

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-507 - Schenectady City & County CoC

CoC Lead Agency Name: Schenectady Homeless Services Planning Board

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: Homeless Services Planning Board

Indicate the frequency of group meetings: Bi-monthly

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 70%

*** 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 members.

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 Schenectady Homeless Services Planning Board, it is anticipated that CARES, Inc. 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
Point in Time Count Planning Committee	Plans annual Point in Time Count, reviews and analysis data collected during the count.	semi-annually (twice a year)
HMIS Advisory Committee	Monitors use of HMIS system by local users, review data quality, addresses emerging issues.	quarterly (once each quarter)
CoC Goals Committee	Develops goals and action steps for the annual CoC application, monitors progress on action steps, reviews performance data.	semi-annually (twice a year)
Plan to End Homelessness	Coordinates the implementation of the Schenectady County Ten Year Plan to End Homelessness.	quarterly (once each quarter)
Housing & Supportive Services Network/ Mainstream Resources Committee	Service provider network that addresses issues and barriers facing providers of homeless housing and supportive services, including access to mainstream benefits.	Monthly or more

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

The Point in Time Committee meets three times a year: once in the late fall to plan for the Count, once the week before the Count to resolve any last minute issues, and once in the spring to review the data that has been prepared for submission into the HUD HDX Point in Time Count and Housing Inventory Chart. The Goals Committee meets in the early fall to review performance data and develop action steps for the coming year and then again in the spring to review mid-year performance and to assess progress to date on the established goals and action steps.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
NYS Office of Alcoholism & Substance Abuse Serv...	Public Sector	State g...	Committee/Sub-committee/Work Group	Substance Abuse
NYS Office of Temporary & Disability Assistance	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	HIV/AIDS
Schenectady County Department of Social Service...	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Schenectady City Council	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Schenectady - Department of Development	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
City of Schenectady - Fair Housing Office	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Schenectady County Office of Community Services	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Schenectady County Human Rights Commission - Ho...	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Schenectady Municipal Housing Authority	Public Sector	Publi c ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Schenectady City School District	Public Sector	School ...	Attend 10-year planning meetings during past 12 months	Youth
Schenectady Police Department	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Veteran's Administration - Homeless Outreach Pr...	Public Sector	Othe r	Committee/Sub-committee/Work Group	Veteran s
AIDS Council of Northeastern New York	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
New Choices Recovery Center	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse
Bethesda House of Schenectady, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Bridge Center of Schenectady, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse

YMCA of Schenectady	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
CARES, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	HIV/AIDS
Carver Community Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Catholic Charities of Schenectady County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Legal Aid Society of Northeastern New York	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
Mohawk Opportunities	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
SAFE, Inc.	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth
Schenectady Community Action Program	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
YWCA of Schenectady County	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Schenectady Inner City Ministry	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	HIV/AIDS
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Schenectady City Mission	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
United Way of the Greater Capital Region, Inc.	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Community Foundation for the Capital Region	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Capital District Regional Planning Commission	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, C...	NONE
Ellis Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Capital District Psychiatric Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Schenectady County Housing Task Force	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Affordable Housing Partnership	Private Sector	Other	Committee/Sub-committee/Work Group	NONE

Emergency Food and Shelter Board	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Community Crisis Network	Private Sector	Other	Committee/Sub-committee/Work Group	NONE
Hometown Health	Private Sector	Hospital	Committee/Sub-committee/Work Group	NONE
Northeast Career Planning	Private Sector	Non-profit	Committee/Sub-committee/Work Group	NONE
Schenectady Damien Center	Private Sector	Non-profit	Committee/Sub-committee/Work Group	HIV/AIDS
St. Peter's Addiction Recovery Center - Outpati...	Private Sector	Non-profit	Committee/Sub-committee/Work Group	Substance Abuse
Soldier On	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans
Schenectady County Adult Protective Services	Public Sector	Local govt	Committee/Sub-committee/Work Group	Seriously Me...
DeLois F.	Individual	Former	Committee/Sub-committee/Work Group	NONE
Victoria T.	Individual	Former	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, o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, r. Review HMIS participation status, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, j. Assess Spending (fast or slow), 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):

When comparing the 2011 HIC to the 2010 HIC, there were no changes in the number of year round emergency shelter beds. However, there was a decrease in the number of hotel/motel voucher paid for by the Department of Social Services and the number of overflow beds utilized by the Schenectady City Mission (a total decrease of 32 beds).

HPRP Beds: No

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

There were no changes in the number of HPRP beds.

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 beds in the Schenectady CoC.

Transitional Housing: Yes

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

Compared to the 2010 HIC, the 2011 HIC shows a net increase of 6 beds within the 2011. This change takes the following into account; a correction was made to the City Mission of Schenectady beds (10 beds were added), the Salvation Army's Booth Home closed, and the composition size of the families utilizing Sojourn House changed slightly.

Permanent Housing: Yes

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

Compared to 2010 HIC, the 2011 HIC shows a net increase of 40 beds. This increase is due to the following; the addition of Schenectady Community Action Program's PHP Expansion Grant, the addition of the Veterans Administration's VASH program and the change in family composition for clients within Mohawk Opportunities Inc., New Choices, and the Schenectady Housing Authority programs. However, it should be noted that the VASH beds will be transferred to the Albany County CoC because these vouchers are administered through the City of Albany Housing Authority.

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, Training, 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):**

The CoC used the HUD unmet need formula to determine the 2011 Unmet Need. As outlined, the CoC used the full bed capacity as the baseline, subtracted the number of people in the programs and the number of unsheltered persons to determine the Unmet Need. This formula and figure was reviewed with the members of the CoC 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-503 - Albany City & County CoC, NY-519 - Columbia/Greene 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 non-HUD 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).

The most significant challenge encountered has been securing the participation of non-HUD funded homeless service providers, specifically the Schenectady City Mission - the largest emergency shelter in Schenectady County. While the HMIS administering agency, CARES, has met with the City Mission to discuss the opportunities the HMIS can offer to the City Mission, they do not wish to participate as assisting the community in procurement of public funding for homelessness services goes against their mission and philosophy. CARES staff will continue to work with the City Mission to encourage its participation.

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 12006
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	0-50%
* Safe Haven (SH) Beds	No beds 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 Quarterly

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

The Schenectady City Mission, a privately funded faith-based Emergency Shelter, accounts for nearly half of the Schenectady City and County CoC's emergency shelter beds. The City Mission is not mandated to participate in HMIS and is currently using a different software system to maintain its client records. The Schenectady Homeless Services Planning Board, the coordinating body for the CoC, and CARES, Inc, the lead agency for the Capital Region HMIS, have made several attempts to work with the City Mission to identify ways to collect and share the most basic demographic data with no success to date. The CoC will continue to reach out to the City Mission to seek a common ground for sharing data.

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%	1%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	1%
* Gender	0%	0%
* Veteran Status	0%	4%
* Disabling Condition	0%	9%
* Residence Prior to Program Entry	0%	2%
* Zip Code of Last Permanent Address	1%	10%
* 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 and a dedicated half time HMIS staff person who are available for technical assistance to all participating agencies on a daily basis, both by telephone and through a real-time internet interface. Periodic site visits are conducted to assist agencies in realizing better data collections. Systems trainings are offered on a regular basis, providing information on both basic and advanced data entry. This year saw the addition of a day shelter which, as it serves street homeless, has more trouble collecting data. A plan has been put in place to frequently review the intake data as relationships are developed with the consumers so that data quality from this program increases steadily over time.

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 Capital Region HMIS policy and procedures agreement that is signed by each agency outlines the requirement for each agency to enter the program entry and exit data for each client no later than two weeks following program discharge. The HMIS System administrator checks each program regularly to ensure timely submission of entry and exit data. She creates quarterly reports for each agency that track entry and exit dates. The HMIS system itself has a "fail-safe" mechanism that allows only one person to be assigned to a particular bed at a time; therefore, users must discharge one person before providing entry data for another. This serves as a prompt to users to update exit data.

Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply) 2010 AHAR Supplemental Report on Homeless Veterans, 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 Semi-annually
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:	At least Monthly

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 Quarterly

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):** 01/27/2011

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) 01/26/2011

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).

Comparing the most recent PIT to the previous PIT there was a net decrease within the sheltered population count. Factors that may have caused this decrease include a more accurate count of persons due to increased agency participation (specifically from the Schenectady City Mission) as well as the success of the Homelessness Prevention and Rapid Rehousing Program. In addition, there was decrease in the number of families utilizing emergency services. There was a significant increase in the number of unsheltered persons, which may be a result of increased participation in the number of organizations participating within the Point-in-Time unsheltered count outside of the City of Schenectady.

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):

A census report was pulled from the HMIS identifying the number of persons, including any special need sub-populations, for each emergency shelter program and transitional housing program for the night of January 27, 2011. A letter was sent to each provider asking them to confirm the information pulled from the HMIS and notifying them that this information would be included in the Point in Time sheltered homeless population charts for the Continuum of Care funding application. Surveys were also sent to those providers who do not participate in the HMIS, including the Schenectady City Mission and the YWCA Domestic Violence Shelter.

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	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Interviews:	
Non-HMIS client level information:	
None:	
Other:	X

If Other, specify:

Other: Surveys were also used.

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 was pulled from the HMIS to identify the number of persons, including their special needs sub-population, for each emergency shelter and transitional living program for the night of January 27, 2011. In addition, surveys focused on gathering subpopulation information, were sent to providers who do not participate in the HMIS, including the Schenectady City Mission and the YWCA Domestic Violence Shelter.

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

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 was conducted in order to assure the accuracy of the census report data 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).

The YWCA of the Greater Capital Region 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 provide 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):

The YWCA of the Greater Capital Region coordinated the unsheltered point in time count for the night of January 27, 2011. Volunteers and staff convened at a designated time to begin the count. The group broke into teams and each team simultaneously surveyed a designated area of the community so that duplication did not occur. In addition, YWCA staff conducted phone outreach to law enforcement agencies as well as hospitals outside of the City of Schenectady.

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):

Families facing homelessness due to evictions are referred by the Schenectady County court system to Schenectady Community Action Program (SCAP). Schenectady County Department of Social Services (DSS) and other service providers within the CoC also refer homeless families to SCAP. SCAP works with the Salvation Army Booth Home to provide emergency shelter for families and with DSS to provide vouchers for emergency motel vouchers when needed. It also is able to place homeless families directly into its own transitional housing programs. After securing emergency or transitional housing for homeless families, SCAP provides follow-up housing placement and housing retention services for families through its Homelessness Intervention Program (HIP). Finally, SCAP is also the lead agency for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) initiative, providing one more source of assistance to prevent episodes of family homelessness.

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):

Bethesda House provides extensive services to chronically homeless persons in Schenectady County. It operates a day shelter for homeless persons as well as low demand permanent housing for chronically homeless persons. The Bethesda House staff works with the day shelter guests to develop meaningful relationships based on trust. In this way, chronically homeless persons, and others sleeping on the street, are identified and engaged in services and programs.

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?** 40
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 44
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 52
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 60

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 Schenectady Community Action Program (SCAP) is requesting funds in this application to expand its Permanent Supportive Housing Program by adding 7 units for homeless families. SCAP will prioritize chronically homeless families, creating as many as 7 units for this currently underserved population. In addition, all CoC agencies providing permanent supportive housing to families will continue to evaluate their clients in light of the expanded definition of chronic homelessness. If supported by available data, agencies will dedicate a portion of their units for chronically homeless families.

Schenectady’s Hard to Serve Committee, a partnership with Schenectady County Adult Protective Services, works to identify and serve those who are chronically homeless and provides street outreach to the customers when necessary to de-escalate issues. One of the committee’s goals is to assist clients living in shelters or on the streets in securing permanent supportive housing.

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. Bethesda House provides services to chronically homeless persons in Schenectady County, including a day shelter for homeless persons as well as low demand permanent housing for chronically homeless persons. Bethesda House will continue to lead the way in the next ten years to identify and engage chronically homeless persons in housing, services and programs.

As agencies seek Federal, State or Private funding to expand the availability of permanent housing, the need for additional chronic homeless units will continue to be evaluated. 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 off the streets and 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? 83

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 85

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90

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):

During clients' first six months in permanent housing, CoC agencies provide an intensive amount of service aimed at stabilizing the client and ensuring that housing is maintained. This includes providing case management and linkages to services including mental health/substance abuse treatment, life skills training, budgeting assistance, tax preparation (including the EITC), HEAP, employment assistance, and help with accessing SSI/SSDI and Medicaid using the SOAR model. Bethesda House will continue its rep payee program for individuals with disabilities who struggle with money management. Prior to placement, staff provide housing identification assistance to ensure that clients locate housing that is affordable and well maintained; once housing has been secured, agencies provide needed household items to reduce the costs to clients. Households that are at risk of eviction from their permanent housing will be linked to the Legal Aid Society's Eviction Prevention Program.

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):

To ensure stability in permanent housing, the CoC will build on its efforts to assist tenants and landlords in developing stronger relationships by seeking additional opportunities to integrate clients into their community. Despite funding reductions at the State and Federal level, the CoC will work sustain successful elements of the HPRP program and will seek to develop additional programs aimed at preventing homelessness among all households, including those that were previously homeless.

The CoC Coordinating Body will schedule trainings where service providers can learn more about supportive services available in the community. MOUs will be used to ensure that supportive services are paired with CoC funded housing. The CoC will continue outreach to the Schenectady Municipal Housing Authority to increase access to subsidized and public housing for formerly homeless households and will work to ensure their continued access to supportive services.

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? 66

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 68

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 75

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 85

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).

CoC agencies will coordinate services with the Schenectady County Department of Social Services in an effort to expand housing placement services to rapidly re-house homeless persons from transitional housing (including the Sojourn House program) into safe, affordable, permanent housing. SCAP, Mohawk Opportunities, New Choices and the YWCA will work to increase access to their permanent supportive housing programs to individuals with disabilities leaving transitional housing programs. The Schenectady Municipal Housing Authority is an active member of the CoC and will continue to work with agencies to increase access to subsidized and public housing for formerly homeless households.

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):

The CoC will work with transitional housing programs to identify and address additional barriers to maintaining permanent housing, including access to mainstream benefits (including SSI/SSDI), poor landlord/tenant relations, and challenges to employment. Agencies will seek to increase the development of affordable and permanent supportive housing, including Section 8 and public housing. As the HEARTH Act is implemented, the CoC will consider whether any of the activities allowed under the revised ESG program can be used to help formerly homeless persons make the transition from transitional 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? 12

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 20

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 25

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 30

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).

CoC agencies will work with Ellis Hospital's PROs Initiative, which increases education and employment opportunities for people who are disabled due to mental illness, including those who are formerly homeless. 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 YWCA's Project Independence and SCAP's Employment Services will continue to provide services to homeless and formerly homeless individuals in a coordinated manner with the Schenectady County DSS to ensure access to employment. SAFE House and other agencies will continue to provide life skills and job readiness training, including interview skills, resume and cover letter writing, and conflict resolution to assist clients in obtaining and maintaining employment.

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):

Consistent with the goals of the Ten Year Plan to End Homelessness, the CoC's long-term plan to increase the percentage of homeless and formerly homeless persons employed at program exit includes providing comprehensive work supports for low-wage workers that ensure meaningful employment opportunities can be obtained and maintained including: job coaching to support persons with disabilities in maintaining employment; expansion of work supports including subsidized childcare, family healthcare, and transportation assistance; and ensuring free educational opportunities are available to assist with obtaining jobs paying a living wage. The CoC is also committed to ensuring that clients maintain and increase their income from all sources, including SSI/SSDI, public assistance, food stamps, and child support.

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? 42

In 5 years, what will be the total number of homeless households with children? 35

In 10 years, what will be the total number of homeless households with children? 25

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

SCAP is awaiting the announcement of funding to sustain the agency's Homelessness Intervention Program, which provides homelessness prevention services to families. The CoC will continue to collaborate with the local school district's homeless liaisons to identify and intervene in the cases of families who are at risk of homelessness or living doubled up. Homelessness prevention services for families are available through the Community Crisis Network and Schenectady Inner City Ministries. The Legal Aid Society represents clients in Eviction Court to prevent homelessness. Agencies will work with Schenectady County DSS to quickly move families out of shelters and motels and into transitional and permanent housing. Additionally, the YWCA will continue to provide re-housing assistance to victims of domestic violence served by their emergency shelter.

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

The CoC's long-term plan to decrease the number of homeless households with children include: providing comprehensive case management supports that enable formerly homeless persons, or those at risk of homelessness, necessary life skills to maintain permanent housing, expanding housing placement services to rapidly re-house homeless persons into safe, affordable, permanent housing. The CoC will also look to identify resources within other systems, including Child Welfare and Mental Health, which could be used for homelessness prevention. The development of a Schenectady County Affordable Housing Trust Fund remains a priority within the CoC and the larger community.

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. An appropriate residence must be identified, with the reasonable expectation that the discharge residence will remain available to the child for at least the first 12 months after discharge. 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 Schenectady County, the Department of Social Services has an agreement with the Department for Children, Youth, and Families (DCYF) to provide permanency planning services for foster care youth at least 90 days before their discharge into the community.

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 are being discharged from mental health facilities are required by law (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 Schenectady County, members of the Homeless Services Planning Board coordinate with Ellis Hospital 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 (SPOA), which coordinates the implementation of their discharge plan, including arranging for housing, case management, mental health treatment, and, if appropriate, vocational assistance.

In Schenectady County, a Single Point of Access (SPOA) system has been established in order to assist persons with mental illness in obtaining the level of housing and supportive services needed to address their needs. The SPOA coordinates housing referrals to all NYS OMH-funded programs within Schenectady County, including community residences and other transitional housing programs, as well as supported housing and other permanent housing programs. Those exiting in-patient mental health treatment are linked with the SPOA to obtain housing, with their progress being monitored through the SPOA's biweekly meetings. The major in-patient mental health provider in Schenectady County is Ellis Hospital, who regularly attends SPOA meetings for just this purpose.

Corrections:

NYS 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.

All inmates at the Schenectady County Jail are screened for homelessness, alcohol/substance abuse, mental illness and other special needs, and are provided information regarding services available both within the facility and upon release, through community agencies. Assistance with discharge plans is provided by the facility's Inmate Services Unit.

Father Peter Young Industries operates a 30-bed TH program in Schenectady which houses parolees at risk of homelessness and/or revocation of parole due to homelessness and provides counseling, life skills, employment services, education referrals and medical treatment.

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:

- Enhance outreach to chronically homeless persons
- Maintain and expand low-demand permanent supportive housing opportunities
- Continue to work with existing system to prioritize services and housing placement for homeless persons.
- Maintain eviction prevention processes to prevent homelessness

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 Schenectady County and City 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 Schenectady Homeless Services Planning Board (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 Schenectady Homeless Services Providers Board, and has been a regular topic at Plan to End Homelessness and Homeless Services and Supports Network 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 Schenectady will be using its Neighborhood Stabilization Program funding to rehabilitate units to create affordable homeownership opportunities for low-income city residents. The CoC will work with the City to ensure that formerly homeless households who are a position to move on to homeownership are given access to these opportunities.

The Veteran's Administration in Albany, NY has received significant VASH vouchers to utilize throughout the VA's 16 county region, which includes Schenectady 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 participation 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 Schenectady 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 CoC has established a strong relationship with the Homeless Liaison at the Schenectady City School District who is the primary contact for enrolling children in school who reside in local shelters and transitional housing. The CoC Coordinating Body has ensured that McKinney-Vento program regulations are distributed throughout the system of programs as well as the contact information for the Homeless Liaison. The relationship that has developed has dramatically improved the relationship between the Schenectady City School District and the temporary and transitional housing system by ensuring children are enrolled in their home school, transportation is scheduled and provided for those children eligible and school supplies are available for the children. The Schenectady Homeless Liaison has intervened in other school districts to ensure homeless children remain in their home school.

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)

Families placed in motels or shelters by DSS are provided with a senior caseworker who performs a comprehensive assessment of every family within 5 business days of their placement. The assessment includes the educational needs of each child. This worker will coordinate with the school district for transportation, records transfer and any special needs that are identified. Also, this worker will address barriers to school attendance or absenteeism that seems to often accompany the period prior to and immediately after a family becomes homeless.

When clients are in SAFE's Emergency Shelter, education is encouraged and any one under the age of 16 must attend school. If client is over 18 and wants to attend an educational program, the Life Skills Counselor will coordinate the service, transport client to the facility and assist with any necessary paperwork to aid the client in admission. SAFE will also provide tutorial services through a volunteer certified teacher.

CoC agencies assess the needs of every family served, including the educational needs of children, and work to ensure that all are met. Staff work with the school districts to make sure that the children are enrolled and arrange transportation. Particular attention is paid to any special needs the child may have. Legal Aid works with agencies to ensure they are aware of the legal rights of homeless children and offer legal representation in any instance where those rights may have been violated.

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)

Schenectady County DSS works closely with the Schenectady County Veterans Office to meet the needs of homeless veterans, including housing, education and vocational training, mental health and substance abuse treatment and linkages to veterans organizations. For veterans involved with the criminal justice system, DSS coordinates services with probation and parole programs. DSS is working to develop an MOU with the Veterans Service Department to screen all public assistance and Medicaid applicants and recipients for eligibility for veteran services.

The Schenectady Community Action Program collaborates with the Saratoga Rural Preservation Program (RPC), which operates permanent and transitional housing for veterans, including an 11-bed transitional housing program for homeless female veterans. SCAP houses an RPC staff member who links veterans with available resources, such as housing and health care referrals.

The Schenectady Municipal Housing Authority is adding veterans as a preferred population for its Housing Choice Voucher program, which will move honorably discharged veterans closer to the top of the waiting list. In 2011 Soldier On, a veteran organization based in Western MA, was awarded funding through the Supportive Services for Veterans Families program to serve the VA Region that includes Schenectady 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):

SAFE Inc. has addressed the problem of homeless youth and young adults for 26 years in Schenectady County. SAFE provides outreach, shelter, counseling, life skills and referral services to this homeless population. The Schenectady CoC is committed to addressing the needs of all homeless individuals, including youth and young adults. SAFE has extended its efforts to prevention of homeless by providing evening and weekend outreach. The goal is to prevent youth and young adults from becoming homeless and when they do, the agency works to move them into transitional or permanent housing program quickly. SAFE has a history of securing permanent placement or housing within 90 days of admission to the program.

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.	43	Beds	40	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	81	%	83	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	70	%	66	%
Increase the percentage of homeless persons employed at exit to at least 20%	27	%	12	%
Decrease the number of homeless households with children.	45	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 four areas: chronic homeless beds, transitional housing discharges, employment at exit and reduction in homeless families.

¿ While the CoC does not appear to have gained any chronic homeless beds, this is due to a miscategorization of two of the YWCA¿s Rosa¿s House units. The 2012 Housing Inventory will show these two dedicated units. This year¿s Bonus application seeks to add PSH units for homeless families and those meeting the chronic homeless definition will receive priority.

¿ TH discharges always fluctuate significantly, due to the low number of TH units in the CoC. SCAP¿s Sojourn House program, which is the only TH program in the CoC, has not described any particular challenges in accessing PH units.

¿ Employment remains a challenge, due in large part to the continuing effects of the recession. Unemployment remains high in the Capital Region and clients of CoC programs face challenges in gaining employment even when the economy is flourishing.

¿ The number of homeless families continues to rise, despite our best efforts. Even with the resources provided by HPRP, the number of homeless families rose throughout the region. As mentioned above, this year¿s Bonus project is aimed at adding PSH units for families.

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	32	29
2010	34	41
2011	57	40

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					
Operations	\$19,502				\$2,725
Total	\$19,502	\$0	\$0	\$0	\$2,725

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 increase in CH persons is due to improved methods used during the Point in Time Count and the expansion of the definition of chronic homelessness to include families. CoC agencies continue to prioritize CH persons for PSH and street outreach efforts, led by Bethesda House and the Hard to Serve Committee, work to engage individuals living on the street and provide them with a path to PH. This year's Bonus application will add several units of PH for families; those that meet the CH definition will receive priority.

While it appears that the CoC did not add any CH beds, this is due to a miscategorization of the YWCA's Rosa's House project, which in fact added 2 bed for CH women. This will be corrected on the 2012 e-HIC.

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, divided by a+b, 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)	205
b. Number of participants who did not leave the project(s)	335
c. Number of participants who exited after staying 6 months or longer	166
d. Number of participants who did not exit after staying 6 months or longer	283
e. Number of participants who did not exit and were enrolled for less than 6 months	52
TOTAL PH (%)	83

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	93
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	61
TOTAL TH (%)	66

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: 331

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	50	15	%
SSDI	20	6	%
Social Security	1	0	%
General Public Assistance	46	14	%
TANF	10	3	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	40	12	%
Unemployment Benefits	15	5	%
Veterans Health Care	0	0	%
Medicaid	159	48	%
Food Stamps	175	53	%
Other (Please specify below)	16	5	%
Child Support, workers compensation, WIC, temp rental assistance			
No Financial Resources	96	29	%

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 annual progress reports are reviewed annually to confirm program participants are accessing mainstream programs.

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.

October. 21, 2010
January. 20, 2011
May 19, 2011
September 15, 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. quarterly (once each quarter)

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 includes an intake tool utilized by all service providers to identify client needs and benefit eligibility. The mainstream programs the HMIS completes screening for include 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).

February 22-25, 2011

Additional SOAR trainings are 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. As appropriate, staff will assist in completing applications.	
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, Child Health Plus, Medicaid, Temporary Assistance, SSI	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Policies & procedures established at each agency outline the expectations for all 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
Legal Aid Society...	2011-10-25 10:58:...	1 Year	Legal Aid Society...	30,120	Renewal Project	SHP	SSO	F
Schenectady YMCA ...	2011-10-24 10:51:...	1 Year	City of Schenectady	63,960	Renewal Project	S+C	PRA	U
Building Hope	2011-10-20 11:31:...	1 Year	Bethesda House of...	35,871	Renewal Project	SHP	PH	F
Supported Housing...	2011-10-20 12:09:...	1 Year	Mohawk Opportunit..	125,347	Renewal Project	SHP	SH	F
PHP 2011 CoC Exhi...	2011-10-19 14:15:...	1 Year	Schenectady Commu...	273,436	Renewal Project	SHP	PH	F
Pathways to the F...	2011-10-20 12:17:...	1 Year	Bethesda House of...	110,250	Renewal Project	SHP	PH	F
New Choices Recov...	2011-10-19 12:41:...	1 Year	New York State Of...	239,040	Renewal Project	S+C	SRA	U
Rosa's House Rene...	2011-10-18 11:55:...	1 Year	YWCA of Schenectady	211,271	Renewal Project	SHP	PH	F
Schenectady YMCA ...	2011-10-22 13:34:...	1 Year	City of Schenectady	127,920	Renewal Project	S+C	PRA	U
Day Shelter	2011-10-20 13:50:...	1 Year	Bethesda House of...	22,300	Renewal Project	SHP	SSO	F
New Choices 34 units	2011-10-19 12:36:...	1 Year	New York State Of...	320,592	Renewal Project	S+C	SRA	U
Schenectady Count...	2011-10-19 15:04:...	1 Year	Corporatio n for A...	25,000	Renewal Project	SHP	HMIS	F

The Lighthouse	2011-10-20 12:23:...	1 Year	Bethesda House of...	152,738	Renewal Project	SHP	PH	F
Project SAFE/Life...	2011-10-19 12:45:...	1 Year	SAFE Inc. of Sche...	48,267	Renewal Project	SHP	SSO	F
Chronically Homeless	2011-10-20 11:39:...	1 Year	Bethesda House of...	47,666	Renewal Project	SHP	PH	F
SMHA Shelter Plus...	2011-10-24 11:46:...	1 Year	Schenectady Munic...	467,232	Renewal Project	S+C	TRA	U
Permanent + Suppo...	2011-10-20 11:36:...	1 Year	Mohawk Opportunit...	56,355	Renewal Project	SHP	PH	F
Case Management S...	2011-10-20 11:28:...	1 Year	Bethesda House of...	111,647	Renewal Project	SHP	SSO	F
Permanent Housing...	2011-10-20 11:34:...	1 Year	Mohawk Opportunit...	72,612	Renewal Project	SHP	PH	F
Sojourn House 201...	2011-10-19 14:18:...	1 Year	Schenectady Commu...	165,905	Renewal Project	SHP	TH	F
Liberty Consolidated	2011-10-20 12:14:...	1 Year	Bethesda House of...	135,503	Renewal Project	SHP	PH	F
PHP 2011 New Project	2011-10-19 14:13:...	1 Year	Schenectady Commu...	149,780	New Project	SHP	PH	P1
Schenectady Count...	2011-10-19 15:13:...	1 Year	Corporation for A...	5,000	Renewal Project	SHP	HMIS	F

Budget Summary

FPRN	\$1,629,288
Permanent Housing Bonus	\$149,780
SPC Renewal	\$1,218,744
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	NY-507 Schenectad...	10/24/2011

Attachment Details

Document Description: NY-507 Schenectady CoC Certification