual violence and 2,249 victims of domestic violence. Services provided by CVSS include 24-hour Crime Victims/Rape Crisis and Domestic Violence hotlines, crisis counseling, information and referrals, safety planning, advocacy/accompaniment, trauma counseling, outreach/education, assistance with reimbursement through the NYS Office of Victim Services, rape crisis services, prevention programming, Domestic Abuse Response Teams, the Lethality Assessment Program, and the High-Risk Case Management Program. There were also 4,085 hotline calls from community members and/or community partnership in need.

Many of these victims are also served by other agencies within the DV system but these numbers give us the best sense of the issue. The source of this information is the Family Services database which tracks the variety of services provided by the agency.

- 1C-4c. Applicants must describe:**
- (1) how many domestic violence survivors need housing or services in the CoC’s geographic area;**
 - (2) data source the CoC used for the calculations; and**
 - (3) how the CoC collected the data.**
- (limit 2,000 characters)**

Data from the CoC’s Center for Victim Services (CVSS) suggests a service

need for approximately 2,250 people which is the number served in 2017. The service system does not generally turn away victims which suggests sufficient capacity to meet the current need. This is not the case with housing. In 2017 Grace Smith House, the prime provider of emergency housing for DV victims, turned away 292 adults with 383 children from their shelter due to insufficient capacity. Data from the New York State Summary of the National Network to End Domestic Violence shows that 77% of the unmet need for DV services in their annual census related to housing.

In 2018-2019 the CoC will work more closely with the Universal Domestic Response Team, the Department of Community and Family Services and the various DV providers to collate the various data sources and better quantify the need for housing and services in our community.

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

- (1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;**
 - (2) quantify the unmet need for housing and services for DV survivors;**
 - (3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and**
 - (4) describe how the CoC determined the unmet need for housing and services for DV survivors.**
- (limit 3,000 characters)**

The 2013 System-Wide Review and Recommendation submitted to the Dutchess County Legislature identified the following 13 recommendations include the following unmet needs related to housing and services: high risk victims services; enhanced supervise visitation and safe exchange services; and housing for DV victims, particularly single women leaving shelters. The CoC doesn't not have calculations on the unmet need for housing and services for victims of domestic violence. Anecdotal information suggests we are a service rich community but have a severe shortage of safe and affordable housing. This is documented by the fact that Grace Smith House, the primary provider of emergency housing for DV victims, had to turn away 292 adults with 383 children in 2017 due to lack of capacity. Some would suggest building a bigger shelter as a solution but data on shelter lengths of stays suggests the real issue is women staying at the shelter for a maximum period allowed due to the lack of safe and affordable housing or the resources to access what is available. The DV bonus project included in this application is a step toward addressing this second issue by providing the initial financial resources need by families to secure housing.

In 2018-2019 the CoC will work more closely with the Universal Domestic Response Team, the Department of Community and Family Services and the various DV providers to collate the various data sources and better quantify the need for housing and services in our community.

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

An ongoing obstacle DV clients face is the long waiting list for housing. One of the primary barriers these victims face is the initial financial cost of securing

housing. Many shelter clients are employed, or find employment, while living at emergency shelters. They could maintain housing once moved in, but do not have the savings (or access to family resources) for the initial security deposit, first month's rent, moving costs, or furniture. It is also our experience, after the need for safe and affordable housing, financial literacy is the most critical part of a victim's ability to leave an abusive relationship permanently, and begin a new life. Unfortunately, many clients have often been victims of financial abuse, on top of being physically and emotionally abused. They quickly come to the realization that the control and abuse they were subjected to has left them without the financial management skills needed to be truly independent. If a victim does not have the financial skills and empowerment to believe they can make it on their own, they are vulnerable to going back to an abusive situation to maintain housing.

The CoC's proposed DV bonus project will provide direct financial assistance to victims in the form of moving expenses, security deposit, furniture, and rent to help address this unmet need.

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

- (1) rate of housing placement of DV survivors;**
 - (2) rate of housing retention of DV survivors;**
 - (3) improvements in safety of DV survivors; and**
 - (4) how the project applicant addresses multiple barriers faced by DV survivors.**
- (limit 4,000 characters)**

Housing placement – Below is data on Grace Smith House's (GSH) placement rates from 2010-2018

- 26% - moved in with family or friends
- 23% - moved to a new home independent of the abuser
- 5% - moved back into their own home after abuser was vacated from the home
- 5% - moved into homeless housing placement
- 4% - moved into transitional housing placement
- 6% - had to relocate to another DV shelter (safety transfer)
- 7% - returned home to live with the abuser
- 24% - No data exists (abandoned shelter and thus no information was obtained)

Retention - GSH does not have current data on housing retention.
Improvements in safety - Leaving an abusive situation may be the most dangerous time for a DV victim and the risk for lethality is greater. As such, DV advocates work to ensure a thorough and detailed safety plan is created to reduce harm from the abuser. These safety plans are flexible, consider the victim's needs and are frequently adjusted as the victim's situation changes. Risk assessment, an evaluation of the potential for lethality, is done with victims to examine their unique DV situation and identify strategies for reducing this risk. When cases are identified that may be at risk for lethality, the advocate will make a referral to the county High Risk Response Team. GSH will accompany and advocate for victims with law enforcement to file a police report and work with the victim advocate in the District Attorney's Office to assist with prosecution of the offender. GSH court advocates are available to assess the situation, discuss options available in family court, prepare petitions, and

accompany the victim every step of the way, including into the courtroom. Being connected to a DV provider who can help explore options, provide linkages to services, and offer ongoing support has been found to increase victim safety. Victims also receive assistance in relocating out of the area for their safety. We will help families move out of their home, community or state if that is their best option for escaping violence.

Multiple barriers – GSH recognizes the challenges faced by many victims as they make efforts to leave an abusive relationship. Over the years we have found that transportation has been a barrier and we have been able to secure vehicles to transport victims to services, especially police and court. Advocates meet victims in the community if they are unable to come to our offices. Language barriers can prevent some from seeking safety and GSH developed the Latina Outreach Program to reach out to the Spanish speaking community to connect with victims, provide information and services. Many families coping with DV have Child Protective Services concerns and GSH has partnered with the County to have two DV liaisons available at Child Protective Services to work with families impacted by DV as well as serve as a resource to the caseworkers who are working with the families. A DV liaison at the Center for Prevention of Child Abuse helps special needs parents as they attend parenting classes and work on improving parenting skills. Victims who are coping with mental health and substance abuse issues are supported through linkages to other providers who are specialized to address these needs. Victims in GSH shelters are provided with transportation and encouraged to attend their daily treatment programs during their shelter stay. GSH programs have licensed clinical social workers who can assess mental health needs and connect victims with services while continuing to provide DV services. Physical needs of families are also addressed. Often families come to our programs not having had medical care. A public health nurse will come on site and meet with any family to help assess medical needs, link to a health provider in the community, and accompany families to obtain services.

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

- (1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;**
- (2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and**
- (3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Beacon Housing Authority	19.00%	No	No
Poughkeepsie Housing Authority	65.00%	No	No
City of Poughkeepsie	0.00%	No	No

Pathstone (through NYS largest provider of vouchers in the CoC	0.00%	No	No
		No	

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

Each PHA is a CoC member and participates in CoC meetings. PHA’s notify the CoC when their waiting lists open and the CoC disseminates information to the CoC members so clients can submit applications and get on wait lists. The CoC was able to get the Poughkeepsie Housing Authority, which has a local preference, to revise its policy related to former Poughkeepsie residents residing at the largest homeless shelter, located in the Town of LaGrange. Former residents had been told they did not meet the city residency requirement if they lived at the LaGrange shelter. Because of CoC advocacy, the PHA revised its policy to consider a household for the residency preference if they document that their residence prior to entering the shelter was the City of Poughkeepsie.

On April 25, 2018 the CoC meet with both PHA’s and the two Housing Choice Vouchers agencies to discuss the possibility of prioritizing homeless persons or creating a “moving up” strategy. All four agencies were receptive to the “moving up” idea and the CoC is currently developing a draft strategy for their review and adoption. We expect this process will be in place for the 2019 NOFA.

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

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness. (limit 2,000 characters)

New York State has prohibited discrimination of LGBT persons in housing since 2003 with the passage of The Sexual Orientation Non-Discrimination Act. Since then, there has been significant education and training of individuals and agencies throughout NYS regarding discrimination against and the needs of LGBT persons. HUD’s “Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Rule” builds on existing NYS protections. The CoC distributed the rule to CoC funded housing programs and agencies participated in the January 2017 HUD webinars. Compliance with the rule has been added as a monitoring factor. On May 9, 2018 the CoC conducted an in-person training on the federal rule, New York State laws, and

best practices. The training was run by Executive Directors from the Dutchess County Human Rights Commission (DCHRC) and the Hudson Valley LGBTQ Community Center. Both the HRC and the LGBTQ Center have agreed to provide ongoing training and support to the CoC and its members on issues related to specific needs of LGBTQ homeless persons.

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

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

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

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

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

**(4) attach CoC’s standard assessment tool.
(limit 2,000 characters)**

Dutchess County’s Coordinated Entry System covers all Dutchess County. We have adopted the “no wrong door” approach but have focused our initial efforts on the 7 agencies which the CoC has identified as the primary access points for most homeless people in the county. These agencies include: Dutchess County Department of Community and Family Services (TANF, Safety Net, Medicaid, Food Stamps...); Hudson River Housing (operates the two largest homeless shelters – one for individuals and the other for families); Mental Health America (operator of the only homeless drop-in center in the county and a large care coordination agency); Dutchess County Community and Behavioral Health (operates the single point of entry list for NYS Office of Mental Health funded permanent supportive housing, and the County’s Stabilization Center, a 24 hour, 365 day walk-in center for mental health and substance abuse crises (see attached brochure)); Mid-Hudson Addiction Recovery Center; PEOPLE, Inc (peer-run mental health services provider which has a peer advocate at the county’s only hospital emergency psychiatric unit); and Grace Smith House (the largest provider of domestic violence housing in the county).

The CoC has street outreach programs for youth and veterans which can do referrals to the CE. Dutchess County has recently funded a year-round Behavioral Evaluation Action Team (BEAT) which teams Crisis Intervention Trained (CIT) police officers with a county social worker to complete twice weekly, four-hour outreach patrols to connect homeless persons with community services, such as CE.

The CoC uses the nationally recognized, evidence-based Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) which assesses the following vulnerability categories: history of housing and homelessness; risks; socialization and daily functioning; and wellness.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

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

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

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

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

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

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

(limit 2,000 characters)

The CoC’s 2018 ranking tool covers need and vulnerability in two sections of the tool. In the first section, the severity of participant needs is assessed using the following measures: percentage of entries with chronic homelessness; percentage of entries with no income; percentage of entries with 2 or more disabling conditions. For each measure, the program’s average is compared to the CoC average, and more points are awarded to programs that have a higher than average percentages. In the second section of the tool, the CoC confirms the “housing first/low barrier to entry” model by awarding points to programs that do not deny clients based on: little or no income, active or history of substance abuse, criminal record, or history of domestic violence. The CoC reviews the ranking tool annually and considers adjustments to these factors based on new research and data availability.

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

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

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

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

Reallocation: No

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

The CoC discusses reallocation year-round at the CoC Steering Committee. Our current focus is getting otherwise high-performing projects which return funds to HUD to expend 100% of their funds. This happens because lower than expected rents and higher than expected tenant payments (tenants are required to put 30% of their income towards rent) can make it difficult for agencies to precisely project expenditures and agencies don’t want to exceed their grants

due to lack of resources to cover these extra expenses. To address this issue, in 2018 the CoC has set-up a County-funded CoC-reserve account to encourage CoC PH providers to maximize federal CoC resources. The CoC will take over active management of each grant's expenditures and authorize access to the reserve account should the agencies CoC expenditures exceed the federal CoC grant. We expect this will result in 7 more PH units. If access to this reserve account does not result in 100% expenditure rates for 2018, in 2019 the CoC will reallocate the unexpended funds. In addition, the CoC, via its project review and ranking process, is continually assessing the effectiveness of programs and considering reallocation.

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

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

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	233	34	198	99.50%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	194	42	152	100.00%
Rapid Re-Housing (RRH) beds	56	0	56	100.00%
Permanent Supportive Housing (PSH) beds	169	0	145	85.80%
Other Permanent Housing (OPH) beds	55	0	55	100.00%

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

Not applicable.

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

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/27/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/22/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/27/2018

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

Instructions:

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

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

We continued to expand our usage of HMIS data. The DC Department of Community and Family Services’s (DCFS) joined HMIS as of 10/1/2017 so the 2018 sheltered PIT count was 100% HMIS based, except for DV beds which may not be in HMIS. Even using HMIS data, the CoC staff checks data quality, identifies anomalies, and works with agencies to confirm or correct any irregularities. There does not appear to have been an impact on the count results but the process made us feel more secure with both our HMIS data and the PIT count.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count? No

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

Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct an unsheltered PIT count in 2018, select Not Applicable. No

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

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

The PIT Committee took several specific measures to address youth. The only youth homeless service provider, River Haven, was an active member of the PIT Committee engaged in the planning and identification of locations that youth might frequent. Local college students were engaged to both identifying locations and conducting the PIT count. On the night of the PIT, youth outreach workers visited sites identified as likely to have youth. The unsheltered count was continued during the balance of the week where other youth service providers surveyed their clients to identify those that may have been homeless on the night of the PIT but missed by the street count. The CoC also provided a backpack of incentives, such as toiletries, socks, water and food, as well as free haircuts from the local beauty school at the Poughkeepsie outreach event.

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

Agencies which work directly with the chronically homeless, families with children and Veterans are members of the PIT Committee. The Dutchess

County Veterans Department of Veteran Affairs is an active member and coordinates with the US Dept of Veterans Affairs. They provide training on how to interview Veterans. Veteran outreach worker, who is a Vet, conducted outreach in locations know to be frequented by Vets. The CoC reached out to local police departments to identify locations where chronically homeless people may be living and not interacting with services. The CoC also provided a backpack of incentives, such a toiletries, socks, water and food, to PIT participants, as well as flu shots from Walgreens and free haircuts from the local beauty school at the Poughkeepsie outreach event. Also, child size socks, hats and gloves and groceries from Shoprite were made available to homeless families.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.

875

3A-1a. Applicants must:

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

Risk Factors - Under current HMIS programming it isn't easy to identify the specific characteristics of the subpopulations, such as first time homeless. Currently the CoC's HMIS provider, CARES, is involved in a collaboration with Siena College to provide a more in-depth analysis of the CoC's HMIS data. This analysis will pull data specifically for first time homeless from the database and provide us a clear view of their specific characteristics. This analysis should be complete in 2018 or early 2019. We will then be able to compare them to the general population to identify their unique risk factors.

Strategy - The CoC currently has 4 homeless prevention programs - HRH STEPH/ESG, LSHV STEPH/ESG, SSVF, and Catholic Charities. The Dept. of Community and Family Services also provides eviction prevention funding on a case-by-case basis. Most of these programs can do eviction prevention as well as rapid-rehousing. Upon receipt of the risk factor analysis identified above, the CoC will review the existing programs and make recommendations for adjustments to existing programs to better target resources to avoiding first time homelessness and/or provide additional resources. The County has a \$1 million-dollar Agency Partner Grant program, which currently funds the Catholic Charities program, and could be a local, readily available source for additional funding. The number of first time homeless in the CoC decreased by 15% from 2016-2017.

Responsible Party - The Steering Comm., with input from the Data Review Comm., is responsible for overseeing the reduction in first time homeless and reports directly to the CoC Board.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

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

Average-CoC data shows the avg. length of time (LOT) persons remained in ES was 63 days (a 17 day increase from 2016) but the median only increased by 6 days which suggests an increase driven by a small number of people staying a longer rather than a majority of the population experiencing such an increase (if this was the case the increase in the median and average would be closer). Strategy - Under current HMIS programming it isn’t easy to identify the specific characteristics of subpopulations, such as the people who remain homeless longer than average. Currently the CoC’s HMIS provider, CARES, is collaboration with Siena College to provide a more in-depth analysis of the CoC’s HMIS data. This analysis will pull data specifically for the people who remain in the system for a longer than average and provide us a clear view of their specific characteristics. We will then be able to compare them to the general population to identify their unique risk factors. Risk factor information will be used by the Steering Comm. to identify best practices to address each risk factors. Risk factors and best practices will be presented to the CoC annually. Data will be used to prioritize the eviction prevention/RRH assistance described above under 3A-1. The CoC also has 3 groups that regularly review difficult/long term homeless cases. The CoC’s Community Solutions Comm., multi-agency case conference led by DC Dept. of Community and Behavioral, meets weekly to strategize about the CoC’s most difficult to serve individuals with mental health issues. Dept. of Community and Family Services has weekly case conference for its longer-term homeless families and the CoC Veteran Subcommittee reviews the CoC’s Veteran By-Name List. Housing First has been adopted by 100% of CoC funded projects, and CE will provide even more prioritization to the allocation of PH. Responsible Party - The Steering Comm. is responsible for this measure and reports directly to the CoC Board.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	32%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	93%

3A-3a. Applicants must:

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

(limit 2,000 characters)

PH Destination Strategy – In early 2018 the Dept. of Community and Family Services (DCFS) applied for an increase in the NY Safety Net Shelter Supplement for single persons and childless couples. The CoC assisted DCFS in preparing the request with HMIS data and the request we approved by NYS on August 24, 2018. This supplement will increase the shelter allowance from \$216 to \$779 for a single person and from \$251 to \$898 for a couple. The supplement will be available to eligible households for 3 years. This supplement will give homeless households a realistic chance to secure PH and provide a 3-year period where the household can work on job/income growth. The CoC has also set-up a County funded CoC-reserve account to encourage CoC PH providers to maximize federal CoC resources. Currently several CoC agencies underspend their CoC grants due to fear of exceeding their grants. In 2018 the CoC will take over active management of each grant’s expenditures and authorize access to the reserve account should the agencies CoC expenditures exceed the federal CoC grant. We expect this will result in 7 more PH units. The CoC is also in discussion with all the PHA’s and HCV agencies about a move-up strategy which we hope to have in place by 2019.

The CoC also has an excel-based, CoC-wide housing inventory database that includes information on the number and type of units, eligibility criteria, and application information.

PH Retention Strategy – The CoC’s homeless/eviction prevention programs can help existing PH tenants experiencing short term financial difficulty. In 2018 the DCFS funded a worker at Hudson River Housing to provide 1 year of case management to families exiting their shelter to PH. Additionally, most CoC agencies provide at least 3 months of case management once a household is place in PH to assist with the transition to self-sufficiency. The CoC is investigating whether additional resources should be committed to extend this case management period.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	4%

3A-4a. Applicants must:

- (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
- (2) describe the CoC’s strategy to reduce the rate of additional returns to**

**homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)**

Factors – Under current HMIS programming it isn’t easy to identify the specific characteristics of the subpopulations, such as people who return to homelessness. Currently the CoC’s HMIS provider, CARES, is collaboration with Siena College to provide a more in-depth analysis of the CoC’s HMIS data. This analysis will pull data specifically for the people who return to homelessness and provide us a clear view of their specific characteristics. We will then be able to compare them to the general population to identify their unique risk factors.

Strategy – Risk factor information will be used by the Steering Comm. to identify best practices to address each unique risk factors and identify new resources. Risk factors and best practices will be presented to the CoC annually. The CoC’s homeless/eviction prevention programs, described in 3A.1, can help existing PH tenants experiencing short term financial difficulty. In 2018 the DCFS funded a worker at Hudson River Housing to provide 1 year of case management to families exiting their shelter to PH to help support their transition to self-sufficiency. Additionally, most CoC agencies provide at least 3 months of case management once a household is place in PH to assist with the transition to self-sufficiency. The CoC is investigating whether additional resources should be committed to extend this case management period as this was an issue raised in the meeting with PHA and HCV agencies related to a move up strategy. The County has a \$1 million-dollar Agency Partner Grant program which could be a local, readily available source for additional funding.

Responsible Party - The Steering Comm. is responsible for this measure and reports directly to the CoC Board.

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

- (1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;**
- (2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
- (3) provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment.
(limit 2,000 characters)**

Strategy - CoC has made significant investments to increase employment/income. These include: Exodus Reentry Work Readiness (formerly incarcerated persons); and Chamber’s Workforce Connections (TANF eligible individuals) and Youth Employment (ages 14-20 from low income households, foster care, and homeless). HRH’s EATS identifies jobs and prepares the homeless to access/maintain them. DCFS has created a “Directory of Employment Services” for the CoC. In Sept. 2017 two staff from PEOPLE, Inc. participated in a 3-day SOAR Leadership Academy and did a presentation to the CoC members on SOAR and its benefits on Oct. 24, 2017. In 2018-2019 CoC staff plans to attend the CoC Academy and work with SOAR Works to develop a Comprehensive

SOAR Strategy for the CoC.

Mainstream Employment - The CoC clients access mainstream services via Workforce Investment Board (WIB) & ACCES-VR. WIB holds monthly classes, and partners with Taconic Resources for a class on how employment affects benefits. ACCES-VR provides vocational services to individuals with disabilities that interfere with getting/keeping a job. Legal Services is funded to help people apply for SSI and appeal denials.

Responsible Party - The CoC's Steering Committee is responsible for this measure.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/29/2018

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	4
Total number of beds dedicated to individuals and families experiencing chronic homelessness	25
Total	29

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

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

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

3B-2.2. Applicants must:

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

Strategy - The CoC has 4 programs that assist with rapid re-housing (RRH). They include HRH ESG/STEPH, LSV ESG/STEPH, SSVF, and Catholic Charities (CDBG and County funded). DCFS provides RRH to eligible households on a case-by-case basis. Upon entry, every homeless family is immediately assessed for RRH or PSH when they are first identified as homeless. RRH case managers are co-located at the largest family shelter. DCFS has weekly case conferences for longer term or difficult to serve families with children. The average length of stay (LOS) of families at all emergency shelters (ES) is monitored quarterly by the Data Comm. Data is used to advocate for more RRH funding and prioritize existing resources. It is also used to identify best practices.

Maintain Housing - In 2018 the DCFS funded a worker at Hudson River Housing to provide 1 year of case management to families exiting their shelter to PH to help support their transition to self-sufficiency. Additionally, most CoC agencies provide at least 3 months of case management once a household is placed in PH to assist with the transition to self-sufficiency. The CoC is investigating whether additional resources should be committed to extend this case management period as this was an issue raised in the meeting with PHA and HCV agencies related to a move up strategy. The County has a \$1 million-dollar Agency Partner Grant program which could be a local, readily available source for additional funding.

Responsible Party-The CoC’s Steering Committee is responsible for overseeing the strategy to rehouse families with children within 30 days.

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

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

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	<input type="checkbox"/>
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3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

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

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

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

In the past year CoC agencies have been able to secure several additional resources for housing and services for youth experiencing homelessness. Dutchess County provided funding for Dutchess Community College's CARES Program which assists youth between ages 18-21 who are in danger of dropping out of college due homelessness and/or other economic hardships. Under the program, a Student Success Navigator will provide assessment, case management, linkage to community resources, and help young adults obtain the financial assistance needed to enter college and complete their studies. The program expects to help 50 individuals. The new dormitories at the community college also provide an affordable housing options for homeless students.

Hudson River Housing secured capital funds and a new Empire State Supportive Housing Initiative to provide 5 units of permanent support housing for homeless young adults.

The County is currently undertaking an initiative called "Path to Promise," a multi-year effort to ensure that all young people in the CoC have the assets they need to achieve their full potential. This effort includes an analysis of existing youth services, development of a universal asset framework, and implementation of action plans to building on what is working, resolve any duplication of services and close any service gaps. Recommendations from Path to Promise regarding homeless youth housing and services will be used to more effectively use existing resources and advocate for additional resources.

The CoC's recent PIT Counts have identified no youth experiencing unsheltered homelessness in Dutchess County. Although the CoC does not have highly visible groups of street-homeless youth, as can be found in many larger cities, local service providers report a significant number of older youth, typically in the 17 through 24-year-old age bracket, who lack stable housing and the resources to obtain it. These young people frequently couch surf staying temporarily with family members, friends or acquaintances, often placing themselves in dangerous situations. The CoC continually works to identify unsheltered youth homeless but without a significant identified population we focus our resources on the at-risk and sheltered population.

3B-2.6a. Applicants must:

- (1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;**
 - (2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and**
 - (3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.**
- (limit 3,000 characters)**

The CoC has a Runaway and Homeless Youth (RHY) Services Plan and Needs Assessment which is submitted annually to New York State. The plan sets specific performance outcomes for programs and services within the CoC. Progress towards outcomes is monitored by the RHY Planning Group which meets monthly. In addition to program outcomes, the RHY Planning Group reviews a broad range of statistics to gauge the effectiveness of programs. The CoC's HMIS data is one of the prime sources the RHY Planning Group uses to gauge program effectiveness. The RHY Plan states the HMIS data is one of the few sources that can produce unduplicated data.

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

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

(limit 2,000 characters)

CoC educational services range from Head Start to GED, and alternative programs such as Youthbuild. Education service providers (ESP) offering share information with the CoC and participate in CoC meetings. Some ESPs give priority to homeless youth. ESP's are represented on the Runaway and Homeless Youth (RHY) Committee which creates an annual Comprehensive Runaway and Homeless Youth Plan and Needs Assessment. Homeless housing providers within the CoC have linkage agreements with ESP's and coordinate services.

The NYS Education Dept. is the McKinney-Vento SEA responsible for developing and implementing NYS's Every Student Succeeds Act Plan. NYS maintains data on homeless students by district which informs the CoC planning efforts. Most collaboration occurs between the CoC, its homeless housing and service providers, and the 13 local LEA.

School districts liaisons (SDL) receive CoC information and are invited to participate in CoC meetings. SDL's participate in an annual countywide training run by the County Coordinated Children's Services Workgroup. SDL's share local data with the CoC to inform its planning. The CoC uses LEA data to target outreach toward the districts with the highest homelessness concentrations. SDL's participate on the RHY Committee which conducts the annual Assessment described above.

Hudson River Housing (HRH) has a formal partnership with the City of Poughkeepsie School District for homeless youth residing at HRH's River Haven shelter. The agreement establishes: roles regarding timely enrollment of homeless students; an annual district needs assessment; a schedule of meetings; defines outcomes; and states how Title I funds will used. Title I funds provide computers, school supplies, and after-school tutoring for River Haven's homeless teens. HRH has a similar formal partnership with the Arlington School District where Title I funds are used for similar services for homeless children at HRH's family shelter.

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

(limit 2,000 characters)

The CoC By-laws require all CoC agencies that serve children and youth to appoint an educational representative to ensure their agency's compliance with the McKinney-Vento Homeless Assistance Act (as reauthorized by Title IX, Part A of the Every Student Succeeds Act, known as ESSA) and oversee the provision of information/assistance to families and unaccompanied youth regarding their eligibility for educational services and supports (including early childhood development assessment and services).

Agency educational representatives maintain up to date knowledge of McKinney Vento protections and ensure their agency's homeless services staff have accurate information needed to assist families/unaccompanied youth in making educational plans. The full McKinney Vento Act is available, along with a list of appointed school liaisons and other informational resources, through NYS's Technical & Educational Assistance Center for Homeless Students

(NYSTEACHS) website. NYSTEACHS also provides free posters and brochures in multiple languages, operates a Toll Free Helpline for questions about school-related issues, provides training and advocacy to ensure the educational rights of homeless youth are interpreted correctly and upheld by school districts and local educational agencies.

The CoC requires CoC agencies that provide housing for homeless families/unaccompanied youth to have site-specific policies and procedures addressing school transportation, enrollment, responsibilities of relevant educational agency or school liaison, and other provisions that ensure homeless child /youth in their program has immediate access to educational services/supports.

Annually, the CoC distributes to its full membership (including school representatives) a listing of the Homeless Liaisons for each district in the CoC, a summary of McKinney -Vento provisions, and publicizes the services of NYSTEACHS. Training announcements are disseminated to the CoC membership regularly.

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

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

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

The CoC’s Sub-Committee to End Veteran Homelessness brings together the agencies involved in Veteran homelessness. This collaborative effort has increased awareness and coordination of VA resources. The CoC has a

structure to identify, assess and refer homeless vets. Our system first links eligible homeless vets to VA operated and veteran designated housing/services, before tapping the general homeless resources. Homeless vets are referred to the SSVF Program from all access points including shelters and streets. SSVF collaborates with the VA in coordinating referrals for HUD VASH and other residential services. The CoC's Veteran By-Name List, case conferences, data analysis, resource sharing, and planning efforts have resulted in the CoC achieving the goal of ending veteran homelessness, as verified by USICH on 8/4/17. VA Hudson Valley held a summit on 6/1/18, which many CoC members attended, to educate the community about VA resources and discuss emerging/chronic issues.

In 2018, the County provided \$100,000 for a local agency to administer a Homeless Veterans Assistance Program with goals similar to SSVF. The local agencies is currently being selected via an RFP and should be operational by Oct. 1, 2018. This program will connect homeless veterans to the various federal programs and supplement federal assistance.

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

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

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

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

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

Instructions:

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

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

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

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

Mainstream benefit providers are active participants in the CoC. They attend quarterly meetings and serve on the Data and Coordinated Entry Committees. At the quarterly meetings, they regularly make 15 min presentations and make announcements regarding changes to their programs. In mid-2016 the Dept. of Community and Family Services (DCFS), the largest mainstream provider (TANF, Food Stamps, Medicaid), began having semi-annual half-day trainings for agencies entitled “Navigating the System” which provides a detailed review of the requirements for different aspects of DCFS programs. To date, 5 half-day trainings have been held on the following topics – TANF/Safety, Employment, Housing, Child Protective Services and Foster Care. DCFS staff also provide in-service trainings for multiple agencies throughout the year.

In 2017 2 staff from PEOPLE, Inc. became SOAR certified. They held a training for CoC members on October 24, 2017 on the SOAR process and its benefits.

In 2018/2017 CoC is looking to have two CoC staff attend the next SOAR academy and collaborate with SOAR Works to create a comprehensive SOAR strategy for the CoC.

The CoC Steering Committee, which reports directly to the CoC Board, is responsible to oversee the CoC's strategy for mainstream benefits.

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

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	15
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	15
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

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

Due to the primarily suburban nature of the CoC (even the CoC's urban areas are not particularly dense), traditional street outreach can be challenging so the CoC focuses on engaging the homeless where they are known to frequent. To assist with location identification, the CoC outreaches annually to the 13 local police departments to ask them to identify locations where they suspect homeless people are living or congregating. The CoC has two CoC organizations that do street outreach. River Haven focuses on homeless youth, while the HRH VIP program does outreach to Veterans. The annual PIT count also includes street outreach. Outreach covers 100% of the county but tends to focus on the urban area around Poughkeepsie where homeless are most likely to congregate. Most of the county's homeless population engages with homeless delivery system at some level, at a minimum for meals at the soup kitchen. Outreach efforts focus on identifying individuals who avoid engaging with the system.

In the Fall 2017 the City of Poughkeepsie Police Department conducted a pilot project called the Behavior Evaluation Action Team (B.E.A.T) Patrol. As part of the BEAT program, police and health professionals go out together in the community to build relationships with the homeless, drug addicts and people with mental health issues. The officers and social workers travel to locations where at-risk people gather and build a relationship while advising them on available housing and services. In three months the team provided referrals to 72 people. In 2018 Dutchess County provided continued funding for this program via its Municipal Innovation Grant Program. Outreach will be conducted twice weekly in four-hour blocks throughout the year and will be expanded to the Town of Poughkeepsie. Anecdotal evidence suggests this program was well received by the homeless with some of them asking last fall if the program was going to continue in 2018.

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

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

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

(limit 2,000 characters)

The CoC has a draft anti-discrimination policy that will be formally added to the CoC by-laws at the Nov. 2018 CoC meeting. The CoC's Data Comm. has been reviewing demographic differences as people transition from ES to PH (e.g. ES has a much higher percentage of minorities than PH) to identify areas where there may be issues related to affirmatively furthering fair housing. The completed analysis will be reported to the CoC members and specific strategies will be developed to address any concerns. The CoC's website meets the federal accessibility standards. The software includes text to speech functionality, dyslexia software, an interactive dictionary and a translation tool with over 100 languages. Taconic Resources for Independence, a CoC member, has a Mobile Benefits Counselor who conducts workshops and assists individuals with variety of disabilities to understand and navigate the intricacies of various government programs, including CoC funded housing and services.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	58	56	-2

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

No

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Asses...	09/14/2018
1E-1. Objective Criteria–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Objective Ranking	09/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Public Posting - ...	09/14/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting - ...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	Reallocation Process	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notification	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notification	09/14/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting Lo...	09/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	Governance	09/14/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Manual	09/14/2018
3A-6. HDX–2018 Competition Report	Yes	HDX Report	09/14/2018
3B-2. Order of Priority–Written Standards	No		

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No	Stabilization Cen...	09/12/2018
Other	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tool

Attachment Details

Document Description: Objective Ranking

Attachment Details

Document Description: Public Posting - Application

Attachment Details

Document Description: Public Posting - Ranking Criteria

Attachment Details

Document Description: Reallocation Process

Attachment Details

Document Description: Notification

Attachment Details

Document Description: Notification

Attachment Details

Document Description: Public Posting Local Competition

Attachment Details

Document Description: Governance

Attachment Details

Document Description: HMIS Manual

Attachment Details

Document Description: HDX Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Stabilization Center Brochure

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/17/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/17/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/17/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	09/17/2018

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Submission Summary

No Input Required

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

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

SCORE:

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

Refused

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

Refused

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

SCORE:

B. Risks

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

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

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

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

Refused

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

Refused

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

Refused

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

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

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

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused

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

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

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

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y **N** Refused

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

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y **N** Refused

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

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y **N** Refused

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

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? **Y** N Refused

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

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

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

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

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

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

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

SCORE:

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

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

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

SCORE:

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

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

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 40px; height: 20px; margin: 0 auto;"></div>

Children

- How many children under the age of 18 are currently with you? _____ Refused
- How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
- IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
- Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

A. History of Housing and Homelessness

- Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

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

- How long has it been since you and your family lived in permanent stable housing? _____ Refused
- In the last three years, how many times have you and your family been homeless? _____ Refused

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

B. Risks

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

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

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

SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? **Y** N Refused

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? **Y** N Refused

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

SCORE:

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused

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

SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? **Y** N Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? **Y** N Refused

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

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

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

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

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

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

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

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

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

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

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

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Y N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

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

SCORE:

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

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Y N Refused

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

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? Y N N/A or Refused

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

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Y N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Y N Refused

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

SCORE:

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

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

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

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

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

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

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

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

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

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

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

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

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

NY-601 Renewal Performance Review Criteria		
Criteria	Benchmark	Points
Housing Stability (stayers and leavers, as applicable)		
SSO - Clients moving from the street	≤ 84%	2
	85-94%	4
	95% ≥	6
TH - Clients move to PH (only leavers)	≤ 64%	2
	65-79%	4
	80% ≥	6
PH - Clients maintain PH or exit to PH	≤ 69%	2
	70-79%	4
	80% ≥	6
<i>Subtotal</i>		6
Income, Employment, Mainstream Benefits (stayers and leavers)		
Increase other income	≤ 40%	1
	41% ≥	2
Increase earned income	≤ 20%	1
	21% ≥	2
Increase non-cash benefits	≤ 65%	1
	66% ≥	2
<i>Subtotal</i>		6
Severity of Need (entries)		
% of entries with chronic homelessness	≤ CoC average %	1
	> CoC average %	2
% of entries with no income	≤ CoC average %	1
	> CoC average %	2
% of entries with 2 or more disabling conditions	≤ CoC average %	1
	> CoC average %	2
<i>Subtotal</i>		6
Utilization		
Utilization rate (units or participants)	≤ 84%	2
	85-94%	4
	95% ≥	6
<i>Subtotal</i>		6
Housing First/Low Barrier to Entry		
Project follows at housing first model	Yes	3
Project follows a client-centered service model	Yes	3
Can clients be denied entry for any of these reasons?		
Too little or no income	No	0.5
Active or history of substance abuse	No	0.5
Criminal records with exception of state-mandated restrictions	No	0.5
History of domestic violence	No	0.5
Are clients required to participate in services?	No	0.5
<i>Subtotal</i>		8.5
Compliance		
Monitorings	No findings	No Findings = 2 Findings w/CA plan = 1 Unresolved findings 90 days after letter = 0
Regular drawdowns (once grant agreement is executed)	within 90 days after the end of each quarter	1
All funds expended	≤ 89%	0
	90-99%	1
	100%	2
HMIS missing values (average % missing values on most recent data completeness report)	≤ CoC average %	1
	> CoC average %	0
<i>Subtotal</i>		6
Length of Stay/Participation (stayers and leavers)		
Average length of stay/participation	SSO - > 12 months	2
	SSO - ≤ 12 months	4
	TH - ≤ 24 months	2
	TH - ≤ 12 months	4
	PH - ≥ 12 months	2
	PH - ≥ 24 months	4
<i>Subtotal</i>		4
Cost Effectiveness		
Annual cost per client (compared to comparable projects)	< CoC average cost	2
	≥ CoC average cost	1
<i>Subtotal</i>		2
MAXIMUM AVAILABLE POINTS		44.5
DHC Involvement Tie breaker		
	Attendance - ≥ 90%	4
	Attendance- ≤ 75%	2
<i>Subtotal</i>		6
MAXIMUM AVAILABLE POINTS		48.5

NEW PROJECTS RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

New Projects
 Rating Complete
 0%

[Instructions on Awarding Points](#)

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
---------------	----------------	-----------------

EXPERIENCE

A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.	<input type="text"/>	out of	15
B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.	<input type="text"/>	out of	10
C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	<input type="text"/>	out of	5
Experience Subtotal	0	out of	30

DESIGN OF HOUSING & SUPPORTIVE SERVICES

A. Extent to which the applicant	<input type="text"/>	out of	15
1. Demonstrate understanding of the needs of the clients to be served.			
2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served			
3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served.			
4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits			
5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.			
B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.	<input type="text"/>	out of	5
C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.	<input type="text"/>	out of	5
Design of Housing & Supportive Services Subtotal	0	out of	25

TIMELINESS

A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.	<input type="text"/>	out of	10
Timeliness Subtotal	0	out of	10

FINANCIAL

A. Project is cost-effective - comparing projected cost per person served to CoC average within project type.	<input type="text"/>	out of	5
B. Audit			
1. Most recent audit found no exceptions to standard practices	<input type="text"/>	out of	3
2. Most recent audit identified agency as 'low risk'	<input type="text"/>	out of	3

NEW PROJECTS RATING TOOL

Project Name: _____
 Organization Name: _____
 Project Type: _____
 Project Identifier: _____

New Projects
 Rating Complete

0%

[Instructions on Awarding Points](#)

RATING FACTOR	POINTS AWARDED	MAX POINT VALUE
3. Most recent audit indicates no findings	<input type="text"/>	out of 4
C. Documented match amount.	<input type="text"/>	out of 5
D. Budgeted costs are reasonable, allocable, and allowable.	<input type="text"/>	out of 20
Financial Subtotal	0	out of 40
PROJECT EFFECTIVENESS		
Coordinated Entry Participation- 95% of entries to project from CE referrals	<input type="text"/>	out of 5
Section V Subtotal	0	out of 5
OTHER AND LOCAL CRITERIA		
Section VI Subtotal	0	out of 0
TOTAL SCORE	0	out of 110
Weighted Rating Score	0	out of 100

PROJECT FINANCIAL INFORMATION

CoC funding requested	<input type="text"/>	\$ -
Amount of other public funding (federal, state, county, city)	<input type="text"/>	\$ -
Amount of private funding	<input type="text"/>	\$ -
TOTAL PROJECT COST	<input type="text"/>	\$ -

NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab



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Official website of Dutchess County Government, New York



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Department Info

- [Dept. Home Page](#)
- + Planning**
- [Centers & Greenspaces](#)
- Community Development & Housing**
- [About Us](#)
- [Consolidated Plan & Action Plan](#)
- [Contractor Bid Packages](#)
- [Dutchess County Continuum of Care/Dutchess County Housing Consortium](#)
- [Housing Research](#)
- [Programs for Developers, Municipalities & Agencies](#)
- [Programs for Individuals](#)
- [Transportation Council](#)
- [Solid Waste Management Agency Partner Grant Program](#)
- [Municipal Innovation Grant Program](#)
- + GIS & Mapping**
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Dutchess County Continuum of Care/Dutchess County Housing Consortium

Planning and Development
Eoin Wrafter, Commissioner

[2018 Dutchess County Housing Consortium Meeting Schedule \(.pdf\)](#)

DC Coordinated Entry

- [VI-SPDAT - Individuals \(.pdf\)](#)
- [VI-SPDAT - Families \(.pdf\)](#)
- [VI-SPDAT - Youth \(.pdf\)](#)
- [Client Release Form \(.pdf\)](#)

2018 Continuum of Care Application

- [Application \(.pdf\)](#)
- [Continuum of Care Project Listing Final \(.pdf\)](#)
- [Continuum of Care NOFA Ranking \(.pdf\)](#)
- [Draft New Project Review Criteria \(.pdf\)](#)
- [Draft Renewal Project Performance Review Criteria \(.pdf\)](#)

2017 Continuum of Care Application

- [Application \(.pdf\)](#)
- [Continuum of Care Project Listing Final \(.pdf\)](#)
- [Continuum of Care NOFA Ranking \(.pdf\)](#)
- [New Project Rating Tool \(.pdf\)](#)
- [Renewal Project Performance Review Criteria \(.pdf\)](#)

Continuum of Care Rental Assistance Forms

- [Payment Request and Rental Assistance Worksheet \(.xls\)](#)
- [Unit Adjustment Form \(.pdf\)](#)

[The Dutchess County Ten Year Plan to End Homelessness \(.pdf\)](#)

[Go to top of page](#)

Accessibility

- [Language and Accessibility Options User Guide](#)

DutchessDelivery
sign-up/sign-in

September 2018						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Related Info

- » [Community Development & Housing](#)
- » [GIS in Dutchess County](#)
- » [Natural Resource Inventory](#)
- » [Resource Recovery Agency](#)
- » [Transportation Council](#)
- » [Water & Wastewater Authority](#)



Saylor, Anne

From: Lee, Tracy
Sent: Friday, September 14, 2018 11:49 AM
To: Saylor, Anne
Subject: RE: Evidence of Posting

The Draft New Project Review Criteria (.pdf) (<https://www.dutchessny.gov/CountyGov/Departments/Planning/new-projects-rating-tool.pdf>) was uploaded to the web server on June 4, 2018

FileZilla interface showing a connection to a remote server. The status bar at the top indicates the connection is successful. The local site is D:\afd pdfs\ and the remote site is /CountyGov/Departments/Planning. A list of files is displayed in the main pane, with 'NewConnections.pdf' selected and highlighted by a blue arrow.

Local site: D:\afd pdfs\

- afd pdfs
- Assessment Rolls
- cancerfreeexport
- ckEditor
- EastFishExp
- EFExp4618
- FW470
- GRAPHICS
- LOGOs

Remote site: /CountyGov/Departments/Planning

- Planning
 - census
 - Forms
 - Graphics
 - greenspaces
 - PDF Structure Change
 - Reports

Filename	Filesize	Filetype	Last modified
..			
web.config	440	XML Config...	8/1/2018 11:43:04 ...
arcGISInstallInstructions.html	9,714	HTML Docu...	12/5/2017 11:09:42...
CAC_Repair_Cafe_Poster.pdf	136,181	Adobe Acro...	10/17/2017 4:38:05...
FOILREQUEST2desk.pdf	183,304	Adobe Acro...	10/17/2017 4:30:06...
README.md	21,944	MD File	6/21/2017 9:44:29 ...
LICENSE.md	1,137	MD File	6/21/2017 9:44:29 ...
jquery.bxslider.min.js	23,543	JavaScript...	6/21/2017 9:44:29 ...
jquery.bxslider.min.css	2,978	Cascading S...	6/21/2017 9:44:29 ...
jquery.bxslider.js	65,221	JavaScript...	6/21/2017 9:44:29 ...
jquery.bxslider.css	3,934	Cascading S...	6/21/2017 9:44:29 ...
index.htm	92,732	HTML Docu...	10/26/2016 3:56:29...
HomeStyle.css	83,495	Cascading S...	10/26/2016 3:56:24...
2011StylesheetCMS.css	62,978	Cascading S...	10/26/2016 2:16:13...
2012HomestyleCMS.css	107,796	Cascading S...	10/26/2016 2:15:56...
leosa012014.asp	12,476	ASP File	10/25/2016 12:36:0...
fontawesome-webfont.svg	365,616	SVG Docum...	10/18/2016 3:51:30...
fontawesome-webfont.woff2	66,624	WOFF2 File	10/18/2016 3:51:29...
fontawesome-webfont.woff	83,588	WOFF File	10/18/2016 3:51:29...
fontawesome-webfont.ttf	142,072	TrueType fo...	10/18/2016 3:51:29...
fontawesome-webfont.eot	70,807	EOT File	10/18/2016 3:51:29...
Simple-Line-Icons.woff	59,324	WOFF File	10/18/2016 3:33:40...

Filename	Filesize	Filetype	Last modified
Municipal-Innovation-Grant-budget.xlsx	11,996	Microsoft Excel Wor...	5/4/2018 11:11:11
Municipal-Innovation-Grant-equipment.xlsx	10,851	Microsoft Excel Wor...	4/26/2018 11:11:11
municipal-innovation-grant-instructions.pdf	333,154	Adobe Acrobat Doc...	4/9/2018 1:20:20
Municipal-Innovation-Grant-Outcome-Report.xlsx	12,504	Microsoft Excel Wor...	4/30/2018 12:12:12
Municipal-Innovation-Grant-Program-2017.pdf	208,862	Adobe Acrobat Doc...	9/22/2017 11:11:11
Municipal-Innovation-Grant-Program-Application.pdf	210,286	Adobe Acrobat Doc...	4/9/2018 4:20:20
Municipal-Innovation-Grant-Program-Focus-Areas-Categories.pdf	212,328	Adobe Acrobat Doc...	6/18/2018 1:11:11
Municipal-Innovation-Grant-Program-Funding-Summary-2017.pdf	191,024	Adobe Acrobat Doc...	9/22/2017 11:11:11
Municipal-Innovation-Grant-Timeline.xlsx	11,919	Microsoft Excel Wor...	4/26/2018 11:11:11
MunicipalApplication.pdf	317,641	Adobe Acrobat Doc...	7/31/2017 11:11:11
MunicipalApplicationguidelines.pdf	560,051	Adobe Acrobat Doc...	3/22/2013 3:30:30
MunicipalApplicationguidelinesfinal.pdf	560,051	Adobe Acrobat Doc...	3/22/2013 1:11:11
MunicipalApplicationinstructions.pdf	186,356	Adobe Acrobat Doc...	7/26/2018 3:30:30
municipalapplicationpp.pdf	825,145	Adobe Acrobat Doc...	7/17/2015 3:30:30
MuniFloodplainAdmin.pdf	31,178	Adobe Acrobat Doc...	4/1/2016 2:50:50
nda-shared-services-study.pdf	3,311,509	Adobe Acrobat Doc...	4/3/2017 11:11:11
New-Project-Rating-Tool.pdf	298,324	Adobe Acrobat Doc...	8/7/2017 12:12:12
new-projects-rating-tool.pdf	298,733	Adobe Acrobat Doc...	6/4/2018 12:12:12
NewConnections.pdf	23,553	Adobe Acrobat Doc...	5/12/2006 12:12:12
NewConnectionsCD.pdf	666,223	Adobe Acrobat Doc...	10/25/2007 2:20:20
NewConnectionsCDPN.pdf	49,732	Adobe Acrobat Doc...	10/25/2007 1:11:11
NewProjectPreliminaryProposal2016.pdf	550,804	Adobe Acrobat Doc...	7/7/2016 12:12:12
Newletter0805.pdf	395,287	Adobe Acrobat Doc...	10/4/2005 10:10:10

42 files and 2 directories. Total size: 2,975,081 bytes

Selected 1 file. Total size: 298,733 bytes

Server/Local file | Direction | Remote file | Size | Priority | Status

Queued files | Failed transfers | Successful transfers

The Draft Renewal Project Performance Review Criteria (.pdf) file (<https://www.dutchessny.gov/CountyGov/Departments/Planning/renewal-performance-review.pdf>) was uploaded to the web server on June 4, 2018

dutchessny - webftp@192.168.1.11 - FileZilla

File Edit View Transfer Server Bookmarks Help

Host: Username: Password: Port: Quickconnect

Status: Retrieving directory listing of "/"
 Status: Directory listing of "/" successful
 Status: Retrieving directory listing of "/CountyGov/..."
 Status: Directory listing of "/CountyGov/" successful
 Status: Retrieving directory listing of "/CountyGov/Departments" ...
 Status: Directory listing of "/CountyGov/Departments" successful
 Status: Retrieving directory listing of "/CountyGov/Departments/Planning" ...
 Status: Directory listing of "/CountyGov/Departments/Planning" successful
 Status: Disconnected from server: ECONNABORTED - Connection aborted

Local site: D:\afd pdfs\

- afd pdfs
- Assessment Rolls
- cancerfreexpport
- ckEditor
- EastFishExp
- EFEp4618
- FW470
- GRAPHBCS
- LOGOs

Remote site: /CountyGov/Departments/Planning

- Planning
 - census
 - Forms
 - Graphics
 - greenspaces
 - PDF Structure Change
 - Reports

Filename	Filesize	Filetype	Last modified
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web.config	440	XML Config...	8/1/2018 11:43:04 ...
arcGISInstallInstructions.html	9,714	HTML Docu...	12/5/2017 11:09:42...
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Simple-Line-Icons.woff	59,324	WOFF File	10/18/2016 3:33:40...

42 files and 2 directories. Total size: 2,975,081 bytes

Filename	Filesize	Filetype	Last modified
pwrs.pdf	17,174,230	Adobe Acrobat Doc...	7/21/2015 3:5
pzintro.pdf	2,219,404	Adobe Acrobat Doc...	4/15/2016 12
Queen-City-Lofts.pdf	1,798,648	Adobe Acrobat Doc...	11/2/2016 10
RailTrailWildlifeSign2.pdf	2,850,058	Adobe Acrobat Doc...	6/6/2011 3:40
rdm.pdf	60,336	Adobe Acrobat Doc...	9/24/2012 1:5
RedHook.pdf	1,973,148	Adobe Acrobat Doc...	6/12/2018 3:2
RedHookDP.pdf	170,052	Adobe Acrobat Doc...	7/20/2012 10
RedHookVDP.pdf	169,302	Adobe Acrobat Doc...	7/20/2012 10
RedHookvillage.pdf	294,727	Adobe Acrobat Doc...	5/18/2016 12
Referral Coversheet_Exemptions Form_2016 Fillable.pdf	1,263,191	Adobe Acrobat Doc...	6/29/2016 9:3
Referral_Identifier.pdf	4,366,507	Adobe Acrobat Doc...	11/6/2015 4:1
ReferralIDTool.pdf	467,985	Adobe Acrobat Doc...	10/19/2017 11
Reform_Expedited_Permitting_Application_Form.pdf	79,477	Adobe Acrobat Doc...	9/30/2015 12
rehabapp.pdf	73,545	Adobe Acrobat Doc...	5/13/2004 12
Renewal-Performance-Review-Criteria.pdf	137,467	Adobe Acrobat Doc...	8/7/2017 12:1
renewal-performance-review.pdf	163,254	Adobe Acrobat Doc...	6/4/2018 12:0
Rental-Assistance-Program-Monthly-Grant-Expense.xls	54,272	Microsoft Excel 97-2...	4/25/2017 4:0
Rental-Housing-Survey-2016.pdf	1,446,394	Adobe Acrobat Doc...	9/19/2017 11:
Rental-Housing-Survey-Report.pdf	1,528,824	Adobe Acrobat Doc...	5/23/2018 4:0
ResConversionPlanonit0604.pdf	40,415	Adobe Acrobat Doc...	3/9/2007 11:3
ResizeText.htm	1,613	HTML Document	6/22/2016 11:
resource-list.pdf	337,028	Adobe Acrobat Doc...	4/3/2017 11:3
Rhinecheck.mxf	650,815	Adobe Acrobat Doc...	6/21/2016 10

Selected 1 file. Total size: 163,254 bytes

Server/Local file Direction Remote file Size Priority Status

Queued files Failed transfers Successful transfers



From: Saylor, Anne
Sent: Friday, September 14, 2018 9:18 AM
To: Lee, Tracy <tlee@dutchessny.gov>
Cc: Rusko, Monica <mrusko@dutchessny.gov>
Subject: Evidence of Posting

Tracy,

Is there anyway you can provide us some documentation as to when we posted the Draft New Project Review Criteria and the Draft Renewal Project Performance Review Criteria on the website? I think it was done around May 11th. Thanks. Anne

- [Client Release Form \(.pdf\)](#)

2018 Continuum of Care Application

- [Continuum of Care Project Listing Final \(.pdf\)](#)
- [Continuum of Care NOFA Ranking \(.pdf\)](#)
- [Draft New Project Review Criteria \(.pdf\)](#)
- [Draft Renewal Project Performance Review Criteria \(.pdf\)](#)

2017 Continuum of Care Application

- [Continuum of Care Application](#)

Anne Saylor
Community Development Administrator
Dutchess County Planning and Development
27 High Street
Poughkeepsie, NY 12601
Phone: (845) 486-3638 Fax: (845) 486-3610
Email: asaylor@dutchessny.gov

www.dutchessny.gov

**Dutchess County Continuum of Care
Reallocation Policies and Procedures
Adopted March 25, 2018**

Policy

Reallocation is the process by which the CoC shifts funds, in whole or in part, from existing eligible renewal grants to create new projects that fill an unmet need within the community, as noted within the CoC Annual Application and the HMIS Quarterly Report.

Involuntary Reallocation

Projects that can be flagged for reallocation consideration include:

1. those who have displayed inadequate financial management,
2. a history of expending funds on ineligible activities,
3. a lack of full expenditure of funds,
4. those which have consistently scored low during the Rank and Review process, and the CoC performance measures.
5. failure to participate in Coordinated Entry, Point-in-Time, HMIS or meet DCHC attendance standards.

Voluntary Reallocation

Agencies may voluntarily choose to reallocate funds from their projects. New projects developed by agencies through the reallocation of their own funds will be prioritized during the ranking process.

Process

A separate application is required for projects using reallocated funds, and the proposed projects must fill an unmet need. The CoC will issue an electronic Request for Proposals (RFP) for new projects as soon as it determines that funding is eligible for reallocation, on or about July 1. The RFP can be replaced by the CoC Project Application if the HUD application timing precludes issuance of a separate RFP. Applications for reallocated funds will be reviewed and ranked by the CoC Program Review Committee based on the CoC's New Project Ranking Tool. Applications for new reallocation projects will be ranked separate from renewal and bonus projects, and the final ranking will be released and posted on the CoC website based on the timing required in the HUD NOFA.

From: [Lee, Tracy](#)
 To: [Busko, Monica](#)
 Subject: Sent from Snipping Tool
 Date: Thursday, September 13, 2018 12:19:32 PM
 Attachments: [image001.png](#)

- [Dept. Home Page](#)
- +** [Planning](#)
- [Centers & Greenspaces](#)
- Community**
- +** [Development & Housing](#)
- [About Us](#)
- [Consolidated Plan & Action Plan](#)
- [Contractor Bid Packages](#)
- [Dutchess County Continuum of Care/Dutchess County Housing Consortium](#)
- [Housing Research](#)
- [Programs for Developers, Municipalities & Agencies](#)
- [Programs for Individuals](#)
- [Transportation Council](#)
- [Solid Waste Management](#)
- [Agency Partner Grant Program](#)
- [Municipal Innovation Grant Program](#)
- +** [GIS & Mapping](#)
- [Census & Demographics](#)
- [Publications](#)
- [Forms](#)
- [Links](#)
- [Calendar of Events](#)
- [Contact Us](#)

Dutchess County Continuum of Care/Dutchess County Housing Consortium Planning and Development
 Eoin Wrafter, Commissioner

[2018 Dutchess County Housing Consortium Meeting Schedule \(.pdf\)](#)

DC Coordinated Entry

- [VI-SPDAT - Individuals \(.pdf\)](#)
- [VI-SPDAT - Families \(.pdf\)](#)
- [VI-SPDAT - Youth \(.pdf\)](#)
- [Client Release Form \(.pdf\)](#)

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- [Draft Renewal Project Performance Review Criteria \(.pdf\)](#)

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- [Continuum of Care NOFA Ranking \(.pdf\)](#)
- [New Project Rating Tool \(.pdf\)](#)
- [Renewal Project Performance Review Criteria \(.pdf\)](#)

Continuum of Care Rental Assistance Forms

- [Payment Request and Rental Assistance Worksheet \(.xls\)](#)
- [Unit Adjustment Form \(.pdf\)](#)

[The Dutchess County Ten Year Plan to End Homelessness \(.pdf\)](#)

[Go to top of page](#)

 Language and Accessibility Options User Guide

DutchessDelivery
 sign-up/sign-in

September 2018						
Su	Mo	Tu	We	Th	Fr	Sa
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
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Related Info

- » [Community Development & Housing](#)
- » [GIS in Dutchess County](#)
- » [Natural Resource Inventory](#)
- » [Resource Recovery Agency](#)
- » [Transportation Council](#)
- » [Water & Wastewater Authority](#)



<https://www.dutchessny.gov/CountyGov/Departments/Planning/24318.htm>



Thu 8/30/2018 10:28 AM

Rusko, Monica

2018 Continuum of Care Project Listing

to alissa@gracesmithhouse.org; Cara Pace; Casey Crawford (ccrawford@gatewayindustries.org); Jerry Lesczynski - Rehabilitation Support Services (jerry@rehab.org); Jolene Darby; joshuag@projectstoempower.org; Linda Malave; Murphy, Maureen; Michele Pollock (michelep@gracesmithhouse.org); Mike Erwin (merwin@marc.us.com); pkellett@hudsonriverhousing.org; Rose Lewis (rlewis@gatewayindustries.org); Rusko, Monica; Saylor, Anne; Steve Miccio - PEOPLE, Inc. (stevemiccio@projectstoempower.org); Steven Farina; Sue Palmer; Tammy Brennan

This message was sent with High importance.

Dear CoC Applicants:

At the link below is a list of the applications that will be submitted in the 2018 Continuum of Care Homeless Application. This list also shows the ranking of these applications. The ranking is based on the CoC's performance review criteria. We are notifying you as required by HUD 15 days ahead of the grant submission. Please let us know if you have any questions.

[2018 Continuum of Care Project Listing](#)

Monica

Monica Rusko

Principal Program Assistant

Dutchess County Department of Planning & Development

27 High St

Poughkeepsie, NY 12601

Phone: 845-486-3621 Fax: 845-486-3610

Email: mrusko@dutchessny.gov

www.dutchessny.gov

From: [Lee, Tracy](#)
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23	24	25	26	27	28	29
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Monica

Monica Rusko

Principal Program Assistant

Dutchess County Department of Planning & Development

27 High St

Poughkeepsie, NY 12601

Phone: 845-486-3621 Fax: 845-486-3610

Email: mrusko@dutchessny.gov

www.dutchessny.gov

Saylor, Anne

From: Dutchess County Housing Consortium <dutchesshousing@gmail.com>
Sent: Wednesday, July 11, 2018 2:23 PM
To: Dutchess Housing
Subject: CoC Bonus Funds Available for Homeless Housing - Draft applications due Aug. 17th

The U.S. Department of Housing and Urban Development (HUD) has issued a [Notice of Funding Availability \(NOFA\) for the Continuum of Care Homeless Program Competition](#). These funds support a number of existing homeless housing and support services programs throughout Dutchess County. The [CoC Program Introductory Guide](#) provides an overview of the program.

Our Continuum of Care (CoC) may apply for the following new, competitive “bonus” funds:

1. Up to \$77,829 in “bonus” funds which may be used for:
 - a. Permanent supportive housing (PSH) projects that meet the definition of Dedicated Plus or where 100% are dedicated to the chronically homeless,
 - b. Rapid rehousing (RRH) projects that will serve the homeless, or
 - c. Projects that meet the requirements under 2b below under the DV Bonus
2. \$50,000 for a domestic violence “bonus” project which may be used for:
 - a. Rapid re-housing (RRH) projects, or
 - b. Joint transitional housing (TH) and RRH component projects

All projects must follow a [housing first model](#). Every project must have a 25% match. New project applications will be reviewed and ranked based on [HUD’s New Project Ranking Criteria](#).

All CoC agencies are encouraged to apply, particularly those who do not currently received CoC funding. The CoC will be provide additional technical assistance to non-CoC funded agencies to help them understand the program and develop a competitive proposal. The [application and instructions](#) can at first seem overwhelming but HUD provides very specific instructions and most of the application is check boxes and drop down menus.

Agencies interested in applying for “bonus” funds should submit the full HUD application in [e-snaps](#) (HUD’s online application system) by **Friday, August 17, 2018**. Please contact Monica Rusko mrusko@dutchessny.gov or [\(845\) 486-3600](tel:8454863600) if you have questions about the funding or accessing e-snaps.

CARES Regional HMIS Governance Charter

The following document describes the governance responsibilities for the CARES Regional HMIS and participating agencies. This will apply to all CoCs in contract with CARES for HMIS System Administration.

Planning and Software Selection

HMIS Planning and Strategic Activities - CARES, Inc. will ensure that activities related to HMIS growth and use are developed, reviewed regularly, and in accordance with the CoC's goals.

HMIS Program Milestones Development – CARES, Inc. Identifies general milestones for project management, including training, expanded system functionality, etc.

Universal Data Elements – CARES, Inc. ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Universal Data Elements as outlined in the HMIS Data and Technical Standards.

Program-Specific Data Elements – CARES, Inc. ensures that the HMIS is able to manage the collection of each data variable and corresponding response categories for the Program-specific data elements as outlined in the HMIS Data and Technical Standards.

Unduplicated Client Records - CARES, Inc. ensures the HMIS is able to generate a summary report of the number of unduplicated client records that have been entered into the HMIS.

APR Reporting - CARES, Inc. ensures the HMIS is consistently able to produce a reliable APR.

HMIS Reports - CARES, Inc. ensures the HMIS generates other client served, utilization summary, and demographic reports both at the system and program levels for purposes of understanding the nature and extent of homelessness in the CoC.

HMIS Management and Operations - Governance and Management

HMIS Governance Structure – CARES, Inc. ensures a HMIS governance model is developed and formally documented between the HMIS Lead Agency/grantee and the community planning body(ies). Ensures that a formal agreement that outlines management processes, responsibilities, decision-making structures, and oversight of the HMIS project has been executed (as evidence by a Memorandum of Understanding, Letter of Agreement, or similar such documentation). CARES, Inc also regularly monitors the HMIS Lead/Grantee and the CoC HMIS Oversight entity on adherence to the agreement.

HMIS Oversight Inclusive Participation – The CoC ensures membership of the HMIS steering committee or advisory board is inclusive of decision makers representing the CoC and community.

HMIS Technical Support - CARES, Inc. provides technical expertise commensurate with the general HMIS program oversight; provides timely support on high level technical matters; reviews and authorizes HMIS Software changes in response to the changing requirements of participating agencies; and, generally reviews and authorizes special issues brought to it by participating agencies.

HMIS Software Technical Support – CARES, Inc. provides technical expertise commensurate with the requirements of the HMIS software and/or system; provides timely support on software technical matters; is responsible for implementation of authorized changes to the HMIS software and processes; and, generally implements resolutions to any special issues authorized by the HMIS Technical Support Entity within the software and/or overall system.

HMIS IT Issue Tracking – CARES, Inc. maintains a regularly updated list of HMIS system service requests, activities, deliverables, and resolutions.

HMIS IT Issue Monitoring (Community Level) - CARES, Inc. regularly reviews HMIS System service requests, activities, deliverables and resolutions. Provides authoritative support when necessary to expedite IT issue resolution.

HMIS Staff Organization Chart – CARES, Inc. maintains a current and accurate organization chart that clearly identifies all team members, roles and responsibilities, and general work activities/functions. This organization chart is available for review upon request to Nancy Chiarella, CARES, Inc. (518) 489-4130 x103 or nchiarella@caresny.org

HMIS Software Training - CARES, Inc. provides regular training on software usage, software and data security, and data entry techniques to participating agencies. Develops, updates, and disseminates data entry tools and training materials. Monitors and insures system.

HMIS User Feedback – CARES, Inc. manages and maintains mechanisms for soliciting, collecting, and analyzing feedback from end users, program managers, agency executive directors, and homeless persons. Feedback includes impressions of operational milestones and progress, system functionality, and general HMIS operations. Examples of feedback include satisfaction surveys, questionnaires, and focus groups

System Operation and Maintenance - CARES, Inc. is responsible for the day to day operation and maintain of the HMIS System.

HMIS Management Issues - CARES, Inc. ensures that the HMIS is managed in accordance to CoC policies, protocols, and goals.

HMIS Program Milestones Monitoring - CARES, Inc. monitors milestones, notes variances, and reports variances to CoC membership.

Agency and Program HMIS Participation – CARES, Inc. regularly monitors program and agency-level participation in HMIS via comparison of point-in-time census of beds/slots versus

clients served and reports findings to CoC on a regular basis. Evidence of monitoring reports are available for review.

AHAR Participation – **CARES, Inc.** ensures participation in the AHAR (Annual Homeless Assessment report).

Client Consent - Each Participating Agency ensures the completion and documentation of client consent, as appropriate with the CoC's Client Consent Policies and Protocols.

Data and System Security - **CARES, Inc.** ensures adherence by agency staff with the HMIS data and system security protocols as outlined by the CoC and the HUD HMIS Data and technical Standards.

Data Quality Standards - **The CoC Data Quality Committee**, in conjunction with CARES, Inc and the Advisory Committee's base standards, outlined in the Policy and Procedure manual, develops and enforces community level data quality plan and standards.

Universal Data Elements – **CARES, Inc.** ensures the collection of each data variable and corresponding response categories on all clients served by McKinney Vento funding.

Other

Program-Specific Data Elements – **CARES, Inc.** ensures the collection of each data variable and corresponding response categories specific to their program type on all clients served by McKinney Vento funding.

Data Quality Reports – **CARES, Inc.** regularly runs and disseminates data quality reports to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

Data Quality Reports – **CARES, Inc.** provides technical assistance and training in response to data quality reports disseminated to participating programs that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

Data Quality Reports – **CARES, Inc.** regularly runs and disseminates data quality reports The CoC Data Committee that indicate cross program levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

Data Quality Reports - **The CoC Data Committee** regularly reviews data quality reports at community planning level on data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.

HMIS Policy Development and Oversight

Client Confidentiality and Privacy Training - CARES, Inc. provides regular training on client confidentiality and privacy requirements to intake staff, data entry staff and reporting staff at participating agencies. CARES, Inc. also ensures all agencies have sufficient privacy policies and protocols in place.

Performance Measurement Training - The CoC Lead Agency provides regular training and guidance on program performance measurement.

Community Planning Goals and Objectives Training - The CoC Lead Agency provides training and regularly reviews the progress of the Community Planning Goals and Objectives.

Business Practices Training - The CoC Lead Agency provides training and guidance on business practices to support CoC and HMIS policies (CoC-specific protocols, ethnics, strategies for communication, etc.)

Program Funding Training and Orientation – The CoC Lead Agency ensures all required HMIS participants (McKinney-Vento funded programs such as ESG, SHP, S+C, SRO, and HOPWA projects that target homeless) have received training and orientation on regulations pertaining to McKinney Vento.

Participating Agency Documentation – CARES, Inc. maintains documentation of the number of participating agencies (utilizing the system) is up-to-date. A comparative analysis of planned versus actual deployments at the project level is maintained by The CoC Data Committee.

Participation Rates – The CoC Data Committee regularly reviews and monitors the HMIS coverage rates of the CoC. If coverage rates have not achieved a 75% level of participation, can provide an explanation for the barriers to implementation at specific agencies. Ensures that ongoing engagement activities and barrier resolution are occurring with nonparticipating agencies.

Participation Rates – CARES, Inc. provides regular reports on HMIS participation rates to CoC Subcommittee. The CoC Data Committee is encouraged to create and keep and up to date analysis of agency-specific barriers with potential solutions.

Policies and Procedures - CARES, Inc. ensures the existence and use of HMIS Policies and Procedures.

Agency Participation Agreement – CARES, Inc. ensures and maintains written agreements with participating agencies that describes the protocols for participation in the HMIS.

Data Sharing Agreements – There is currently no data sharing within the CARES Regional HMIS.

HMIS End-User Agreement – **CARES, Inc.** ensures and Maintains a written agreement with each authorized user of the HMIS that defines participation protocols, including training criteria, consent protocols, system use, and privacy and security standards.

Client Consent – **CARES, Inc.** ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented client consent protocol for use as baseline practice among all participating HMIS users.

Data Release – **CARES, Inc.** ensures that the CoC and/or implementing jurisdiction geography of the HMIS grantee has a defined and documented HMIS data release protocol that governs release of all data from the HMIS.

Other Federal Requirements

Drug-Free Workplace – **CARES, Inc.** has adopted a drugfree workplace policy. The policy is posted and available for Review.

Homeless Client Participation – **The CoC** is responsible to ensure the participation of at least one homeless person or formerly homeless person participates in policymaking. Participation can include but is not limited to governing board leadership, advisory committees, staff positions, and sub-committee positions.

Conflict of Interest – **CARES, Inc.** has adopted a conflict of interest policy for board members, staff, and volunteers.

Equal Opportunity and Non-Discrimination Policy – **CARES, Inc.** has adopted an equal opportunity and non-discrimination



Memorandum of Understanding

between

The Corporation for AIDS Research, Education and Services, Incorporated
(CARES, Inc.)

and

NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC

I. Purpose and Scope

NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC has requested CARES, Inc. implement and maintain a Homeless Management Information System (HMIS) in compliance with HUD's requirements and standards.

CARES, Inc. agrees to abide by the below purpose of the HMIS:

- To meet HUD's requirement to produce an unduplicated count of homeless
- To develop new means of regional collaboration
- To facilitate continuity of care in homeless services
- To develop programs that are responsive to individuals' needs

In 2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system that will be used by multiple agencies to capture the number of persons utilizing services, their characteristics and demographic information.

The Capital Region HMIS (CARES Inc.) has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends, CARES HMIS will allow providers to collect data using a universal language. Methods and procedures for recording use of service will be standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of service. Perhaps most important, homeless service providers will be working together in a new manner to follow those activities and trends that transcend the individual agency



HMIS Goals

- Unduplicated count: The HMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC.
- Service tracking and trends: The HMIS will identify demographic and service utilization trends.
- Streamlined referral process: The HMIS will create a comprehensive data-base of homeless services throughout NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC
- Enhanced service delivery: Reviewing client service trends, the HMIS will reveal service areas in need of enhancement and growth.
- Information for policymaking: Aggregate data will be shared with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

HMIS Participation

All recipients of HUD funds will be required to participate in the HMIS as will some Federal partners. This includes recipients of Emergency Solutions Grant (ESG) funds, Continuum of Care Program (CoC), Section 8 Mod Rehab for SRO, Housing Opportunities for Persons with AIDS (HOPWA) and more recently, Supportive Services for Veteran Families (SSVF) and Runaway Homeless Youth (RHY). In addition, HUD encourages participation of other federal programs that serve homeless persons. Participation of other organizations that do not receive HUD Continuum of Care funding is voluntary, but strongly encouraged in order to achieve an accurate picture of homeless services in the region.

Benefits to Lead Agency and the Continuum of Care

In addition to fulfilling the HUD requirements, participation in the HMIS will enable Lead Agency and NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC (CoC) to report accurate statistical data to funders and policy makers including information on clients' financial resources, county of origin, and use of services. It will ensure that all local providers are using a common intake, thereby providing the most effective and efficient service to clients. In addition, individual agencies will benefit from the ability to electronically manage their client records and generate reports in a quick and easy manner.

CARES and the HMIS

CARES, Inc. is a not-for-profit agency whose mission is assisting local communities in expanding housing and other resources for homeless persons and/or persons with disabilities. CARES was selected to serve as the administrator of the Homeless Management Information System (HMIS) in the Capital Region because of its involvement and knowledge of the service provision in each of these communities. In addition, CARES serves as HMIS administrators for 24 counties within 13 Continuums of Care in NYS. As the HMIS administrators, CARES is responsible for promoting the use of a regional HMIS, implementing the HMIS, providing computer training to agency users, and providing on-going technical assistance to all service providers participating in the HMIS.

II. MOU Term

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The term is for the period of the HUD HMIS contract year and continues until terminated by one or both parties.

III. CARES, Inc. Responsibilities

CARES, Inc. shall undertake the following activities during the duration of the MOU term:

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- Monitor adherence of all participating agencies in NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC to applicable federal and state laws and regulations and program guidelines and report findings to the HMIS Data Committee and HMIS Advisory Committee at least quarterly.
- Review and approve all documentation evidencing NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC performance of services as set forth in the Scope of Work and monitor NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC performance compliance with the MOU.

Additionally, as the HMIS System Administrator, CARES, Inc. shall undertake the following activities during the duration of the MOU term:

- Selection of a software vendor and maintaining the relationship with this software vendor.
- Ensuring software securities are up-to-date and protecting all individual client data from unauthorized viewing.
- Training on privacy standards at each participating agency.
- Complying with HIPAA regulations as required by covered entities.
- Providing regular user training to ensure all users are knowledgeable on the software system
- Providing technical assistance for all system users
- Producing and distributing regular reports to NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC
- Producing additional reports as required by HUD and requested by member agencies.

IV. NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC Responsibilities

NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC shall undertake the following activities during the duration of the MOU term:

Responsibilities of NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC

As the Continuum of Care coordinating body, Lead Agency is responsible for the following activities:

- Encourage the participation of all members in the HMIS.
- Require all new users to attend training by CARES, Inc. prior to being assigned a user license
- Review CoC level reports and provide feedback on the data provided to both NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC and the HMIS System Administrator as needed.
- Support CARES, Inc.'s efforts to secure funds to maintain the HMIS.
- Ensure participating agencies maintain the rules and responsibilities outlined in the CARES Regional HMIS policy and procedure manual.
- Convene and maintain a Data Quality sub committee.

Participating Agency Responsibilities

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

It is required that each participating agency:

- Review and sign in agreement with the CARES/Capital District HMIS Policy and Procedure Manual.
- Establish operating practices to ensure organizational adherence to the HMIS Policies and Procedures.
- Establish a privacy policy to ensure the protection the confidential client data and provide to CARES, Inc.

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- Communicate operating practices including privacy protection and User responsibilities to agency users. Document that each User understands and accepts the User responsibilities.
- Monitor compliance and periodically review control decisions.
- Edit and update agency information, including staff, location, and capacity, as needed.
- Grant access to the software system for Users authorized by the agency's Executive Director by creating usernames and passwords.
- Send staff to trainings on the uses of the Foothold software system including a review of the CARES/ Capital Region HMIS Policies and Procedures, and any agency operating practices and privacy notice.
- Notify all Users in their agency of interruptions in service.
- Detect and respond to violations of the Policies and Procedures or agency procedures.
- Maintain complete and accurate client records.

V. Funding

CARES, Inc. will work with NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC to procure adequate funding for programs funded by the Continuum of Care grant to maintain access to the HMIS with all attending supports and services as outlined above, including, but not limited to, grant funding from the Continuum of Care Grant Award and community sourced cash matches.

To keep the CoC cost burden of the HMIS to a minimum, non-Continuum of Care funded programs (such as SSVF, RHY, HOPWA, ESG, etc) required by any funding source to use the HMIS will be required to separately contract with CARES, Inc. for inclusion in the HMIS. CARES, Inc. will work with all such programs and agencies to secure appropriate funding. Programs falling under this category, even those within agencies already participating in the HMIS with CoC funded or voluntary programs, will not be set up or given user access until a signed contract has been delivered.

VII. Modification and Termination

- This agreement may be cancelled or terminated without cause by either party by giving (90) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.
- Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.
- It is mutually agreed that if the funding of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, NY-601 - POUGHKEEPSIE/DUTCHESS COUNTY COC shall have no liability to pay any funds whatsoever to CARES, Inc. and CARES, Inc shall not be obligated to perform any provisions of this Agreement for which they are not reimbursed.



VIII. Effective Date and Signature

This MOU shall be effective upon the signature of CARES, Inc. and NY-601 POUGHKEEPSIE/DUTCHESS authorized officials. It shall be in force from 1/1/19-12/31/19. CARES, Inc. and NY-601 POUGHKEEPSIE/DUTCHESS indicate agreement with this MOU by their signatures.

Signatures and dates



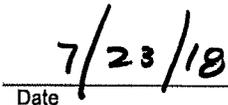
Authorized signature from CARES, Inc.



Authorized signature from NY-601
POUGHKEEPSIE/DUTCHESS



Date



Date

CARES Regional Homeless Management Information System (CRHMIS)



Policies & Procedures Manual
January 2017



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Introduction

Document Overview

In order to implement and maintain a region-wide Homeless Management Information System (HMIS), CARES, Inc. has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the CARES Regional Homeless Management Information System (CRHMIS) program. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for privacy, security, consumer disclosure, data quality and data ownership. Each participating agency must have the Director of that agency sign the Agency Agreement at the end of this document, indicating that the agency has reviewed these policies and procedures and will comply with them. Additionally, all users are required to sign the User Agreement (also at the end of this document) indicating that they have reviewed and will abide by these policies and procedures as well.

History of the HMIS

In 2001, Congress directed HUD to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system used by multiple agencies to capture the number, characteristics and demographic information of persons utilizing these services. HUD did not create this database, nor was a specified vendor required. All communities are, instead, required to create their own compliant, relational database or contract individually with an outside software vendor. CARES, Inc., at the direction of, and in cooperation with, the CARES Regional HMIS Implementation Committee, chose the vendor Foothold Technology and the software Affordable Wider Area Regional Database System (AWARDS) for this purpose in 2004 and has maintained that relationship through the present day.

Configuration and Purpose of the CARES Regional HMIS (CRHMIS)

The CARES Regional HMIS has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends in the region, the CRHMIS program gives providers the ability to collect data using a universal language accepted by HUD and, increasingly, other State and Federal funders. Methods and procedures for recording use of service are standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of services. Perhaps most importantly, homeless service providers, at the community, State and Federal level are working together to track those activities and trends. This information is then used at each level for allocation of funding and for community planning.

Representing a large area of upstate and mid-western New York, the CARES Regional HMIS captures client-level information over time, allowing agencies and communities to assess the characteristics and service needs of individuals and families experiencing homelessness, and at risk of homelessness, within the participating counties.

Purpose of the CR-HMIS

- To meet HUD's requirement to produce an unduplicated count of homeless persons and households
- To understand the nature and scope of homelessness
- To develop, foster and maintain regional collaboration
- To facilitate continuity of care in homeless services
- To assist in the development of programs addressing the needs of homeless individuals and families through the collection and distribution of data.



Goals

- **Unduplicated count:** The CRHMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in the region.
- **Service tracking and trends:** The CRHMIS will identify demographic and service utilization trends.
- **Enhanced service delivery:** Through tracking client service trends, the HMIS will identify service areas in need of enhancement and growth.
- **Information for policymaking:** Data will be shared, in accordance with our stated policies, with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

To Learn More about the CRHMIS

For general information about the CARES Regional HMIS or the policies and procedures contained in this document, please contact the Director of the HMIS Program and Services at hmis@caresny.org or by phone at (518) 489-4130. For information about becoming part of the CARES Regional HMIS, please contact the Executive Director, Nancy Chiarella, at nchiarella@caresny.org or by phone at (518) 489-4130 x105.

Administrative Structure:

There are three major components to the CARES Regional Homeless Management System's administrative structure: Lead Agency, Implementation Committee, and Advisory Committee. As new communities join the HMIS a local level implementation committee may be convened in order to facilitate a smooth transition, however the Regional Implementation Committee is currently inactive on and will remain so unless the need arises for the Advisory Committee to re-activate it (such as a change in software vendor).

Lead Agency

The lead agency for the CARES Regional HMIS is the Corporation for AIDS Research, Education and Services (CARES, Inc.). Of the participating CoCs, CARES, Inc is also the HMIS lead on the CoC Grant Application, the exception being Clinton County where the Evergreen Townhouse Community retains the HMIS Lead Agency position and CARES, Inc. is a sub-grantee.

CARES, Inc. is a not-for-profit agency whose mission is to assist local communities in expanding housing and other resources for homeless persons and/or persons with disabilities. In 2003, as the lead agency for coordinating the Continuum of Care groups in 6 Capital Region counties within four Continuums of Care, CARES was asked by providers to assume responsibility for the HMIS development and implementation for the Capital Region of New

York State, encompassing the original three counties that were in the (former) Capital Region HMIS of Albany, Rensselaer and Schenectady. Having led the initial implementation of the HMIS in those counties, CARES continues to act as the Director of the HMIS Program and Services for the HMIS by providing ongoing training, technical assistance, consulting, database management, reporting and help desk support to the Continuums of Care with the HMIS. Since the creation of the regional database in 2004, the number of counties served by the CARES HMIS has grown to include several counties well outside the Capital Region. As a result, and to reflect the scope and collaborative nature of the database, the name was changed in 2008 to the CARES Regional HMIS. In its role as Director of the HMIS Program and Services and Lead Agency, CARES also acts as an intermediary between the Software Solutions Provider (Foothold Technology) and participating agencies, handling the billing and payments for the software, keeping current with the HUD requirements and trends, attending regional and national conferences, participating in larger, regional collaborative HMIS administrator groups, keeping current with software updates, trainings, conferences and trends while also maintaining regular contact with HUD technical assistance providers and staff. In addition to being a member of the Mid-Atlantic HMIS Director of the HMIS



Program and Services group (MARHMIS) CARES is also involved in the New York State Office of Temporary Disability Assistance (NYS OTDA) project of creating a state-wide HMIS Data Warehouse and the HUD AHAR Redesign Project. The Director of the HMIS Program and Services, participates in committee meetings and calls regarding these projects with regular updates to the CRHMIS Advisory Committee.

Implementation Committee

The role of the Implementation Committee is to establish community goals for the HMIS and support the lead agency with investigating, choosing and negotiating a contract with a software solutions provider. In addition, the Implementation Committee assists in coordinating the implementation of the HMIS community-wide, addressing issues and concerns along with the lead agency to help make using the HMIS both functional and efficient within the community. The original implementation team for CARES Regional HMIS has been disbanded as the implementation was completed in 2005 for the original three counties. As new communities join the CARES Regional HMIS, they may nominate a person or persons to work alongside the HMIS Director of the HMIS Program and Services to implement participation in the HMIS. While there is no longer an active implementation committee for the CARES Regional HMIS, smaller-scope implementation committees are often formed when bringing a new community into the CARES Regional HMIS in order to ensure a smooth and complete transition.

Advisory Committee

The role of the Advisory Committee is to facilitate a better-working HMIS and continue to ensure that it meets the needs of both the Continuums of Care as well as meeting the program requirements described in the latest HMIS regulations put out by HUD. The Advisory Committee is made up of representatives from each CoC and meets regularly via webinar. It is the role of this committee to bring forward issues of particular concern to their respective Continuum of Care coordinating bodies in order to find solutions to problems or issues that arise from use of the HMIS. The Advisory Committee will also advise on policies regarding such issues as: consumer privacy and confidentiality, reporting schedules, information sharing, software choices, and user/agency monitoring and report directly back to their CoC as specified by each Continuum's policies.

The Advisory Committee meets the 4th Wednesday of each month. Committee representatives are nominated and approved by each CoC. All Advisory Committee members should be associated with HMIS Participating agencies and there is a limit of two representatives per CoC regardless of the CoC's geographic reach. Chairs/Co- chairs of the CoC are not eligible for membership on the Advisory Committee and there may only be one representative per participating agency, regardless of that agency's geographic scope. It is understood that in smaller, rural CoCs these restrictions may need to be reviewed or waved on a case by case basis. For more information on the committee or the process, or to get the log-on information for the next webinar, please contact the HMIS Director of the HMIS Program and Services at hmis@caresny.org.

A list of CRHMIS Advisory Committee members, along with their contact information, is posted on the CARES, Inc. website at <http://www.caresny.org>. Please contact your advisory committee representative with any HMIS programmatic concerns that you would like to have addressed during the next meeting.

Data Committee

The Data committees are organized and overseen by each local CoC. The Data Committee is made up of members of the CoC who are dedicated to reviewing and reporting on data to the CoC on a quarterly basis. Each Data Committee should have a chair or two co-chairs and at least 3 other committee members. The CoC HMIS and CoC Lead Administrative staff will work closely with the Data Committee chair/co-chairs, providing aggregate HMIS data on the demographics of consumers within the CoC and also assisting in identifying weaknesses and trends in the data by producing quarterly and annual reports. Please see addendums for details on each CoC's data committee role and responsibilities.

Communication Protocol

Helpdesk

All client-level communications are to go through the AWARDS system by filling out a helpdesk ticket. If that is impractical, or the question is from an administrative non-user, the request may be made via telephone. It is strictly prohibited to send client-level information (name, date of birth or social security number), even using client initials in place of names.

If a user does breach policy and send protected personal information (PPI) via e-mail or other unsecure means, the user license may be revoked until a phone meeting between the user, CARES staff and the program manager is held to discuss the breach in protocol and make sure that the user understands the protocol and is committed to following it.

The CRHMIS team works to address all helpdesk tickets within one business day; however that is not always possible. If there is an urgent helpdesk matter which needs more immediate attention, any user or administrator may send an e-mail or leave a voice mail with the Data Specialist, Customer Service Representative or Director of the HMIS Program and Services to alert the team to the more pressing issue so that it can be addressed more expediently.

System Administration

There are several ways to contact the Director of the HMIS Program and Services of the CARES Regional HMIS.

E-mail: Please send all (non PPI) e-mail communications to the HMIS Director of the HMIS Program and Services at **hmis@caresny.org**. Often, due to the travel and meeting demands of the position, e-mail is the most expedient form of communication.

- Telephone: HMIS staff can be reached via phone at (518) 489-4130
- CoC Meetings: The Director of the HMIS Program and Services is available to attend meetings local to Albany, NY or to call in to rural CoC meetings upon request and with proper notice. Please contact the Director of the HMIS Program and Services at **hmis@caresny.org** or by phone at (518) 489-4130 to set up attendance in person or via phone.
- Webinar: Trainings, helpdesk, technical assistance and calls may be facilitated via a webinar format in order to better assist the user or to review reports, contracts and other deliverables.

Program Customization

There are many ways that CARES, Inc. can assist in program customization for the participating agencies, including building custom forms and reports, assisting programs in integrating HMIS into their daily intake and reporting needs and negotiating system changes with the software vendor, Foothold Technology. These services are usually not part of the agency or CoC contract with CARES, Inc. and may come with an additional cost. Please see attached fee schedule for more information.

CRHMIS List-serve:

In the past, the CRHMIS team has used various social media resources to reach out to users, but no one method reached all HMIS users and it began to get confusing. To solve this issue, the CRHMIS has built in a user-maintained subscription list on the CARES website. To subscribe, please go to the website at <http://www.caresny.org> and scroll to the bottom of the home page to register for any of the list-serves offered. All HMIS system level communications now go through the list-serve, so it is essential that all users enroll in this free service.



Technical Assistance

Agencies having trouble integrating HMIS into their programs or getting needed reporting (both mandated and internal) from the database can set up an appointment with the HMIS staff to look for solutions and set up any further intervention that may be needed. Please contact the HMIS Director of the HMIS Program and Services, at (518) 489-4130 x103 or e-mail hmis@caresny.org for more information.

Grievances

Please see the detailed Grievance Policy in this policy and procedures manual for information on the formal grievance policy at the agency, user or consumer level.

Database Customizations

The AWARDS software can be modified to meet specific needs of an agency. Customizations that are above and beyond those created for the CARES Regional HMIS and HUD requirements will be completed at an additional expense to the agency. All private program-level customizations will be facilitated and contracted through CARES, Inc.

Modifications that could be completed at an additional charge may include, but are not limited to: additional number of users, supplementary training, software customization, increased security to allow transfer of data among specific agencies, increased data collection capabilities and other options that are outside those identified by the HMIS Implementation Team.

At all times, the Foothold Technology staff and CARES, Inc. will work to make sure that the database is compliant with HUD standards for data collection and reporting. CARES, Inc. will also work with other required programs under different funders to ensure relevant and accessible functionality.

Continuing Education

It is extremely important that users stay current with HMIS regulations and changes. CARES, Inc. offers ongoing trainings in many areas of the AWARDS database, both on-line and in person. In order to ensure that all users have proper information and access, periodic attendance to training is required. All users who have not attended at least one training per year will be required to fill out and return a quiz which will be provided to the user via AWARDS messaging within 30 days of their log-in anniversary date. Failure to complete this quiz within 30 days of distribution will result in the loss of HMIS user access until such a time as a training has been attended or the quiz has been submitted.

Data Quality

Data Entry Requirements

In order for data to be meaningful across program sites, data must be consistently added and updated in the AWARDS system. HUD has identified minimum data standards with which all participating agencies must comply. Information for these minimum data fields must be gathered at intake and regularly updated throughout the client's stay within, and at discharge from, the program. While agencies are not currently required to maintain real-time data records, it is important that all data be complete and up-to-date within two weeks of client activity. Backdating permissions for entry of intakes and discharges more than two weeks beyond the intake date must go through an identified program manager and be sent as a request via the helpdesk ticketing system. Progress note and contact log input date ranges will be established on an agency by agency basis and backdating requests must also go through the identified program manager.



Entry of Universal and Program Level Data Elements

Universal and program specific level data elements have been established by HUD and must be collected by all agencies serving homeless persons, regardless of program type. These data elements make it possible to obtain unduplicated estimates of the number of homeless persons accessing services from homeless providers and also provide basic demographic characteristics of people who are homeless, and their patterns of services. Collection of the Universal Data Elements (UDEs) will also allow measurement of the number and percentage of chronically homeless people who use homeless services. The HMIS software has safeguards built into the intake and discharge so that an intake may not be completed without filling in these data elements. However, due to periodic changes in HUD requirements and upgrades to the software, it may be necessary for some agencies to correct historical data to remain compliant with the current HUD Data and Technical Standards (Data standards 2016 and Technical Standards 2004). Additionally, the Continuum of Care may request that specific, non-required fields be filled out for community planning purposes.

With the October 2014 Data Standards changes more Federal partners began to also use the HMIS for their programs to use as a reporting system in the hopes that duplicate data entry in multiple systems can be mitigated somewhat. The following programs now have HMIS programming capabilities:

Department of Housing and Urban Development (HUD)

- Office of Special Needs Assistance Programs (SNAPS)
 - Continuum of Care (CoC) Program
 - Emergency Solutions Grants (ESG) Program
 - Housing Opportunities for Persons with AIDS program (HOPWA)**
 - HUD-Veterans Affairs Supportive Housing (HUD/VASH)**
 - Rural Housing Stability Assistance Program (RHSP)**

Department of Health and Human Services (HHS)

- Administration for Children and Families (ACYF) – Family and Youth Service Bureau (FYSB)
 - Runaway and Homeless Youth (RHY)**
 - Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - Projects for Assistance in Transition from Homelessness (PATH)**

Department of Veteran Affairs (VA)

- Supportive Services for Veteran Families Program (SSVF)
 - Community Contract Emergency Housing (HCHV/EH)*
 - Community Contract Residential Treatment Program (HCHV/RT)*
 - Domiciliary Care (HCHV/DOM)*
 - VA Community Contract Safe Haven Program (HCHV/SH)*
 - Grant and Per Diem Program (GPD)*
 - Compensated Work Therapy Transitional Residence (CWT/TR)*

**Participation in HMIS is not required as part of a funding requirement except for SSVF. The federal partners recognize that communities record Project Descriptor Data Elements and Universal Data Elements in order to facilitate completion of the HIC and PIT.*

*** Please refer to the soon to be published program guides for each specific program for HMIS participation requirements.*

Data Quality Expectations



As a HUD program, the CRHMIS must report annually on overall data quality in a variety of mediums, including but not limited to: the HMIS Dedicated Grantee Annual Performance Report (APR), the Annual Homeless Assessment Report (AHAR) and the CoC Grant Application (CoC wide data quality is reported in The Collaborative Application, formerly Exhibit 1). Additionally, each mandated agency must report program level data quality during the CoC APR report and CoC Grant Application (program level HMIS data quality is reported to HUD for each renewal) process.

Because of these reports and the constant use of HMIS data for agency level reporting, research and community planning, good data quality is paramount to the success of this program. To facilitate that, the following data quality expectations have been established:

1. Less than 5% missing or null data in any of the universal and program level data elements. This includes any responses of Refused, Unknown or Don't Know as well as incomplete (missing) data. Due to the nature of some programs (including but not limited to; outreach and drop in centers), that data quality measure will be reassessed on a program-by-program basis and data quality markers will be determined by the CoC Data Committee. Some program types may find, due to the difficult population served, that this is an unrealistic data quality expectation. Agencies with particularly difficult circumstances will be given individual waivers on data quality with separate data quality goals.
2. Data collection (intakes and discharges) will be current within 10 days
3. Updates to income, benefits, disability and housing status for consumers at least annually and at discharge
4. Problems with the database or errors in data will be reported, in writing, to the Director of the HMIS Program and Services immediately upon discovery
5. PDDE (Program Descriptor Data Elements known as HMIS Data in the Consumer Face Sheet) must be updated annually (within 30 days before or after the consumer's anniversary date) for programs which create an APR

To facilitate the best data practices possible, projects which are mandated to use the HMIS by their funders and have been found to be non-compliant with the above expectations will be reported to the funding entity (i.e. the CoC Collaborative Applicant, OTDA, Etc.) and may be required to have users and the program manager meet with a representative of the CoC and/or the CRHMIS to create a comprehensive action plan to address the problem areas. If, upon completion of this action plan, there is not adequate improvement in the identified problem areas, the Director of the CRHMIS will require a meeting with the program manager and agency Executive Director to create a more extensive action plan with agency level follow-up. At any time in this process, CARES may disable user log-ins until such a time as the agency is capable of proper data cleanup and entry into the HMIS.

If a mandated program continues to be out of compliance, Technical Assistance may be sought from the funding entity (OTDA, the VA and/or HUD) to assist in the process. Suspended programs will be listed as 'Not Participating' on the CoC Housing Inventory Chart and in any renewal applications within the CoC Grant Application which could influence funding decisions by the CoC governing body.

Data Ownership

CARES, Inc. does not claim ownership of any client level data stored within the CRHMIS other than that which belongs to programs they administer. As such, the CRHMIS will not at any time change, distribute or delete data within programs without the direct instruction of the program in question.

If a community or agency withdraws from the CRHMIS, a request may be made to have their data transferred onto disk in CSV format and sent to them by post. This request, following the protocol at the end of this section, must be made within six months of discontinuing the relationship with the CRHMIS. After six months, the data will no longer be accessible to users or program managers and CARES, Inc. will discontinue the program within the database. If the agency wishes to have all data wiped from the CRHMIS, making it no longer available for historical comparison or data analysis, a written request from the Agency Director must be sent, by post, to CARES, Inc., care



of Nancy Chiarella, Executive Director. That request will be followed up with by the Director of the HMIS Program and Services and confirmation of the data purge will be sent to the requesting Agency Director once the process has been completed.

Following the parameters, set out by Loshin (2002), there are several parties who can claim full or partial ownership of CRHMIS data:

- A. **Creator:** The party that creates or generates the data
- B. **Consumer:** The party that uses the data
- C. **Funder:** The party that commissions the data
- D. **Packager:** The party that collects information for a particular use and adds value through formatting the information for a particular market or set of consumers
- E. **Subject:** The subject of the data claims ownership of that data

In the case of the CRHMIS, there is a hierarchy of ownership of data. It begins with the Subject (5) who can, at any time, submit a written request to CARES, Inc. to have his or her personal information removed from the database. These requests for data removal from the CRHMIS will be honored by CARES, Inc. when done through the correct protocol (below).

Secondly, The Consumer (2), or the agency that enters data, has the ability to claim the data within the CRHMIS that they have input as an agency. In this way, they can modify, delete or ask for a full purge as they desire. These requests for data removal from the CRHMIS will also be honored by CARES, Inc. when done through the correct protocol (below).

Last, the Packager (4), CARES, Inc., has ownership of the data within the database for the purposes outlined within this manual, namely:

1. The aggregation of data for reporting at the community level
2. Control of access to the data via usernames and log-ins
3. Data Quality Parameters to qualify data for admission into the CRHMIS
4. Helpdesk and reporting support requests

Data requests for PPI (client level data) must go through the contracted agency rather than the HMIS Director of the HMIS Program and Services. Upon written request by the Executive Director, CARES will grant access to client files as defined by the contractual agency. This access can range from read-only, aggregate data to client file level access. Similarly, though the data collected and packaged from the HMIS is often published and made available for use in grants, research and educational material, all such data aggregations and analysis belong to the packager, not the consumer who may be using that data for their own purposes.

Protocol for requesting data removal from the CRHMIS:

Client (Subject) Request for Data Removal

Please send a written, signed request to

CARES, Inc.
C/O Director of the HMIS Program and Services
200 Henry Johnson Blvd, Suite 4
Albany NY 12210

Or fax to (518) 489-2237



Make sure to include your full name and which agency/agencies you visited and wish your records removed from. If you would like to also include your contact information, the HMIS Director of the HMIS Program and Services will verify your data removal once complete.

Agency (Creator) Request for Data Removal

Please send a written, signed request on agency letterhead to

CARES, Inc.
C/O Director of the HMIS Program and Services
200 Henry Johnson Blvd, Suite 4
Albany NY 12210

Or fax to (518) 489-2237

Please specify if you would like to have a copy made of the data in CSV format, burned to CD. Make sure to include all programs you would like purged from the database, remembering that, once gone, there is no way to retrieve the information. The HMIS Director of the HMIS Program and Services will verify your data removal once complete.

Interagency Data Sharing for Coordinated Care

A change in the way data sharing works will go into effect on February 1st 2017; the AWARDS feature of Expanded Consent and Client View. Agencies may opt OUT of data sharing at the program level and all consumers have to consent to the data share for each intake they complete with any agency, ensuring control of their own information remains in the consumer's hands. Please see below for more information on the process.

1. There are 3 levels of consent for the consumer; the intake staff must become familiar with the form and guide the consumer to ensure that they are choosing the option that best reflects their preference
2. Consumer data sharing will be covered by the overall consent form being used by the CRHMIS, however, the form within the HMIS will serve to indicate the level of interagency data sharing that occurs.
3. Refusal to participate in data sharing **in no way** impacts the ability of the project to enter the consumer into HMIS or serve the consumer; it simply prohibits the sharing of data with other participating agencies.
4. HIV/AIDS, DV, Behavioral Health and notes/logs are NEVER shared via the HMIS. This is to protect the privacy of consumers.
5. Any consumer in a project who has NOT agreed to share data MUST leave the default setting for user agreements. We are unable to completely remove this option from those agencies, so this will be monitored for compliance.
6. Substance Abuse, Mental Health, Runaway Homeless Youth (RHY) and HIV specific projects are NOT allowed to participate in data sharing at this time. The data share page must be left on the default of no sharing.
7. The signed ROI must match the consumer preference as recorded in the HMIS and be kept in the consumer file (electronic or physical) for monitoring purposes.

A PDF of the data sharing screen is available from your CARES, Inc. representative. Please contact them for

additional information and training.

Disclosure of Inclusion in the CRHMIS

A change in the disclosure of inclusion in the CRHMIS goes into effect on January 1, 2017. Previously a posted sign was sufficient for consumer disclosure, however the CRHMIS Advisory Committee, in conjunction with the System Administrator, have made the move to a signed Release of Information and Informed Consent form. These may be found both on the CARES website and in the appendix of this manual. This ROI must match the consumer data sharing preferences as stated above and be kept in the consumer file (electronic or physical) for monitoring purposes.

As per HUD policy, no agency may decline to provide services to a client based on refusal to be included in the HMIS. While it is desirable to include as many clients as possible in the CRHMIS for both internal and external reporting as well as community planning, we operate on a client-first model and work within the comfort level of those we serve.

If you have clients who refuse all HMIS data entry make sure that you keep an intake record separately so that, for agency level reporting, you will be able to include those households in the report.

Distribution of HMIS Data

CARES Inc. will provide quarterly and yearly reports on the aggregate data collected within the HMIS to the corresponding CoCs as well as the Advisory Committee. CARES, Inc. will also make any AHAR data accepted by HUD available to the CoCs. This is public information and a copy of the latest and historical reports will be provided to anyone, upon written request. These reports are also published on the CARES, Inc. website after CoC approval.

Continuum-wide, aggregate data will be provided to HUD annually as required through the HMIS Annual Performance Report, Annual Homeless Assessment Report and CoC Grant Application.

In general practice, aggregate county-wide and individual agency-level data may be provided to users and administration of that agency upon request for data-quality reasons or to meet agency needs. Non-users within an agency requesting any aggregate or individual data must have the written consent of the agency Executive-Director.

Protected Personal Information (PPI), agency-level information, or any data that may potentially point out an individual or single agency will not be distributed in any community level or published reporting. Individuals, agencies or governing bodies who wish to obtain individual or agency-level data may request such data from the agency Director.

In limited circumstances, HMIS data, including PPI, may be used for the purposes of care coordination or research. In these cases, the minimum amount of information required to coordinate care shall be disclosed; it is up to the professional judgement of staff to determine what information will be shared. Because situations and circumstances differ, there is no set protocol for what information to disclose when—Codifying specific guidelines in this regard may in fact undermine the ability to coordinate services. Additionally, an MOU between the organization(s) and CARES, Inc. defining and limiting the scope of data use must be in place before any data may be distributed. Depending on the specific circumstances of the project, an MOU may also be put in place between CARES, Inc. and agency or agencies participating in the project. This MOU must clearly articulate the scope of work, how the data is accessed, which data elements are shared, the goals of the project and limitations of data usage. The CARES, Inc. Executive Director or Director of HMIS Programs and Services must approve and sign off on each MOU that includes the sharing of PPI.



A list of projects in which HMIS is participating and the level of data sharing occurring is listed on the website at caresny.org/privacy for consumers to review. This list must be kept up to date and agencies must be informed when additions are made via the AWARDS Messages module and/or the CRHMIS list serve.

Consumers may choose to have their data removed from the database at any time by contacting the HMIS System Administrator and submitting a written request. All agencies with data concerning that consumer will be informed of the purge beforehand so that consumer records may be printed and stored according to agency policy.

Reporting with the HMIS

The Director of the HMIS Program and Services regularly exports a system-wide aggregation of data. This data is analyzed to determine which agencies are compliant with the system and regulations. It is also used to identify areas of policy or data requirements that must be more thoroughly defined for individual agencies. Additional training or technical assistance is made available based on need.

Quarterly and annual reports are generated to share with the participants of the CARES Regional HMIS. These reports include a summary of the number and demographics of individuals and families participating in services in each program type for the given time period. **Aggregate reports do not include names, social security numbers, or any other identifying characteristics of individual clients.** Trends in the quarterly and annual reports are then examined and reported to the CoC governing body annually. Under no circumstances is client-level data distributed.

Grievance Policy

For Clients

All grievances regarding the handling of your personal information by an agency within the HMIS should be addressed to that agency. If you believe your grievance has not been sufficiently resolved by your agency, you may make a complaint to the HMIS Director of the HMIS Program and Services at:

CARES Inc
ATTN: HMIS Director of the HMIS Program and Services 200
Henry Johnson Blvd, Suite 4
Albany NY 12210
Phone: (518) 489-4013 fax (518) 489-2237

*CARES will attempt a voluntary resolution of the complaint and by ensuring that the participating agency is acting with accordance to the HMIS agency agreement. Note that CARES does **not** provide legal services.*

For Participating Agencies

Complaints regarding the administration of the HMIS may be made to either CARES Inc.'s HMIS Director of the HMIS Program and Services or Executive Director at:

CARES Inc
ATTN: HMIS Director of the HMIS Program and Services/Executive Director
200 Henry Johnson Blvd, Suite 4
Albany NY 12210
Phone: (518) 489-4013 fax (518) 489-2237

Telephone complaints may be recorded for better customer care. CARES will follow up each complaint in writing



and, as appropriate, bring the complaint to the CoC leads and/or the CARES Regional HMIS Advisory Committee.

HIPAA Compliance

Compliance with HIPAA regulations is only required for covered entities, such as community service providers that are also health care providers. For agencies that meet these criteria, participation in the HMIS requires compliance with HIPAA as defined and arranged within the agency. CARES, as the Director of the HMIS Program and Services, follows HIPAA precautions with ALL consumers in ALL agencies, runs background checks on all System level users and requires HIPAA and EHR training for all HMIS Administrative staff.

HIPAA Compliance within HOPWA Programs

On October 9th, 2014 the Office of HIV/AIDS Housing released an updated Confidentiality User Guide. These policies and procedures have been modified to be compliant with this version of the guide. The HMIS is inherently HIPAA (and HITECH) compliant, but the CRHMIS team is aware that additional precautions must be made as a support team with access to PPI. As required by HOPWA Regulation 24 CFR 574 and 27F, proper security is taken with all electronic and physical documentation of identifying consumer data, written procedures are in effect, HIPAA training is undertaken by all CRHMIS staff and the revised Agency Agreement found at the back of this document acts as an MOU between each participating agency and CARES, Inc. For copies of these policies or questions about physical or electronic security, please contact the CRHMIS System Administrator at (518) 489-4130 x103 or at hmis@caresny.org.

Monitoring of Participating Programs

In order to ensure compliance with this manual and HUD privacy and security requirements, CARES, Inc. will do periodic monitoring of all programs participating in the HMIS; both mandated and voluntary. This monitoring will review data quality, data completeness, and compliance with the electronic and physical privacy and security procedures outlined in this manual.

Programs found to be out of compliance with the above will be evaluated by the HMIS Director of the HMIS Program and Services and a Plan of Correction; including additional training, measurable goals, a realistic timeline for correction and further monitoring, will be put in place.

Frequency of monitoring visits within a community, agency or program will be at the discretion of the HMIS Director of the HMIS Program and Services. Monitoring Visit results will be shared with the Collaborative Applicant and/or CoC leads for the community and may be discussed with the HMIS Advisory Committee.

Participation

All recipients of HUD McKinney-Vento funds are required to participate in the HMIS. This includes recipients of Emergency Solutions Grants (ESG), Supportive Housing Program (SHP), Shelter Plus Care (S+C) and Section 8 Mod Rehab for SRO.

In addition to McKinney-Vento-funded recipients, other housing assistance programs may require participation as a condition of funding. Agencies who receive funding via the Housing Opportunities for Persons with AIDS (HOPWA) program and are dedicated to serving homeless persons must participate. Providers of Grant and Per Diem, Supportive Services for Veteran Families (SSVF) or Veteran Affairs Supportive Housing (VASH) voucher programs by the Department of Veterans Affairs (VA) are also subject to ongoing participation mandates, as are some NYS OTDA funded programs including the Solutions to End Homelessness Program (STEHP). CARES, Inc. works closely with HUD and NYS OTDA to ensure the program data collection and reporting requirements are consistently met by the



database and administration of this program.

While not all service agencies are mandated to participate, both HUD and local Continuums of Care encourage participation by all agencies who serve the homeless population, including those funded by other federal programs or non-government sources. Participation by organizations that do not receive HUD Continuum of Care funding is voluntary (other than for the exceptions noted), but strongly encouraged in order to achieve an accurate picture of homeless services in the region. Because overall participation by all agencies that provide homeless housing services is rated by HUD annually through the CoC Grant Application process.

Benefits to Non-Mandated Programs

Voluntary participation by non-mandated programs and agencies helps the community meet the threshold for new funding and retain current funding for current homeless housing, create new homeless housing and assist with community planning and development. Through this collaborative effort, non-mandated agencies receive the benefit of a more sophisticated homeless services network in their community, better access to data for research, grant writing and program planning and representation for those they serve to HUD and other Federal partners through standard HMIS reports such as the HMIS Dedicated Grantee Annual Progress Report and the Annual Homeless Assessment Report. Additionally, and perhaps most importantly, access to more and better housing opportunities for persons and households experiencing homelessness is potentially created through renewals, new projects and bonus projects through the CoC Grant process, thus reducing the burden of local agencies, both not-for-profit and government, trying to assist and house homeless persons and families.

Benefits to Continuums of Care

In addition to fulfilling the HUD requirements, participation in the HMIS enables the participating counties to report accurate statistical data to funders and policy makers regarding topics such as financial resources, county of origin, housing utilization and more. It ensures that all local providers are using a common intake instrument, thereby providing the most effective and efficient service to clients while allowing cross-agency data analysis for the community. The reporting capabilities allow agencies to generate accurate and timely reports, reducing time spent away from client services for monitoring, reporting and case review. Electronic management of client records also allows for remote access, reduced use of office resources such as paper, printer ink and office supplies while providing consistent, neat, easily accessed files to present to reviewers, some of whom are allowing remote monitoring and auditing at this time.

Privacy

Baseline privacy standards are required of all programs and must balance the need to protect the confidentiality of client data with the practical realities of homeless service provision. Each agency is required to review and/or develop a privacy policy specific to the individual agency's needs which includes HMIS activities as it pertains to confidential client data in electronic and hard-copy formats. A copy of the above-referenced agency privacy policy must be provided to CARES, Inc., as the HMIS Director of the HMIS Program and Services and, if the agency has a website, must be published thereon in accordance with HUD's 2004 Privacy and Security standards.

CARES, Inc. applies strict privacy policies and procedures internally, compliant with all HIPAA, HOPWA and HITECH rules. For copies of these policies, please contact or questions about physical or electronic security, please contact the CARES, Inc. Security Officer, Tersha Choy, at tchoy@caresny.org or via phone at (518) 489-4130x101.

Participation Fees

Fees for participating in the HMIS vary from community to community and project to project and may require a



contract with CARES, Inc. for inclusion in the HMIS. Please contact the Director of the CARES HMIS Program and Services department for information regarding your specific project type and community at athiessen@caresny.org or (518) 489-4130.

Responsibilities

Participating agencies and users have specific responsibilities when using the HMIS to ensure proper functioning of the system, accurate data collection, as well as the privacy and security of all consumers. These responsibilities are outlined below.

Participating Agency Responsibilities

CARES will enter into a Business Associates Agreement with agencies that are eligible to participate in the HMIS. The Business Associates Agreement will outline the specific manner in which CARES will utilize the data submitted in the HMIS.

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

Each participating agency must:

1. Establish operating practices to ensure organizational adherence to the HMIS Policies and Procedures.
2. Establish a privacy policy to ensure the protection of confidential client data. A copy of this policy should be provided to the Director of the HMIS Program and Services and, if an agency website exists, be published thereon.
3. Communicate operating practices, including privacy protection and user responsibilities, to all agency users. Agencies should document that each user understands and accepts the responsibilities associated with use.
4. Monitor user compliance and periodically review control decisions.
5. Edit and update agency information, including staff, location, and capacity, as needed.
6. Notify all users in their agency of interruptions in service.
7. Detect and respond to violations of the Policies and Procedures or agency procedures.
8. Maintain complete and accurate client records for participating programs within the HMIS.
9. Monitor that users respectfully collect data for all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, and as such are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

Agencies must follow all privacy and security requirements outlined in this manual in order to participate in the CARES Regional HMIS.

User Responsibilities

Each user within a participating agency is responsible for maintaining client privacy and protecting each client's protected personal information. A User ID and Password will be provided to each User within the agency by the Director of the HMIS Program and Services at the written request of the Agency Executive or Program Director once training has been completed.



All Users must understand and accept the following responsibilities for utilizing the HMIS:

1. The User ID and Password are to be used by the assigned user only and must not be shared with anyone. All Users will take all reasonable means to keep passwords physically secure.
2. All Users will log-off the system before leaving the work area.
3. Users must **not** decline services to a client or potential client if that person refuses to allow entry of information in the HMIS (except if that policy is over-ridden by agency policy or if the information is required to be collected as a condition of receiving services).
4. The user has primary responsibility for information entered by the user. Information entered by users is truthful, accurate and complete to the best of the user's knowledge.
5. Users will not solicit from or enter non-required information about clients into the HMIS unless the information is required for a legitimate program purpose such as to provide services to the client.
6. Any hard copies of personally identifiable (client-level) information printed from the HMIS must be kept in a secure file, and destroyed when no longer needed.
7. All Users must immediately notify the Agency Executive Director should a breach in security be recognized or suspected.
8. Users may only access the HMIS from a designated terminal, following agency guidelines for electronic access of records. Access to the HMIS from public or unsecured computers and networks is prohibited.
9. Users may not send identifying information on clients through standard e-mail but, instead, should utilize the secure messaging feature of the HMIS-AWARDS system for all client-based communications, preferably through a helpdesk ticket.
10. Users agree to respectfully collect all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, thus are important to the proper collection and interpretation of data from the HMIS as well as the assurance of continued funding.

Lead Agency (CARES, Inc.) Responsibilities

CARES, Inc., as the Lead agency for the CRHMIS, will monitor compliance with the established policies and procedures while providing the following services:

1. Internal compliance with all HUD, HIPAA and HITECH regulations
2. Monitoring of privacy and security compliance of all participating programs
3. Access for questions and concerns with the Software Solution Provider, Foothold Technology
4. Assistance with HUD mandated reporting on an agency/CoC level
5. AHAR and CoC Grant Application reporting
6. Annual and Quarterly CoC reports on basic, aggregate client demographics
7. Creation, deletion and monitoring of user log-ins and passwords
8. Daily helpdesk (work days) for standard helpdesk issues
9. Evaluations and strategies for better use of the HMIS in regards to HUD reporting and data quality
10. Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
11. Monthly New User Trainings (in a group setting)
12. Remote access to all in-house trainings upon request
13. Regular updates on HMIS policy, procedure and the database via a variety of mediums
14. Rapid turn-around for addressing all help desk tickets
15. Ongoing CoC level data quality checks and follow-up

Additional fees may be assessed for HMIS TA services that are not within the normal scope of CARES Inc.'s HMIS Director of the HMIS Program and Services duties; including, but not limited to, the following:

- Agency/Program evaluation for use of the database beyond CoC requirements
- Agency specific report and form building
- Agency specific training on non-HUD mandated features of the database



- Customized internal or external reports not related to HUD
- Large helpdesk requests due to user error
- Program level data quality and clean-up assistance
- Training on basic computer skills which complement the use of the HMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

CoC Lead Responsibilities

The CoC leads in each community will be presented with a Memorandum of Understanding (MOU) which requires close involvement in the reporting and regulation of HMIS data. By signing this, the CoC leads, on behalf of their CoC, agree to the terms and conditions outlined therein.

Security

Certain electronic security precautions are required of each agency:

- Install and maintain a firewall on the user's computer or the agency network
- Password protected screensavers set at no more than 5 minute intervals
- Automatically updating antivirus software installed and maintained on every internet-accessible computer
- Keep the Operating System on each HMIS access computer terminal up to date with the latest security devices
- All users must attend a formal HMIS training prior to being assigned a username and password in the database.

This will ensure that proper training on security, policy and procedure has been established for all users in the database. Sharing of usernames and log-ins is strictly prohibited for security reasons.

In the event a user no longer needs access to a program or leaves the employ of the agency, the program manager or Executive Director **MUST** contact the HMIS Director of the HMIS Program and Services within 24 hours of the end of employment so that the active user account can be disabled. This can be done in advance, so Directors and administrative staff are encouraged to alert the Director of the HMIS Program and Services as soon as it is known that a user account will no longer be needed.

In order to facilitate the privacy and security of HMIS consumers, any user account that is inactive for 30 days will be deactivated **until the HMIS Director of the HMIS Program and Services is contacted by a program manager or agency officer in writing** (an e-mail from the agency email address is adequate). If the user is inactive for more than 90 days, or if there has been a significant data elements or policy change during the time off the system, retraining may be required prior to regaining access to the HMIS.

It is recommended that a Written Information Security Policy (WISP), with an electronic information policy, be in place for all agencies using HMIS. For a copy of the CARES, Inc. WISP, please contact the HMIS Director at hmis@caresny.org or via phone at (518) 489-4139 x103.

User access to the HMIS

The AWARDS software is a web-based software system accessed via the Internet. Each agency user is assigned a unique log-in name and a password to access the system. Within the agency's set-up in the HMIS, each user is assigned specific permissions to view and work only with those programs and records to which he or she has been assigned. A user in one program within an agency is prohibited from viewing or modifying any records in another program area unless express permission has been given by a program supervisor or Executive Director. No user can access the files of any other agency. All users are reminded to never share their log-in names or passwords with anyone else, and not to keep reminder notes in obvious areas.



Access to the HMIS is granted by the Director of the HMIS Program and Services. When an agency needs to add or remove a user, there must be a written request (e-mail, FAX or AWARDS message) from the Program or Executive Director requesting the action. All new users must attend training prior to being assigned a username and password.

Software Security

Maintaining individual client privacy is among the highest priorities in managing the HMIS. The AWARDS software uses the highest encryption currently allowable by law along with the use of SSL (Secure Sockets Layer) technology. Foothold Technology uses several hardware and software firewalls and AWARDS keeps warm backups locally and sends daily backups to a separate data center. All data is stored in two data centers in two different states on 8 different electric grids. Warm copies are available in 2-hour intervals and daily copies are available in 24-hour intervals. Information sent from individual agency sites cannot be unscrambled. In addition, a highly sophisticated series of user names and passwords protect data from unauthorized viewing and manipulation within individual agencies, ensuring no one has access to information they should not see. Data security is also monitored by the Director of the HMIS Program and Services through regular reports and activities. For questions about physical or electronic security of the AWARDS software, please contact the CARES, Inc. Security Officer, Tersha Choy, at tchoy@caresny.org or via phone at (518) 489-4130 x101.

Software

As selected by the HMIS Implementation Committee, CARES, Inc. has contracted with Foothold Technology as the software vendor for the CARES Regional HMIS. Foothold's software, AWARDS, is a web-based system in which users access the system via the Internet and includes a comprehensive case management system that each agency can utilize for managing client records, case notes, and referral information if desired. For more information on how to fully utilize these components, please contact your customer service rep or the Director of the HMIS Program and Services at hmis@caresny.org or by phone at (518) 489-4130

Technical Assistance

All concerns with utilizing the HMIS system should be directed to the HMIS Director of the HMIS Program and Services at CARES, who can be reached by phone at (518) 489-4130 x103, by e-mail at hmis@caresny.org or through the HMIS (AWARDS) internal messaging and helpdesk modules for confidential e-mail capability. CARES offers assistance to agencies who would like to better integrate the use of the HMIS software into existing procedures through telephone and web conferences as well as occasional site visits. Assistance in gathering agency-wide or county-wide aggregate information for funding sources and grant writing is also available when a written request is made at least a week in advance.

CARES will provide, at no additional fees, the following TA services:

- Access for questions and concerns with the SSP, Foothold Technology
- AHAR and CoC Grant Application reporting
- Annual and Quarterly CoC reports on basic, aggregate client demographics
- Creation, deletion and monitoring of user log-ins and passwords
- Daily helpdesk (work days) for standard helpdesk issues
- Evaluations and strategies for better use of the HMIS in regards to HUD reporting
- Monitoring of HUD policy and procedure regarding HMIS with regular CoC updates
- Monthly New User Trainings (in a group setting)
- Monthly user-groups on topics chosen with user-input
- Quarterly Advanced User Trainings (in a group setting)



- Remote access to all in-house trainings upon request
- Regular updates on HMIS policy, procedure and the database via a variety of mediums
- Rapid turn-around for addressing all help desk tickets (one business day)
- Ongoing CoC level data quality checks and follow-up
- Access to social networking for updates and networking among users and administrators

Additional fees may be assessed for HMIS TA services that are not within the normal scope of CARES Inc's HMIS

System Administer duties; including, but not limited to, the following:

- Agency/Program evaluation for use of the database beyond HUD requirements
- Agency specific report and form building
- Agency specific training on non-HUD mandated features of the database
- Customized internal or external reports not related to HUD
- Large helpdesk requests due to user error
- Program level data quality and clean-up assistance
- Training on basic computer skills which complement the use of the HMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

Training

CARES offers on-going user training for new and current users who need a refresher on the basics. Training sessions will be provided in 1-4 hour sessions for which attendees are required to sign up in advance. Users participating in each training session are expected to be computer-literate and to attend the full training session. No individual will be given access to the database until initial training has been completed. Access permission for each new user must be given to the Director of the HMIS Program and Services prior to new user set-up. The Executive Director or Program Manager may e-mail or fax permission information to CARES Inc. While users will be allowed to attend training prior to this verification, no active agency access will be given until the permission has been received and processed.

Additionally, Advanced User trainings, Program Director and Administrator trainings, recurring user-groups and periodic CoC updates will be held regularly to help agencies best use and monitor the HMIS system and accompanying software. A list of all available trainings and groups, along with registration information, is available and regularly updated on CARES' website (<http://www.caresny.org>) and all social networking mediums. All trainings and user-groups are available remotely via webinar to accommodate those who cannot attend in person. Remote access requires either a microphone and speaker system, or a regular telephone in conjunction with a computer.

User Access to the Database

Each program within an agency will be permitted 15 user accounts to access the HMIS. The HMIS Director of the HMIS Program and Services will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly software fee* plus a service fee for additional CARES' staff time to be determined after a scope of work has been completed.



Addendum A: Costs of Additional Services

Pricing Structure

Agency and Community level projects:

Pricing for projects is variable and based on a rate of \$80 per hour. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information on individual projects including, but not limited to:

- Basic computer instruction
- Agency level training on non-CoC features of the HMIS
- Operational design and the HMIS
- Data quality issue resolutions
- Large help-desk ticket resolution
- Database customization via form and report building

Continuum of Care inclusion in the CARES Regional HMIS

There are standard contracts available for CoCs interested in joining with the CARES Regional HMIS. Please contact CARES, Inc. for more information. We are dedicated to working with the communities we serve in order to create a service and price base that meets the individual needs of those we serve. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information.

Non-Continuum of Care Agencies and Programs

As more and more program types which are not covered under the CoC umbrella are mandated to participate in the HMIS, CARES, Inc. has developed pricing strategies to address their specific needs and help their compliance via inclusion within the HMIS. Please contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information.

Domestic Violence Dedicated Programs

DV programs are prohibited from participating in the HMIS by the Violence Against Women Act (VOWA). There are some funding types, however, which require a comparable database to the HMIS for these programs. While each agency is responsible for creating/contracting for this database, your HMIS Director of the HMIS Program and Services is responsible for ensuring that this database meets HMIS regulations. contact the HMIS Director of the HMIS Program and Services at (518) 489-4130 x103 for more information on this topic and to help ensure the compliance of your database with the dynamic structure of the HMIS.

Additional Users

Each program within an agency will be permitted 15 user accounts to access the HMIS. The HMIS Director of the HMIS Program and Services will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly fee.

16-30 users total \$500 monthly

31-45 users total \$1000 monthly

46-60 users total \$1,500 monthly

61-75 users total \$2,000 monthly

76+ users must separately contract with the vendor, Foothold Technology, and upload to the HMIS

**These fees are based on set costs from the software vendor. There is no intermediate category for additional 10-15 users and CARES, Inc. does not receive any administrative income from additional user fees, however, administrative fees for staff time may be assessed depending on the scope of the project.*



CRHMIS Client Informed Consent and Release of Information

_____ (*agency name*) _____ participates in the CARES Regional Homeless Management Information System (CRHMIS). This means that we collect information about your household and input it into a secure and private database that allows us to keep track of that information to better assess and serve your needs. The CRHMIS is dedicated to the privacy and safeguarding of the information collected and input into the HMIS database and does not publish identifying, client level data. For more information, please see our complete policy and procedure manual, which includes information on opting out of the HMIS, data ownership and a list of research and coordination projects that use HMIS information at www.caresny.org/HMIS-policies.

To better assist in the coordination and provision of services, we are requesting your permission to share limited information about you with other homeless services providers. As the owner of your own information within the CRHMIS, you have the right to choose whether or not other users of the system can see any of your personal information and on what level. HIV/AIDS information, Domestic Violence information, Behavioral health (mental illness and substance abuse) and client notes are NOT shared through the HMIS. This consent will be in effect for a minimum of 36 months but may be revoked at any time.

Please check the (1) box below which indicates the level at which you are willing to share your information with the homeless services coordinators and providers in the community;

I agree to share my name, gender and program enrollment history through the HMIS with other provider homeless services agencies.

I agree to share my name, gender, program enrollment history, demographic, income and contact information through the HMIS with other partner homeless services agencies.

I do NOT agree to share any of my information through the HMIS with other partner homeless services agencies.

By signing this form, I agree to share the above level of information with other partner agencies via the HMIS Computer System:

PRINTED name of Client

Signature of Client, Guardian or Power of Attorney

Signature of Witness

Date

Date



CARES Regional HMIS Consumer Information Consent Form



Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I UNDERSTAND THAT:

The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.

The release of my information does not guarantee that I will receive assistance. This release of information includes public funded cash disbursements received during the past 3 years.

This authorization will remain in effect for a minimum of 36 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.

The following personal information will not be shared with any HMIS partner agencies via this HMIS computer system.

- 1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, sexuality.
- 2. Domestic violence information, such as abuse history, abuser information, trauma information.
- 3. Behavioral health information, such as substance and alcohol abuse and mental illness.
- 4. Clients supportive services contacts, medication information and case notes.

If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except public (county, state or federal) cash disbursements.

If I am applying for county, state or federal cash disbursements such as ESG or SSVF, this information will be shared with Collaborative users and State agencies.

By signing this form, I agree to share the following level of information with other partner agencies via the HMIS computer system:

- I agree to share my name (first, middle, last), gender, program enrollment, and exit dates information via the HMIS system with other partner agencies.
- I agree to share my name, gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous section, and contacts information, cash disbursements via the HMIS system with other partner agencies.
- I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the HMIS computer system. Exception is cash disbursements as noted above.

Signature: _____ Date: _____

Printed Name: _____

Agency: _____ Program: _____



Expanded Consent and Client View Guide

AWARDS QUICK REFERENCE GUIDE

The Expanded Consent and Client View feature allows users to view certain client details within Consumer Lookup for clients who have multiple program histories between agencies. These details include the last four digits of the client's SSN, and events recorded within the Client History Report. This guide will describe what details are visible under various circumstances.

To view client details, complete the following steps:

1. From the AWARDS Opening Menu page, click **Consumer Lookup**. The *Consumer Lookup* page is displayed.
2. For full access to client details, enter the client's full SSN in the **SSN** field, and in the **First Name** and **Last Name** fields, type the first two letters of the consumer's first and last names, respectively.
3. Click the **Limit Search Results to** drop-down arrow and select the number of matches that should be displayed in the lookup results.
4. Click **SEARCH**. The *Consumer Lookup Results* page is displayed. For clients who have program histories in multiple agencies, the last four SSN digits and Client History Report icon may be available, depending on consent and search information used. Refer to the chart below.

Search Information Used:	Consent Given by Client within OTHER Agency	Appear in search results?	Last 4 SSN digits show?	Client History Report available?
First Name Last Name Full SSN	A	YES	YES	NO
First Name Last Name Full SSN	B	YES	YES	YES
First Name Last Name Full SSN	C	NO	n/a	n/a
First Name Last Name No SSN	A or B	YES	YES	NO
First Name Last Name No SSN	C	NO	n/a	n/a
Any	A, B or C – marked as EXPIRED	NO	n/a	n/a

5. If displayed, click the Client History Report icon  to the left of the client and agency records to be viewed. This version of the report will include any program histories that contain an effective level B consent, and list events in chronological order **without** links to view details.

The process of viewing client details is now complete.

2018 HDX Competition Report

PIT Count Data for NY-601 - Poughkeepsie/Dutchess County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	385	388	399
Emergency Shelter Total	176	206	219
Safe Haven Total	0	0	0
Transitional Housing Total	187	173	171
Total Sheltered Count	363	379	390
Total Unsheltered Count	22	9	9

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	21	6	26
Sheltered Count of Chronically Homeless Persons	4	6	22
Unsheltered Count of Chronically Homeless Persons	17	0	4

2018 HDX Competition Report

PIT Count Data for NY-601 - Poughkeepsie/Dutchess County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	60	58	61
Sheltered Count of Homeless Households with Children	59	58	61
Unsheltered Count of Homeless Households with Children	1	0	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	14	9	8	5
Sheltered Count of Homeless Veterans	14	7	7	5
Unsheltered Count of Homeless Veterans	0	2	1	0

2018 HDX Competition Report
HIC Data for NY-601 - Poughkeepsie/Dutchess County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	233	34	198	99.50%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	194	42	152	100.00%
Rapid Re-Housing (RRH) Beds	56	0	56	100.00%
Permanent Supportive Housing (PSH) Beds	169	0	145	85.80%
Other Permanent Housing (OPH) Beds	55	0	34	61.82%
Total Beds	707	76	585	92.71%

2018 HDX Competition Report

HIC Data for NY-601 - Poughkeepsie/Dutchess County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	50	48	52

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	0	0	0

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	36	58	56

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for NY-601 - Poughkeepsie/Dutchess County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	1232	1069	46	63	17	22	28	6
1.2 Persons in ES, SH, and TH	1410	1265	118	154	36	29	48	19

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1232	1105	65	137	72	24	53	29
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1410	1301	140	221	81	35	77	42

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	235	50	21%	8	3%	10	4%	68	29%
Exit was from TH	102	3	3%	2	2%	4	4%	9	9%
Exit was from SH	0	0		0		0		0	
Exit was from PH	195	39	20%	10	5%	8	4%	57	29%
TOTAL Returns to Homelessness	532	92	17%	20	4%	22	4%	134	25%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	385	388	3
Emergency Shelter Total	176	206	30
Safe Haven Total	0	0	0
Transitional Housing Total	187	173	-14
Total Sheltered Count	363	379	16
Unsheltered Count	22	9	-13

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1417	1269	-148
Emergency Shelter Total	1238	1074	-164
Safe Haven Total	0	0	0
Transitional Housing Total	238	240	2

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	128	103	-25
Number of adults with increased earned income	12	13	1
Percentage of adults who increased earned income	9%	13%	4%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	128	103	-25
Number of adults with increased non-employment cash income	12	5	-7
Percentage of adults who increased non-employment cash income	9%	5%	-4%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	128	103	-25
Number of adults with increased total income	24	18	-6
Percentage of adults who increased total income	19%	17%	-2%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	71	98	27
Number of adults who exited with increased earned income	8	19	11
Percentage of adults who increased earned income	11%	19%	8%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	71	98	27
Number of adults who exited with increased non-employment cash income	12	10	-2
Percentage of adults who increased non-employment cash income	17%	10%	-7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	71	98	27
Number of adults who exited with increased total income	20	29	9
Percentage of adults who increased total income	28%	30%	2%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1220	1041	-179
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	337	266	-71
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	883	775	-108

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1349	1147	-202
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	356	272	-84
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	993	875	-118

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1317	964	-353
Of the persons above, those who exited to permanent housing destinations	398	312	-86
% Successful exits	30%	32%	2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	283	259	-24
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	256	242	-14
% Successful exits/retention	90%	93%	3%

2018 HDX Competition Report FY2017 - SysPM Data Quality

NY-601 - Poughkeepsie/Dutchess County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	198	187	181	186	169	161	160	156	193	163	204	212			36	58				
2. Number of HMIS Beds	120	121	119	185	161	88	157	156	125	7	20	193			0	58				
3. HMIS Participation Rate from HIC (%)	60.61	64.71	65.75	99.46	95.27	54.66	98.13	100.00	64.77	4.29	9.80	91.04			0.00	100.00				
4. Unduplicated Persons Served (HMIS)	84	73	83	1105	320	331	245	240	94	112	112	264	200	132	108	223	0	3	18	0
5. Total Leavers (HMIS)	67	53	62	932	146	181	94	106	21	28	38	49	135	96	66	90	0	2	9	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	8	3	6	54	5	9	2	8	1	0	0	2	5	1	0	0	0	0	0	0
7. Destination Error Rate (%)	11.94	5.66	9.68	5.79	3.42	4.97	2.13	7.55	4.76	0.00	0.00	4.08	3.70	1.04	0.00	0.00		0.00	0.00	

2018 HDX Competition Report

Submission and Count Dates for NY-601 - Poughkeepsie/Dutchess County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/22/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/27/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/29/2018	Yes

Our Goal

To divert those feeling overwhelmed due to substance use, mental illness, and/or other life issues away from unnecessary emergency room visits or the criminal justice system and toward the help they need.

What Makes Us Unique

- We are 100% voluntary.
- You can walk in and begin your detox/recovery immediately.
- You can receive services 24 hours a day, 7 days a week, 365 days a year.
- We are a recognized alternative to a hospital emergency room for mental health and substance use crises.
- There are no barriers between you and the services/supports you need.
- We offer multiple service providers working together in the same location to help you.
- A commitment to following up with you to ensure your after-care appointments worked for you.

The Dutchess County Stabilization Center
is a service of the

**Dutchess County Department of
Behavioral & Community Health**

in partnership with:

Astor Services for Children & Families

Mid-Hudson Addiction Recovery Centers

**MidHudson Regional Hospital of
Westchester Medical Center**

PEOPLE, Inc.

Dutchess County Stabilization Center

230 North Road

Poughkeepsie, NY 12601

Text/Phone: (845) 485-9700

Toll Free: (877) 485-9700

Fax: (845) 485-9927

DutchessNY.gov/Stabilization



Marcus J. Molinaro
County Executive

(April 2017)



Dutchess County Stabilization Center

Prevention · Intervention · Diversion

*Helping when you're in crisis.
Connecting you to a plan for wellness.*



Dutchess County Stabilization Center

What is the Stabilization Center?

The Dutchess County Stabilization Center is a walk-in facility for people feeling overwhelmed by mental health, substance use, or other life issues, such as:

- Emotional distress
- Anxiety
- Depression
- Family Issues
- Addiction
- Intoxication

The Stabilization Center is:

- open 24 hours a day, 7 days a week, 365 days a year
- 100% voluntary
- for youth, adults, and families
- a safe, comfortable, secure, and welcoming environment
- a recognized alternative to a hospital emergency department



What Happens at the Center?

The Stabilization Center offers services to address mental health and substance use crises. Staff will evaluate and match individuals to the services they need.

Guests will be connected immediately to resources and support — some right at our location, and others throughout Dutchess County.

No appointments or referrals are necessary. Guests can walk in at any time—24 hours a day, 7 days a week, 365 days a year.

No one is ever denied service based on lack of health insurance or inability to pay.

Services

- Crisis Counseling & Mental Health Assessments
- Supervised Outpatient Withdrawal Services
- Addictions & Substance Use Counseling
- Peer Advocacy & Supports
- Youth & Family Counseling
- Linking to Community-based Resources

Working Together

The Stabilization Center works together with Dutchess County HELPLINE and the Mobile Crisis Intervention Team to help those in crisis when they need it most. CALL or TEXT (845) 485-9700 to reach out to experienced counselors who care and are here to help 24 hours a day, 7 days a week, 365 days a year.



Call or Text HELPLINE (845) 485-9700