

Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions.

Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): NY-512 - Troy/Rensselaer County CoC

CoC Lead Agency Name: Rensselaer County Homeless Services Collaborative

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

Instructions:

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

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

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

Name of primary decision-making group: Rensselaer County Homeless Services Collaborative

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 80%

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

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

Specify "other" process(es):

Invited by existing membership

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

Government representatives are appointed, private sector representatives volunteer or are invited to join. Within the Continuum of Care process, every effort is made to be as inclusive as possible.

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

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

Specify "other" process(es):

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

Serving as the designee of the Rensselaer County Homeless Services Collaborative, it is anticipated that CARES will have the ability to assume these responsibilities, dependent on the final requirements for monitoring and project administration.

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

Instructions:

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Plan to End Homelessness	Implements initiatives outlined in the Rensselaer County Plan to End Homelessness	quarterly (once each quarter)
HMIS Committee	Coordinates HMIS activities including training, policies and reporting	quarterly (once each quarter)
Mainstream Resources Committee	Reviews access to mainstream resources	quarterly (once each quarter)
CoC Goals Committee	Develops the goals and action steps for inclusion in the CoC application; reviews CoC performance on a semi-annual basis.	semi-annually (twice a year)
Point in Time Count Planning Committee	Plans the annual Point in Time Count and reviews the collected data prior to its submission.	semi-annually (twice a year)

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

The CoC Goals Committee meets once in the fall to review past year performance and develop the goals and action steps to be included in the annual CoC application. The committee meets again in the spring to review agencies' mid-year performance and to assess progress to date on the established goals and action steps.

The Point in Time Count Planning Committee meets three times: once in the late fall to plan the count, once the week before the count to resolve any last minute issues, and once in the spring to review the data that was collected and compiled for submission into the HDX system.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Rensselaer County Unified Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Rensselaer County Department of Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Department of Veteran's Affairs	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
AIDS Council of Northeastern New York	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	HIV/AIDS
Catholic Charities Housing Office	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
NYS Office of Temporary and Disability Assistan...	Public Sector	State g...	Committee/Sub-committee/Work Group	HIV/AIDS
NYS Office of Mental Health	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
City of Troy	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Rensselaer County Department of Health	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
City of Rensselaer	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Troy Housing Authority	Public Sector	Public ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Rensselaer Polytechnic Institute	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Russell Sage College	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Hudson Valley Community College	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Troy City Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
City of Troy Community Police	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE

Rensselaer County Sheriff's Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Rensselaer County One-Stop Employment Center	Public Sector	Local w...	Attend 10-year planning meetings during past 12 months	NONE
Bethany Hospitality Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
CARES, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	HIV/AIDS
Commission on Economic Opportunity	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
C.O.P.E.S. Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Hudson Mohawk Recovery Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Joseph's House and Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Legal Aid Society	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Rehabilitation Support Services	Private Sector	Non-pro..	Primary Decision Making Group	Seriously Me...
Roarke Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
St. Paul's Center	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Troy Architectural Program (TAP)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Troy Rehabilitation & Improvement Program (TRIP)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
YWCA of Troy-Cohoes	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Unity House Mental Health and Poverty Services ...	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Unity House Domestic Violence Shelter	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Unity House HIV/AIDS Program	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	HIV/AIDS

Unity House Youth	Private Sector	Non-pro..	Primary Decision Making Group	Youth
Troy Area United Ministries	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
The Howard & Bush Foundation	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
The Community Foundation for the Capital Region	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
The Charitable Leadership Foundation	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
Troy Savings Bank Charitable Foundation	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
United Way of the Greater Capital Region	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
Chamber of Commerce	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Whitney M. Young, Jr. Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Seton Health / St. Mary's Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Samaritan Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Capital District Transportation Authority (CDTA)	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Cornell Cooperative Extension	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
New York State Vocational and Educational Servi...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Troy Damien Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Charlie Debrocky	Individual	For merl..	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Joel B.	Individual	For merl..	Committee/Sub-committee/Work Group	NONE

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

Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply) e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, c. Review HUD Monitoring Findings, o. Review CoC Membership Involvement, r. Review HMIS participation status, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, j. Assess Spending (fast or slow), m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience, i. Evaluate Project Readiness

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):

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

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.

Emergency Shelter: Yes

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

Compared to 2010, the 2011 HIC indicates a net gain of four beds. This is due to a more accurate count of year round beds at Joseph's House Inn and Shelter. In addition to the year round beds, Joseph's House Inn and Shelter, in collaboration with 6 area churches, operated a 10-bed seasonal program (Inn from the Cold Seasonal Shelter) from November 2009 to April 2010. It should also be noted, the number of Department of Social Services voucher beds were significantly lower than 2010. This reduction is in part, due to the success of the Homelessness Prevention and Rapid Rehousing Program administered jointly by Joseph's House Inn and Shelter and Unity House of Troy Inc.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):

Compared to the 2010 HIC, the 2011 HIC indicates a slight decrease (3 beds) in the number of HPRP beds. This decrease is due to the a change in the composition of household served with HPRP funds.

Safe Haven: Not Applicable

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

There are no safe haven programs in the CoC.

Transitional Housing: Yes

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

There was no change in the number of transitional housing units from 2010; however the number of beds varied due to family composition.

Permanent Housing: Yes

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

Compared to 2010, the 2011 HIC shows a net increase of 51 beds. However, there was no significant change in permanent housing beds, the noted difference is due to the following: the addition of 76 beds from the YWCA program that were incorrectly removed in 2010 and corrections made within the Buthune Program which over stated the bed count in 2010. Beds for this program are now captured within multiple housing programs noted on the HIC. It should be noted that Joseph's House Inn and Shelter is now fully operating the 4th Street Project which is home to 13 clients.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not
submitted
by May 31, 2011 (limit 750 characters).**

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

**Indicate the steps taken to ensure the
accuracy of the data collected and included in
the housing inventory count:
(select all that apply)** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS

Must specify other:

**Indicate the type of data or method(s) used to
determine unmet need:
(select all that apply):** Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion, Provider opinion through discussion or survey forms

Specify "other" data types:

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

To determine the Rensselaer County "unmet need" the CoC utilized the HUD unmet need formula - calculating the total number of beds available, the point in time count including the unsheltered count, and thereby determining the number of beds required to fill the existing needs of the community. This formula was shared with providers to discuss if additional factors needed to be considered and to verify the findings.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Select the HMIS implementation coverage area:	Regional (multiple CoCs)
Select the CoC(s) covered by the HMIS: (select all that apply)	NY-520 - Franklin County CoC, NY-516 - Clinton County CoC, NY-507 - Schenectady City & County CoC, NY-523 - Glen Falls/Saratoga Springs/Saratoga County CoC, NY-512 - Troy/Rensselaer County CoC, NY-522 - Jefferson, Lewis, St. Lawrence Counties CoC, NY-519 - Columbia/Greene County CoC, NY-503 - Albany City & County CoC, NY-506 - Fulton, Montgomery, Schoharie Counties CoC, NY-502 - Auburn/Cayuga County CoC
Is the HMIS Lead Agency the same as the CoC Lead Agency?	No
Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?	Yes
Has the CoC selected an HMIS software product?	Yes
If "No" select reason:	
If "Yes" list the name of the product:	AWARDS
What is the name of the HMIS software company?	Foothold Technology
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	04/01/2004
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by ESG funded providers

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

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

In Rensselaer County there is a small number of support-service only ESG funded programs that do not collect all required data elements. This makes it difficult to determine an unduplicated count of persons served within the County. For the past year, CARES, along with Foothold Technology has been working with these providers to explore alternatives for gathering client level data that will allow them to enter meaningful data into the system. CARES has been successful in getting two ESG programs to participate, and in anticipation of the HEARTH Act, will continue to work with the remaining programs to ensure they are able to meaningfully participate.

2B. Homeless Management Information System (HMIS) Lead Agency

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

Organization Name CARES, Inc.
Street Address 1 85 Watervliet Avenue
Street Address 2
City Albany
State New York
Zip Code 12206
Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

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

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	0%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	1%
* Zip Code of Last Permanent Address	0%	1%
* Name	0%	0%

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

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

There is a dedicated full time HMIS staff person (System Administrator) and a dedicated half time HMIS staff person (HMIS Associate) who are available for technical assistance to all participating agencies on a daily basis. Site visits are conducted to assist agencies in better data collection; regular trainings are held on both basic and advanced features of the software system and reporting requirements. In addition, quarterly and annual reports are provided to the CoC. Each of these steps helps keep data quality high and identifies any inconsistencies and issues as they arise.

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

The intake and discharge dates are mandatory for entering each client into the HMIS. To ensure data is entered in a timely fashion, the system includes abbreviated permissions requiring agencies to be current within two weeks for all intakes and discharges. Also built into the software is an inability to admit a consumer into a residential program if it is at capacity due to lagging discharges. The agency agreement signed between each agency and the HMIS administrator (CARES) states that there will be no more than two weeks between consumer intake or discharge and the reflecting data entry. The System Administrator also reviews program entry and exit dates on a regular basis to see if them appear to be up-to-date.

Indicate which reports the CoC or subset of the CoC submitted usable data:
(Select all that apply) 2010 AHAR

Indicate which reports the CoC or subset of the CoC plans to submit usable data:
(Select all that apply) 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Quarterly
Point-in-time count of unsheltered persons:	Never
Measuring the performance of participating housing and service providers:	At least Monthly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	Never

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

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

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

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

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

If 'Yes' indicate date of last review or update by CoC: 09/12/2008

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly

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

Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

How frequently does the CoC conduct a point-in-time count? annually (every year)

***Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/25/2011

If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011? No

Did the CoC submit the point-in-time count data in HDX by May 31, 2011? Yes

If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/24/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.

Emergency Shelter: 100%
Transitional Housing: 100%

Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).

When comparing the most recent PIT to the previous PIT, there was a decrease in the sheltered population count which can be attributed to the decrease in the number of voucher beds provided by the Department of Social Services. This reduction is in part due to the success of the Homelessness Prevention and Rapid Rehousing Program administered jointly by Joseph's House Inn and Shelter and Unity House of Troy Inc. However, there was an increase in the unsheltered population count which can be attributed to improved rural outreach. A number of new rural agencies participated within the count including local police departments in rural areas, libraries, and religious organizations.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):

Census reports were pulled from the HMIS for all emergency shelter and transitional housing programs to identify the number of persons sheltered on the night of Tuesday, January 25, 2011. These census numbers were reviewed with the service providers to ensure accuracy. A survey was also conducted to gather information on housing for victims of domestic violence.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

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

If Other, specify:

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

A census report, complete with special needs information, was pulled from the HMIS. This report included the total number of individuals, families, and persons in families for all emergency shelter and transitional housing programs and a count of the special needs populations in each program. This census report was reviewed with providers to confirm accuracy. Provider interviews were conducted in order to gather this information for programs serving victims of domestic violence.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).

Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):

In order to produce accurate data on the sheltered subpopulations, the CoC provides instruction and training to all providers regarding properly noting information on the sheltered homeless subpopulation data fields within HMIS. In addition, a data quality check of HMIS information is preformed in order assure accuracy of the census report pulled from the HMIS.

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

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons: (select all that apply)

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

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

Joseph's House of Troy was the lead agency for completing the 2011 unsheltered homeless population and subpopulation count. The staff and volunteers conducted the count during a designated period of time at previously decided locations to ensure duplication did not occur. Staff conducted interviews with unsheltered households as well as interviews with employees/volunteers of local police departments, hospitals, not for profits and religious organizations that provided services to the community.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" Count:	<input type="checkbox"/>
Unique Identifier:	<input type="checkbox"/>
Survey Question:	<input type="checkbox"/>
Enumerator Observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):

Joseph's House of Troy was the lead agency for completing the 2011 unsheltered homeless population and subpopulation count. Staff and volunteers undergo training and conduct the count during a designated period of time to ensure duplication does not occur.

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

The Homelessness Intervention Program (HIP) provides case management, legal services, and housing placement to homeless families and those at immediate risk of homelessness. Referrals to the HIP program come through the evictions court as a family faces homelessness due to eviction, and through the Department of Social Services as families seek emergency housing and services. Families facing homelessness due to domestic violence are assisted through the Unity House Domestic Violence program. In addition, in October 2009, unsheltered homeless households with dependent children were able to utilize services under the HPRP Program in order to obtain and create a stable housing environment through the Rapid Rehousing portion of the program.

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

Joseph's House of Troy's Outreach Team is on the streets of Troy daily reaching out to those homeless persons sleeping on the streets, in parks, and other places not meant for human habitation. This outreach team engages homeless persons in a manner that gains the trust of the individuals as services and housing are offered.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 56
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 62
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 72
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 80

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

The application submitted by Joseph's House will use the 2011 Permanent Housing Bonus to add 8 units of permanent housing for homeless families. Families meeting the definition of chronic homelessness will be prioritized for these new units. It is anticipated that, if awarded funding, this new project will create as many as 6 permanent housing units for chronically homeless families. By the end of 2011, Catholic Charities will have 3 new chronic homeless beds operating using funds from the 2010 CoC Competition. Delays in finalizing the agency's HUD contract have slowed the opening of those beds.

CoC agencies will continue to evaluate how many of their clients, both singles and families, meet the chronic homeless definition and will be encouraged to dedicate additional units to this population.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):

The CoC is committed to developing additional low-demand housing for chronically homeless persons and will continue to seek the funding and political support needed to accomplish this goal. Both Joseph's House and Unity House currently conduct outreach and provide housing and services to chronically homeless individuals in Rensselaer County. Each agency is committed to expanding the availability of permanent supportive housing for chronically homeless households and will continue to seek Federal, State and Foundation funding to support these efforts. As long as the need persists, this population will be prioritized for any new PH beds. It is anticipated, though, that in time the need for such units will decrease as individuals and families are moved from shelters and the streets and are stabilized in PH.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 90

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 91

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 93

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoC agencies will work to ensure that individuals in permanent housing gain access to benefits and community-based supports that will help them to integrate into their community and maintain their housing. An emphasis will be made to ensure a high level of services are provided during the first six months after a household is placed in permanent housing, as this can be a challenging transition for some. Linkages will be made to agencies providing including mental health/substance abuse treatment, life skills training, budgeting assistance, tax preparation, HEAP, employment assistance and help with accessing SSI/SSDI and Medicaid. These mainstream services will help stabilize the clients both emotionally and financially and assist them in maintaining their housing. In addition, the Legal Aid Society will continue a 1/2 time position to provide evictions prevention and other legal services to formerly homeless persons in permanent housing.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):

The CoC Coordinating Body will schedule trainings where service providers can learn more about supportive services available in the community. All agencies in the Continuum will continue to assist formerly homeless persons placed in permanent housing in accessing mainstream benefits needed to maintain housing stability and in connecting to the community based organizations offering education and employment assistance and other services and supports. MOUs will be used to ensure that supportive services are paired with CoC funded housing. The CoC will work to create a ¿housing based approach¿ throughout the community and will reach out to stakeholders such as the police and the hospitals to ensure that whenever possible, permanent housing residents are returned to their homes following a mental health crisis.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 74

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 80

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 83

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).

The YWCA of the Greater Capital Region and Unity House program will continue to work with permanent housing providers within the community to transfer formerly homeless individuals with disabilities out of transitional housing and into permanent housing as soon as possible. For those clients who are ready to move from transitional housing to independent living, efforts to have homelessness added as priority population for Housing Choice and/or public housing will continue. Unity House will also seek to expand their use of the transition in place model as appropriate.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):

CoC agencies will coordinate services with Rensselaer County Department of Social Services in an effort to expand housing placement services to rapidly re-house homeless persons from transitional housing into safe, affordable, permanent housing. Members of the CoC and the Rensselaer County Ten Year Plan will continue to work with the Troy Housing Authority, an active member of both bodies, in an effort to restore homelessness as a priority population for Housing Choice vouchers and public housing units, which will increase access to permanent housing to households living in transitional housing or emergency shelters. As the Hearth Act is implemented, the CoC will evaluate opportunities to use funds through the new ESG program to assist formerly homeless households in transitional housing to make the move to permanent housing.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 24

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 35

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Agencies will expand referrals to the programs and services offered through the Capital Region Workforce Investment Board, including OneStop Employment Centers and ACCESS-VR, and to volunteer and day labor opportunities that could help the clients to develop skills and establish connections to potential employers. The CoC will support the efforts of the Rensselaer County Human Services Cabinet to increase employment options for homeless and low income households in the County. In addition, Unity House will maintain operation of their SAFE employment program, which links homeless persons to meaningful employment. Women who are homeless will continue to be referred to employment readiness services the YWCA's Sally Catlin Resource Center. Referrals will also be made to the Career Development program operated by the Commission on Economic Opportunity, a member of the CoC Coordinating Body.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):

The CoC will maintain and enhance existing homelessness prevention programs to ensure educational programming, financial literacy, and job training is available to all those identified as at risk of homelessness. Through the efforts of the Ten Year Plan to End Homelessness, there will be continued efforts to establish meaningful partnerships with local businesses to create employment opportunities for homeless persons in Rensselaer County. The CoC will also work to increase access to education and training for formerly homeless persons who may be underemployed and thus unable to afford the cost of housing.

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

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

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 46

In 12 months, what will be the total number of homeless households with children? 44

In 5 years, what will be the total number of homeless households with children? 38

In 10 years, what will be the total number of homeless households with children? 32

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):

- The CoC will continue to work with school liaisons in Rensselaer County and with Rensselaer County Child Protective Services to ensure early identification and intervention in the cases of families who are at risk of homelessness or who are living doubled up.
- The CoC and Ten Year Plan Committee are working with the Troy Housing Authority to reduce evictions due to non-compliance with program rules.
- Joseph's House will continue to partner with the Department of Social Services through its Family Resettlement and Homelessness Intervention Program in order to quickly re-house homeless families in emergency shelters and motels into permanent housing
- If successful, utilize the resources applied for from NYS; ESG/Homelessness Prevention program to provide the assistance needed to prevent homelessness among households with children.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):

- The CoC will collaborate with the Rensselaer County Human Services Cabinet as it develops policies to reduce the number of homeless families residing in motels.
- Expand the availability of housing placement services for those living in shelters to ensure stable, permanent housing is secured.
- Advocate for increased federal and state support for subsidized rental assistance, including increasing the availability of Shelter Plus Care and other supportive housing rental subsidies.
- Work with communities to explore opportunities for developing regional compact agreements to encourage development of housing for low to moderate income families.
- Provide training programs targeted to both tenants and landlords that demonstrate reasonable expectations for both parties and offer access to programs and services to better facilitate the landlord-tenant relationship.

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

What: Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

Where: Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

Who: Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).

Foster Care (Youth Aging Out):

New York State regulation 18 NYCRR Section 430.12(f), overseen by the Office of Children and Family Services, prohibits the release of youth in foster care to a shelter for adults, shelter for families, single-room occupancy hotel or any other congregate living arrangement which houses more than 10 unrelated persons. Appropriate housing in which there is a reasonable expectation that the discharge residence will remain available to the child for at least the first 12 months after discharge must be located. The regulations require local social services districts to refer youth to any needed services and to give the youth written notice of the discharge at least 90 days prior to the planned discharge. In Rensselaer County, the Department of Social Services provides discharge planning and after-care services to youth who are aging out of the foster care system. These services include housing placement assistance.

Health Care:

According to the New York State Patient's Bill of Rights (attached), hospitals within New York State are required to provide all patients with written discharge plans to which patients have to agree prior to being discharged from the hospital. Individuals who require placement directly from the hospital to other inpatient and/or residential settings, including but not limited to nursing homes and rehabilitation facilities, are assisted to make such linkages through the NY Connects process, which establishes a single point of entry for those needing long-term care. Those who being discharged from mental health facilities are required by law (please see response to mental health section) to be placed in the appropriate level of housing by the County Single Point of Access (SPOA) process.

Within Rensselaer County, members of the Rensselaer County Homeless Services Collaborative coordinate with Samaritan and St. Mary's Hospitals to ensure discharges are made into appropriate permanent housing.

Mental Health:

New York State Office of Mental Health regulations (Title 14 NYCRR, Section 595) govern the release of patients from state mental health facilities (see attached document for the sections of these regulations governing discharge planning). These regulations mandate the provision of housing consistent with the level of care required by the patient and ensure that patients are not approved for release until they have a comprehensive discharge plan in place. Upon release, individuals are linked to their county's single point of access for mental health housing, which coordinates the implementation of their discharge plan, including arranging for housing, case management, mental health treatment, and, if appropriate, vocational assistance. Rensselaer County Unified Services oversees the County's Single Point of Eligibility (SPOE) system that coordinates, facilitates and monitors access to structured opportunities for supervised mental health housing, mental health case management and urgent clinical care in Rensselaer. Homeless persons with mental illness who are completing in-patient or residential mental health treatment, or leaving hospitals after being treated for medical problems, are referred to the SPOE for housing placement.

Corrections:

New York State Division of Parole Rules and Regulations (9 NYCRR, Subtitle CC, Parts 8000-8011 govern the release of inmates from State correctional facilities (see attached document for the sections pertaining to discharge planning). Approximately 45-60 days prior to the inmate's release date, Division staff initiate the discharge planning process. Housing, specialized treatment needs and employment are the highest priority goals addressed in the discharge planning process.

The Division of Juvenile Justice and Opportunities for Youth (DJJOY) within the NYS Office of Children and Families has established a policy preventing the release of youth from DJJOY facilities into homeless shelters. It is the responsibility of DJJOY community and institutional staff to ensure that each youth's comprehensive discharge plan includes an appropriate home placement.

Within the Rensselaer County Jail, assistance with discharge plans for the general inmate population is provided by the facility's Inmate Services Unit. Inmates are contacted approximately 60 days in advance of their anticipated release date regarding concerns and referral needs that they may have related to discharge, including but not limited to treatment linkages, housing and transportation. Appropriate follow-up, including information, referral and linkage assistance, as well as inmate participation with transition programs, is provided in response to those issues identified by the inmate.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

- Develop and secure resources to address unique needs of chronic homeless person.
- Coordination of efforts within the community to address the needs of persons who are chronically homeless
- Create additional units of permanent housing for homeless individuals and families

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

The Rensselaer County Continuum of Care is working closely with the local Homeless Prevention and Rapid Re-Housing Program initiative. An independent HPRP committee has been established to review and apply HPRP initiatives within the community. This committee is also actively involved with promoting the initiative and streamlining the client referrals process.

Members of the HPRP committee are also members of the Rensselaer County Homeless Services Collaborative (the primary Continuum of Care planning body), the Plan to End Homelessness committee, and the Capital Region Homeless Management Information System. The HPRP initiative is a standing agenda item on the Rensselaer County Homeless Services Collaborative, and has been a regular topic at Plan to End Homelessness meetings.

Continuum of Care agencies have been strongly encouraged to provide client referrals for HPRP assistance, and at the same time have been asked to accept new referrals to their agencies based on needs identified through HPRP. With this level of collaboration, there has been a great willingness to work together to link recipients of HPRP assistance to other community programs.

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

The City of Troy has selected to utilize Neighborhood Stabilization Program funding to rehabilitate housing for low income home-ownership. The Continuum of Care and the Rensselaer County Homeless Services Collaborative will work with the City of Troy and the Office of Community Development to encourage the creation of additional rental units for homeless persons.

The Veteran's Administration in Albany, NY has received significant VASH vouchers to utilize throughout the VA's 16 county region, which includes Rensselaer County. For this reason, a VA representative attends all Continuum of Care meetings promoting this program. This representative is available to meet with other service providers and clients to describe program eligibility and housing placement services.

The CoC is also participating in other HUD managed American Reinvestment and Recovery Act programs by conducting outreach through the Homelessness Prevention and Rapid Re-Housing Program initiative. The primary intent of this program is to link clients through HPRP to other ARRA programs and assist in maintaining permanent housing and independence.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If yes, please describe the established policies that are in currently in place.

Meeting the educational needs of children is a priority for the Rensselaer County Continuum of Care and the CoC has established policies consistent with HUD's expectations that all homeless children be enrolled in school and that agencies dedicate at least one staff member to ensure that children are linked their home schools and provided with transportation. Additional attention is paid to children with special needs and who are aging out of the foster care system. CoC agencies serving families with children have all indicated their own established policies ensuring that children's education needs are met and work with the schools to develop policies to reduce the stigma of homelessness.

Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)

The school district's homeless coordinator, employed by the Commission on Economic Opportunity (CEO), a CoC member, collaborates with the homeless coordinator at the Department of Social Services, and with other CoC agencies, including Unity House, St. Paul's Center, Joseph's House and Equinox to identify homeless students and families that may be eligible for services under the McKinney-Vento Act. The homeless coordinator also provides training for staff and the community at large in order to educate them on the rights of homeless students. The CoC works with the homeless coordinator to identify at-risk families in the community, including those living doubled up.

Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)

Troy and Lansingburgh Central School Districts have a full time homeless coordinator employed by the Commission on Economic Opportunity who work closely with school district personnel, DSS and local homeless shelters to identify homeless children. Families and their children are connected to the homeless coordinator in order to gain access to school based services that they are eligible for under the McKinney-Vento Act. The coordinator works with families to ensure that children are enrolled in school without delay and that transportation is arranged. When busing is not possible, Rensselaer County will pay for taxis to transport children to school from shelters or motels.

The YWCA's Women In Transition Program staff identify family needs at intake and assist parents in completing enrollment, obtaining needed documentation and establishing transportation. Staff also link preschool children to early development and learning programs in Rensselaer County, including the CEO Head Start Program which provides priority to homeless children. Joseph's House ensures that children are placed in school within 72 (work day) hours of shelter placement. Parents can choose to enroll the child in the school district covering the Shelter, or to keep the child in their home school; if the latter, the agency works to arrange transportation. In the event that a parent actively interferes with efforts to get the child back in school, the agency treats it as a CPS neglect call.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)

Rensselaer County Unified Services operates a Veterans Service Agency, which assists veterans and their families by providing information on available benefits, eligibility standards, and we assist in the completion of necessary paperwork. The office provides counseling to veterans and their families for entitlement to pensions, compensations, insurance, hospitalization, and any other benefits provided by the Federal and State governments. The agency will also provide transportation to and from the Veterans' Administration Medical Center in Albany and the Troy Veteran's Administration Community Based Outreach Clinic via the Veteran's medical vans.

CoC agencies all inquire if clients have served in the military upon intake and ensure that all veterans are linked to the Veterans Service Agency. Referrals are also made to the VASH program operated by the Albany DVA Office, the Healthcare for Homeless Veterans Program, and to the supported housing for veterans program operated by the Albany Housing Coalition. In 2011 Soldier On, a veteran's organization based in Western MA, was awarded funding through the Supportive Services for Veterans & Families program to serve the VA Region that includes Rensselaer County. This program will provide homelessness prevention and rapid rehousing assistance to veterans and their families.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):

CoC agencies collaborate with the Department of Social Services, Rensselaer County Unified Services, and Child Protective Services to meet the needs of homeless and runaway youth. When possible, family reunification is explored, with support from agencies and monitoring by Child Protective. When this is not appropriate, youth may be placed within Joseph's House Emergency Shelter or referred to homeless youth agencies in Albany or Saratoga Counties. The CoC is committed to meeting the needs of all homeless subpopulations, including youth, and will continue to assess the need for youth specific housing and services within Rensselaer County.

3D. Hold Harmless Need (HHN) Reallocation

Instructions:

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)? No

Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process? Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

4A. Continuum of Care (CoC) 2010 Achievements

Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	75	Beds	56	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	91	%	90	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	75	%	72	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	24	%
Decrease the number of homeless households with children.	85	Households	46	Households

**Did the CoC submit an Exhibit 1 application in Yes
FY2010?**

If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC appears to have missed its objectives in three areas: adding Chronic Homeless beds, Permanent Housing Stability and Transitional Housing Discharges.

¿ While the CoC appears to have lost CH beds, this is not the case, but rather can be attributed to the removal of double counted units in the Housing Inventory Chart. Catholic Charities will be opening 3 new CH beds by the end of 2011. The addition of PSH beds for chronically homeless individuals and families remains a priority for this CoC and this year¿s application seeks to add PSH units for chronically homeless families.

¿ The CoC¿s goal for PH stability was missed by just 1% and remained well above HUD¿s benchmark of 77%. The 90% of clients remaining in PH for at least 6 months remained consistent with the CoC¿s 2010 performance. While we will continue to work to improve this percentage, the CoC is pleased with its agencies¿ high level of success.

¿ The CoC missed its objective for TH Discharges by just 3%; given the small number of TH beds in the CoC, this amounts to a difference of just one client. The 72% of clients who left TH for PH exceeds HUD¿s target of 65%. The CoC will continue to work to improve this percentage.

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.

Year	Number of CH Persons	Number of PH beds for the CH
2009	27	55
2010	25	60
2011	62	56

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.

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

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

The number of chronically homeless persons rose due to an improved street count, as well as the inclusion of families in the CH definition. In the Rensselaer County CoC, 30 persons in families were identified as chronically homeless. The number of CH beds appears to have declined, though this is due to a thorough cleaning of the Housing Inventory Chart and the removal of beds that were double counted or mislabeled. The CoC did not lose any actual CH beds. Catholic Charities was awarded SHP funding for 3 CH beds though the 2010 CoC application and will have those beds online by the end of 2011

4C. Continuum of Care (CoC) Housing Performance

Instructions:

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: $c+d, \text{ divided by } a+b, \text{ multiplied by } 100.$ the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	129
b. Number of participants who did not leave the project(s)	519
c. Number of participants who exited after staying 6 months or longer	98
d. Number of participants who did not exit after staying 6 months or longer	482
e. Number of participants who did not exit and were enrolled for less than 6 months	37
TOTAL PH (%)	90

Instructions:

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	25
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	18
TOTAL TH (%)	72

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

Instructions:

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

Total Number of Exiting Adults: 183

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	33	18	%
SSDI	20	11	%
Social Security	0	0	%
General Public Assistance	35	19	%
TANF	12	7	%
SCHIP	0	0	%
Veterans Benefits	1	1	%
Employment Income	44	24	%
Unemployment Benefits	5	3	%
Veterans Health Care	0	0	%
Medicaid	152	83	%
Food Stamps	65	36	%
Other (Please specify below)	11	6	%
Child Support, Alimony			
No Financial Resources	14	8	%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

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

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

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

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

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

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

The CoC reviews APR's annually to ensure the programs have successfully met their goals and performance standards. The CoC also makes use of the data submitted into the HMIS in a biannual assessment of agencies' effectiveness in meeting all of HUD's performance measures, including accessing mainstream services for their clients.

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

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

November 16, 2010
May 17, 2011
October 18, 2011

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Not Applicable

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Bi-monthly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

The HMIS screens for Food Stamps, Medicaid, Medicare, State Children's Health Insurance Program, WIC, Veteran's Administration (VA) Medical Services, Veteran's pension and disability payment, TANF Child Care services, TANF transportation services, Other TANF-funded services, Section 8, public housing, SSI, and SSDI.

Has the CoC participated in SOAR training? Yes

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

December 14-17, 2009

Additional SOAR trainings are being planned for 2012

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
All agency case managers are expected to provide clients with eligibility materials that match their level of need. Depending on clients needs and abilities, the agency will provide appropriate assistance in completing applications. Periodic In Service Trainings to ensure case managers have up to date information.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Food Stamps, Medicaid, Child Health Plus, SSI/SSDI, Temporary Assistance	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
All agencies have established policies & procedures that expect case managers to follow up with clients with mainstream benefits.	

Continuum of Care (CoC) Project Listing

Instructions:

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at www.hudhre.info/esnaps.

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Bethune Program	2011-10-26 17:48:...	1 Year	Joseph's House & ...	129,500	New Project	SHP	PH	P1
Family Apartments	2011-10-20 13:08:...	1 Year	YWCA of Troy-Coho...	26,250	Renewal Project	SHP	PH	F
Unity House of Tr...	2011-09-26 12:10:...	1 Year	New York State Of...	82,824	Renewal Project	S+C	SRA	U
Permanent Support...	2011-10-19 14:32:...	1 Year	Unity House of Tr...	183,170	Renewal Project	SHP	PH	F
Inn at Ferry Street	2011-10-20 13:08:...	1 Year	Troy Housing Auth...	57,564	Renewal Project	S+C	SRA	U
Bert's Place	2011-10-20 09:20:...	1 Year	Joseph's House & ...	116,666	Renewal Project	SHP	PH	F
Legal Services fo...	2011-10-24 10:36:...	1 Year	Joseph's House & ...	61,493	Renewal Project	SHP	SSO	F
Rensselaer County...	2011-10-24 16:43:...	1 Year	Corporatio n for A...	16,666	Renewal Project	SHP	HMIS	F
Supportive Housin...	2011-10-19 14:18:...	1 Year	Unity House of Tr...	61,454	Renewal Project	SHP	TH	F
The Lansing Inn	2011-10-20 13:14:...	1 Year	Troy Housing Auth...	102,384	Renewal Project	S+C	SRA	U
Apartment Program	2011-10-20 15:21:...	1 Year	YWCA of Troy-Coho...	76,958	Renewal Project	SHP	PH	F
Homeless Outreach	2011-10-20 10:01:...	1 Year	Joseph's House & ...	55,491	Renewal Project	SHP	SSO	F

Permanent Housing...	2011-10-19 14:45:...	1 Year	Unity House of Tr...	812,961	Renewal Project	SHP	PH	F
Unity House Conso...	2011-10-18 17:36:...	1 Year	Troy Housing Auth...	543,084	Renewal Project	S+C	TRA	U
Homeless Families...	2011-10-20 09:46:...	1 Year	Joseph's House & ...	70,000	Renewal Project	SHP	SSO	F
Joseph's House Su...	2011-10-20 13:10:...	1 Year	Troy Housing Auth...	26,532	Renewal Project	S+C	SRA	U
Shelter Plus Care...	2011-10-24 09:34:...	1 Year	Troy Housing Auth...	89,544	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$1,481,109
Permanent Housing Bonus	\$129,500
SPC Renewal	\$901,932
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NY-512 Certification	10/18/2011

Attachment Details

Document Description: NY-512 Certification