

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.  
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

### Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

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

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

**1A-1. CoC Name and Number:** NY-525 - New York Balance of State CoC

**1A-2. Collaborative Applicant Name:** New York State Office of Temporary and Disability Assistance

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** CARES of NY

## 1B. Coordination and Engagement–Inclusive Structure and Participation

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

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veterans Service Organizations	Yes	Yes	Yes
35.	Faith-Based Organizations Providing Services to People Experiencing Homelessness	Yes	Yes	Yes

<b>1B-1a.</b>	<b>Experience Promoting Racial Equity.</b>	
	NOFO Section III.B.3.c.	

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

**(limit 2,500 characters)**

Agencies solely dedicated to serving Black and Brown communities are integral to the New York State Balance of State CoC's homeless response system.

The CoC has extensive experience addressing the needs of underserved communities. Some ways that the CoC has addressed the needs of black and brown communities that are overrepresented are to ensure that Multi-lingual, cross-service agencies that empower and advocate for Latinos and the underserved participate in CoC meetings. It is important that these agencies are represented in Coordinated Entry (CE) case conferencing meetings and CoC meetings so that people who may not be comfortable accessing mainstream services are able to have their needs met. The CoC continues to address the needs of those who are underrepresented by seeking continuous representation from underrepresented communities and incorporating feedback on how best to ensure access to services and ensure positive outcomes from service engagements.

Within the CoC, mainstream homeless services providers are co- located with these agencies so access to a crisis response system can be immediate.

The CoC solicits input from persons with lived experience in an effort to seek ideas on how the needs of underserved communities can better be addressed. Feedback has resulted in suggestions on how the system can be better accessed by those who are underserved and service resistant such as a redevelopment of the vulnerability assessment tool. The CoC is working with the State on how to incorporate suggestions made by persons with lived experience.

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

(limit 2,500 characters)

1. Recruitment for CoC membership is continuous. The CoC has an open membership process and publishes meeting schedules online. All meetings are open to the public. The CoC annually solicits new members to join the CoC by sharing a membership form on the website; asking current members to forward invitations/emails to possible new members; encouraging the Lived Experience Advisory Board to solicit membership from peers and targeting outreach to key partners, including local, state, and federal partners, to encourage them to become members. The CoC also solicits new membership at annual statewide meetings that are attended by over 500 housing and supportive service providers.

2. The CoC ensures effective communication with individuals with disabilities by sharing invitations to all meetings in a variety of formats, including online invitations via email and on the CoC webpage, which meet accessibility standards and are readable via screen reader software. CoC meetings are held in person with a WebEx option allowing for closed captioning and phone-in attendance options. The site location is handicap-accessible and open to the public. Invitations to join the CoC are also offered at public events such as local policy meetings, statewide provider meetings, related networking events and forums that overlap with the homeless system.

3. The CoC invites organizations serving culturally specific communities experiencing homelessness to become members by conducting personal outreach. Current members are asked to describe the mission of the CoC and benefits of CoC membership to these organizations and encourage CoC participation. Both the Collaborative Applicant (CA) and provider agencies have made a concerted effort to connect with new providers, businesses and stakeholders in the CoC coverage areas. These organizations serve on multiple committees, including CE. As a result of outreach, the CoC has increased BIPOC and disability agency membership and leadership within the CoC. These connections have also led to increased CE access points for under-served communities. The CoC has been an active member of the local Regional Racial Justice Advisory Committee (RRJAC), which includes representatives from CoCs across NYS and meets bi-weekly. This involvement has led to productive conversations within the CoC regarding invitations to more people of color, Indigenous people, persons who are LGBTQ+, and persons with disabilities to join CoC meetings.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
NOFO Section V.B.1.a.(3)		
Describe in the field below how your CoC:		
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1. The CoC solicits & considers opinions from organizations/individuals such as individuals with lived experience, affordable/supportive housing providers and developers, youth groups, MH/SUD agencies, VSPs, veteran organizations, faith-based organizations, law enforcement and local, state and federal agencies. The CoC participates in and conducts outreach at forums such as public safety meetings, local government meetings, opioid and reentry task forces, magistrates associations, education committees & community revitalization groups. The CA hosts annual stakeholder meetings attended by more than 500 people that provide feedback about the efficacy of homeless services programs & solicits info on how they can be improved. Info obtained from these public forums is brought back to the CoC for discussion at meetings & incorporated into strategic planning.
2. The CoC communicates info obtained from the forums listed above in a variety of ways, including sharing at monthly meetings, sending info to CoC committees for consideration, distribution to CoC membership & posting on the CoC website. The CoC shares state and federal training and best practice info to members by email and at monthly meetings. The CoC gathers input through direct community interaction at open meetings and regional housing forums. CoC members contribute to meetings & discussion topics. All meetings include time for open discussion and questions. The CoC facilitates individual meetings and training on topics useful to the goal of preventing and ending homelessness, for example SOAR, crisis centers and HOME-ARP.
3. Persons with disabilities can provide feedback on preventing and ending homelessness by responding to online requests for feedback, in-person and virtual/remote public CoC meetings and responding to requests for input at public events. All feedback is considered by the CoC.
4. The CoC uses info gathered from public meetings to make improvements & develop new approaches to preventing & ending homelessness by dedicating time during CoC meetings for committee updates & presentations on specific topics. This has resulted in widespread info sharing across the CoC, such as the HOME-ARP strategy, consultation regarding ESG funds and development of relationships with key partners e.g., the CoC collaborated on the formation of a NYS rental assistance program. The CoC collaborated with NYS to ensure the program incorporated the needs of individuals and families experiencing homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
	1. that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
	2. about how project applicants must submit their project applications—the process;	
	3. about how your CoC would determine which project applications it would submit to HUD for funding; and	
	4. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

**(limit 2,500 characters)**

1. The CoC informs the public that project applications are encouraged and will be accepted from organizations that have not previously received CoC program funding by posting the information publicly on the CoC's website and sending to the CoC mailing list (over 500 recipients). Public information sessions are held to review application process and how the CoC determines which project applications will be submitted to HUD. This year, the CoC is applying for eight new bonus projects, two of which are from applicants that have not previously received CoC funding (25%).

2. The public was notified about the application process on the CoC's website, via multiple emails, and a virtual informational session held on May 3, 2024. In addition, email notification was sent to the CoC mailing list and posted to the CoC's website.

3. The CoC determines which project applications are submitted to HUD using the CoC-approved rank and review policies and are publicly posted on the CoC website. Additionally, the rank and review tool is posted publicly on the CoC website, detailing the scoring process for new and renewal projects. Scoring criteria are also discussed at the informational sessions for project applicants. Criteria include objective questions such as data quality, program outcomes, best practices (i.e., Housing First), HUD priorities, and community need. New applicants without historical data are given full credit for objective questions so new applicants are not at a disadvantage. The Steering Committee and LEAB review and approve the project ranking.

4. The CoC ensures effective communication with individuals with disabilities by posting information and documents on the public CoC website, which meets accessibility standards and is readable via screen reader software. Public informational sessions for project applicants are held via webinar with closed captioning available. The CoC uses the opportunity of public events to inform the public that applications from non-funded agencies will be considered. All CoC membership and Steering Committee meetings are open to the public with dates, times and links to access on the CoC website. Project application and rank and review process are discussed in detail at these meetings and publicly available information sessions on project submission process and rank and review are held online.



# 1C. Coordination and Engagement

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<b>1C-1.</b>	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

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

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

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

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

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	No

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

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

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

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

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

(limit 2,500 characters)

The CoC's governance structure includes the State Education Agency (SEA) on the Steering Committee thereby establishing the formal partnership. The Steering Committee directs the work of the CoC and governs the work of all subcommittees. The SEA is integral member of the CoC. Steering Committee member, NYS Office of Children and Family Services (OCFS), the state entity responsible for the oversight of runaway and homeless youth services, works closely with Local Education Agencies (LEA). OCFS provides information to the CoC on available resources, programmatic updates and learns from the CoC about the trends happening within its geography. In addition to the reserved seat for the SEA, several Youth Education Providers are voting members of CoC's Steering Committee. Each of these agencies have formal agreements with school districts and LEAs to coordinate services for youth experiencing homelessness, ensuring that homeless and at-risk children and young adults are connected to transportation and educational services to help them succeed in school. The LEA's McKinney-Vento liaisons participate in CoC meetings and Coordinated Entry (CE) to ensure continuity of service delivery and that the needs of the children and families in the educational system are being met.

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

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

(limit 2,500 characters)

The CoC has adopted a written educational responsibilities policy and procedure that ensures families and individuals who have recently begun experiencing homelessness are aware of their eligibility for educational services. The educational responsibilities policy is available online and able to be accessed by anyone, at any time, even if they are not a recipient of funding. The policy requires that each program serving families with children designate a person responsible for ensuring that no matter where they live, how long they have lived there, or how long they plan to stay; all children and young adults participating in the program are enrolled in school immediately. Project monitoring by the CoC includes assurance that children are connected to school. The CoC's monitoring policy and procedures require that an education liaison be identified and that all those who are experiencing homelessness, even recently, are aware of their eligibility for educational services. Enrollment must occur even if they lack paperwork normally required (e.g., school records, records of immunization and other required health records, proof of residency, guardianship, and other documents), and are unable to pay fines or fees, or have missed application or enrollment deadlines. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment occurs as quickly as possible. Families are encouraged and assisted to enroll children in applicable early childhood education programs such as universal Pre-K as well. McKinney Vento liaisons regularly attend CoC and CE case conference meetings to help ensure full compliance and adherence to best practices. The CoC works continuously through outreach and communication to ensure that everyone experiencing homelessness knows about eligibility for educational services.

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

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

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

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

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

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

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

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

**(limit 2,500 characters)**

1. Both CoC and ESG funded VSPs collaborate with the CoC by serving in leadership roles on the Steering Committee, NYSCADV and NYSCASA. Every Victim Service Provider (VSP) in the CoC receives CoC DV-RRH funding. All of the BoS VSPs are the local anti-trafficking providers and belong to New York State Coalition Against Domestic Violence (NYSCADV) and New York State Coalition Against Sexual Assault (NYSCASA). Several also receive ESG funding. They also serve on the CE Committee, HMIS/Data Committee, and chair the Services Coordination Committee, which are the committees responsible for developing, annually reviewing and updating the CoC policies. The NYS Office for the Prevention of Domestic Violence (OPDV) and OCFS are responsible for the oversight of DV shelters. These two State agencies regularly attend CoC meetings and provide input on key policies. Additionally, OCFS is a member of the CoC Steering Committee. The CoC strategic plan is also reviewed by leaders of VSPs and goals created by VSPs are included in the strategic plan. In 2024 BoS VSPs and the BoS CA provided technical assistance to statewide VSPs on the CoC and how to get involved and access funding and services.

2. The CoC regularly collaborates with CoC and ESG funded VSPs (which are the local anti-trafficking providers), members of NYSCADV, NYSCASA and OPDV to ensure housing and services are trauma-informed and meet the needs of survivors. CoC and CE members participate in annual trainings led by a VSP (anti-trafficking provider, NYSCADV and NYSCASA members) regarding best practices, safety planning, and victim-centered care. CoC members attend webinars hosted by HUD and other state/national DV coalitions on victim safety and best practices. Finally, the CoC and committee members discuss the unique needs of survivors at regularly scheduled meetings. Often discussion leads to added language or updates to policies that are specific to the needs of survivors. In 2024 VSPs provided training to the CoC, as a whole, on the new vulnerability assessment tool and how best to administer to survivors.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1. The CoC's CE system incorporates safety planning protocols by having VSP representation in CE meetings to ensure that all safety plans of the individual clients are included in any housing options. Information obtained from the CE process identifies individual unmet and safety needs. CE meeting attendees, leaders and staff are trained at least yearly on safety planning protocols and best practices. Staff administering the CE vulnerability assessment tool are trained in safety planning and have incorporated recommendations by VSPs such as interviewing household members separately, knowing what to look for in terms of safety planning needs and how to access trained VSPs and crisis intervention as necessary.

2. The CoC's CE system incorporates confidentiality protocols by using de-identified data for reference on the CE list. Case conferencing during the CE meeting allows for the needs of survivors to be addressed in a way that preserves their anonymity. All applicable releases of information are signed prior to using de-identified information on the CE list. However, should a client not want to be on the CE list, even anonymously to preserve their safety, the CE system will work with the VSP to explore housing options. The CE Committee can make a referral for someone not on the list if necessary. VSP providers attend all CE meetings and ensure that these protocols are followed. Per CoC policy, case files are locked and kept in a secure location for seven years and electronic records are in a secure comparable database. CE meeting attendees, leaders and staff are trained on confidentiality protocols at least yearly.

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

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

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

&nbsp;

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

Describe in the field below:

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

(limit 2,500 characters)

1. The CoC has a VAWA aligned written Emergency Transfer Plan (ETP) that is publicly available on the CoC's website and is discussed with all program participants at program entry, regardless of known survivor status. The written ETP is reviewed and approved annually by the Steering Committee.
2. As referenced in the ETP in addition to the RRH policy, all households are informed about their rights to an emergency transfer at program entry regardless of known survivor status.
3. The process for individuals and families to request an emergency transfer is highlighted in the ETP that is publicly available on the CoC's website and discussed with all program participants at program entry, regardless of known survivor status. The policy states that in order to request an emergency transfer, the tenant should submit a written request for a transfer to their housing provider expressing they are in danger or have been a victim of assault. The housing provider will provide reasonable accommodations to this policy for individuals with disabilities such as moving to a first floor unit.
4. The process the CoC uses to respond to emergency transfer requests is for the housing provider to act as quickly as possible to move a tenant who is a victim of violence to another unit, subject to safety and availability. Transfer and relocation should be survivor directed. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a housing provider has no safe and available units for which a tenant who experiences an emergency is eligible, the provider will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move.

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

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

(limit 2,500 characters)



The CoC ensures that households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all available housing and services by offering clients access to the CE system with or without identifying info. The CE system prioritizes safety by ensuring anonymity of survivors while fully allowing them to engage in the CE process. Any client who is interested in housing can choose their location of residence. CE policies state that client choice is of utmost importance when making placements. Households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking are not limited to receiving assistance from VSPs, but have access to the array of services available within the CoC network such as RRH, PSH, Housing Choice Vouchers, education, job training, mental health services, substance use disorder treatment, legal services, mainstream benefits, financial literacy, childcare, nutrition & health care services. Since our CoC covers 8 counties it is possible for a survivor to leave the county of origin if they are experiencing a lack of safety and receive the same level of support and access to the array of services the CoC offers, but in another county.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC ensures survivors receive safe housing and services by:		
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

**(limit 2,500 characters)**

1. The CoC facilitates a DV workgroup that seeks to establish policy and identify barriers to safe and stable housing. The CoC discusses these barriers during CE and CoC meetings and strategizes on how to resolve systemic barriers. The CoC has identified barriers such as confusion between the social services district and the VSPs on who is responsible for safe placements for survivors in crisis and what to do when all the local shelters are full.

2. Based on barriers identified by VSPs and local departments of social services, the CoC facilitated a 2024 presentation and training by NYS on Title XX so placements can be made in a safe way for all those who qualify. The CA also provides one on one technical assistance to VSPs, meeting at least monthly to ensure that they are aware of all the housing options available to program participants in each area of the CoC. The CA meets with state agencies such as OPDV and OCFS to resolve identified barriers. The CA and VSPs, all of whom receive DV Bonus funding, discuss potential program participants, the needs of each participant and ways that the DV Bonus can be used in conjunction with other state, federal and local funding to anticipate and remove barriers to safely house & provide services to survivors. Potential barriers are then discussed at CE case conferencing meetings to preemptively resolve issues. If similar personal barriers are frequently identified, it also points to a systemic issue within the homeless response system. The CoC advocates to funders and regulators on the expansion of flexible funding and works with agencies on how best to access these funds.

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

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

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

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC collaborates with LGBTQ+, membership organizations and our Lived Experience Advisory Board (LEAB) to update the CoC-wide anti-discrimination policy through our CoC-wide annual policy review to ensure that all housing and services provided are trauma-informed and able to meet the needs of LGBTQ+ individuals and families. The CoC updates its CoC-wide anti-discrimination policy including implementation of the Gender Identity and Equal Access Final Rules as necessary based on feedback from the public, CoC members and our LEAB. Additionally, our 2024 membership survey indicates that 12% of CoC members identify as LGBTQ+ and this membership creates, reviews and approves all policies including the anti-discrimination policy.
2. The CoC assists providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy, ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination. The CoC reviews the provider's final policy adopted in accordance with the Equal Access and Gender Identity Final Rules. Template policies are shared with providers.
3. The CoC annual project monitoring includes review of the project's policies including CoC program policies to ensure compliance with the CoC's anti-discrimination policy and confirmation of staffs understanding of those policies.
4. If a CoC project's policies are not in compliance with the CoC's anti-discrimination policy, the CoC provides technical assistance to bring the project into compliance. If a project is not able to be compliant, the Steering Committee may recommend corrective action up to and including reallocation of funding.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
NYS Housing Trust Fund Copoation	19%	Yes-HCV	No
Plattsburgh Housing Authority	14%	Yes-Both	No

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

Describe in the field below:

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

**(limit 2,500 characters)**

1. The largest PHA within the CoC's geographic area is NYS Housing Trust Fund Corporation/Homes and Community Renewal (HCR). In its Administrative Plan, HCR has established local preferences for tenant-based vouchers within the Housing Choice Voucher Program (HCV) to further objectives of improved residential stability, expanding housing opportunities and alleviating homelessness within NYS. According to the Plan, first priority is given to households who can be defined as homeless according to Category 1 or 4 of HUD's definition and 10% of each local administrator's general allocation of regular vouchers must be dedicated to this preference. The second largest PHA is the Plattsburgh Housing Authority. It also has a homeless preference for households who meet Category 1 or 4 of HUD's homeless definition. Relationships with PHAs are a priority for the CoC. PHA staff are members of the Steering Committee and regularly attend CoC meetings. The CoC also continues to conduct outreach to smaller PHAs within the CoC. The CoC has a Moving On Strategy that was developed in conjunction with the affordable housing providers in the CoC. In the past year, the CoC built upon the existing relationships with the PHAs to ensure the efficiency of the EHV program and Moving On Strategy. The working relationship developed has resulted in the award of 25 HCVs dedicated to Special Rural NOFO funding program participants and 14 Stability Vouchers.

2. N/A, the CoC has worked with the PHA's in the geographic area to adopt a homeless preference.

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

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

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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## 1D. Coordination and Engagement Cont'd

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

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

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

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

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

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

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

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

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

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

**(limit 2,500 characters)**

1. The CoC formally evaluates all projects at least annually to ensure programs are using a Housing First approach. The annual evaluation includes interviews with staff and program participants; review of program policies, case files, and case notes to ensure that projects do not require preconditions to access housing; participation in supportive services for continued tenancy, occupancy or participation in the project and prioritize rapid placement and stabilization in permanent housing. All CoC projects check that they are Housing First on their project application. The CoC also conducts quarterly training with CoC and non-CoC funded agencies on Housing First approaches. CE case conferencing meetings are an opportunity to continuously train staff on the tenets of Housing First to ensure that openings are filled without preconditions.

2. The evaluation tool utilized to monitor projects specifically examines if there is evidence the project uses a Housing First approach and maintains fidelity to Housing First in project implementation. Housing First fidelity questions include whether a project accepts people from CE without preconditions to accessing housing and barriers, such as income source or amount, current or past substance use, history of victimization and criminal record. Every project is monitored annually for compliance outside the project application process.

3. The CoC CA conducts co-monitoring throughout the year with ESG administrator and shelter oversight to ensure all projects, even those that are not funded by the CoC, are using a Housing First approach. The CoC continuously evaluates the homeless services delivery system including state funded rental assistance, ESG, supported housing and emergency shelter programs to ensure a Housing First approach is used. CE case conferencing meetings, held monthly, provide an opportunity to continuously identify programs that may not be accepting referrals of the most vulnerable persons and correct/address the issue with the program.

4. To improve fidelity to Housing First, the CoC has added more specific questions to the program evaluation and annual monitoring process and has increased training and outreach to all programs dedicated to serving those who are experiencing homelessness or are at risk of homelessness.

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

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.
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**(limit 2,500 characters)**

Due to extensive efforts by CoC providers to expand and provide emergency shelter, the CoC has few unsheltered people. Those that are unsheltered are truly those least likely to request assistance. Collaboration is key when it comes to reaching those who are unsheltered. SO staff work with social services, law enforcement, emergency shelter and permanent housing providers to get people stabilized and indoors. Street Outreach (SO) is tailored to those who are least likely to request assistance by providing client and victim-centered, trauma informed services to persons experiencing homelessness. Peer-led SO is the ideal and conducted whenever possible. SO workers are trained to allow engagement to occur over time and to respond to needs identified by the person experiencing homelessness. Bilingual staff and assistance from a language services line are utilized. SO staff recognize that those who are most likely to need assistance may refuse services for an extended period of time. Trust is established with SO staff and services will never be discontinued due to refusal of assistance. SO staff employ harm reduction strategies and may bring items to people like blankets and clothing if the person is not ready to come inside. Housing is always a focus of the SO teams, though it may take some time for a person to engage. SO staff provide access to health care, mental health services, transportation, and access to mainstream benefits. The CoC has had the opportunity to be a part of a new NYS Office of Mental Health (OMH) funded clinical SO project which connects critical clinical services to those who are unsheltered. Clinical SO staff are also paired with a peer to not only provide clinical services, but connection to CE and help with rehousing efforts.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3. Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4. Other:(limit 500 characters)		



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

	HIC Longitudinal HMIS Data	2023	2024
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	273	206

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. The CoC works with project agency staff to collaborate with healthcare organizations, including substance use disorder and mental health treatment providers. The CoC facilitates meetings and trainings with project staff on how to assist program participants with receiving healthcare services, including Medicaid, by making referrals, providing opportunities for cross-training and identifying potential project leveraging opportunities. The CoC facilitates individual project meetings with healthcare providers as necessary to ensure that project participants have access to needed healthcare services. NYS has just been approved for a Medicaid 1115 waiver. This waiver will allow for unprecedented referral and funding for social determinates of health, including housing led by the healthcare system. The CoC has invited the NYS Social Care networks to speak with the CoC membership on how program participants can access services afforded by the waiver.

2. The CoC is focused on expanding SOAR certification across the CoC. The CoC works with all new and existing projects to increase certification and share SOAR best practices. SOAR's national Technical Assistance Center Assistant Director regularly attends CoC meetings to encourage increased certification and educate on best practices and identify staff needs. CoC staff attend national SOAR trainings to learn new approaches to promoting SOAR certification. The CoC prioritizes SOAR access in the rank and review process. All new and renewal project applications must include information about how program participants will be guaranteed access to SOAR services. Priority is given to projects that have SOAR certified staff. Nine (9) new staff in the CoC were newly certified in the past year and one (1) new SSI/SSDI approval was secured, with many more in process. The CoC was fortunate enough to receive SNOFO funding, with projects that included funding for dedicated SOAR staff. In 2024, the CoC formed a SOAR workgroup that meets regularly to discuss outcomes and challenges. The committee is co-led by SOAR's national Technical Assistance Center Assistant Director and the NYS SOAR State Team Lead.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
NOFO Section V.B.1.n.		
Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:		
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The NYS Department of Health (DOH) develops infectious disease guidance for all certified shelters and in collaboration with county health departments, assists in the implementation of the guidance. As part of its shelter monitoring requirements, NYS OTDA Division of Shelters also ensures compliance with this guidance. Similarly, DOH issues infectious disease guidance regarding supportive housing programs. The CoC circulates information about state and federal infectious disease guidelines among its members and assists in creating systemic guidelines for adherence to state and local public health guidelines. The CoC assisted agencies in creating necessary isolation and quarantine spaces and acquiring necessary equipment (PPE, soap, hand sanitizer, etc.). The CoC also developed an HMIS screening tool that can be used for tracking outbreaks and determining areas of high risk. The CoC also worked with DOH and OMH to provide testing and vaccines for residents of CoC programs. In 2024, the CoC engaged with HUD technical assistance to bring vaccines to shelters and encampments.

2. During the COVID-19 pandemic, the CoC developed policies and procedures that continue to be used to prevent future infectious disease outbreaks among people experiencing homelessness. In collaboration with state and local public health agencies, the CoC created an HMIS screening tool that can be used to assist the CoC mitigate the further spread of infectious disease. The tool can be used for tracking potential infectious disease outbreaks and need for quarantine. All emergency shelters now have space available for quarantining individuals when necessary. The CoC is committed to expanding non-congregate shelter capacity to further ensure adequate response to infectious disease outbreaks. Relationships have been established with DOH and suppliers to ensure that materials (PPE, soap, toiletries, sanitizer, etc.) can be obtained quickly if needed. The policies created were successful during the COVID pandemic in prioritizing persons experiencing homelessness for access to life-saving vaccinations and testing. SO was conducted to identify unsheltered persons and offer them temporary housing in hotels. Programs were assisted in finding appropriate isolation and quarantine space for residents. The lessons learned in the CoC's successful prevention of the spread of COVID will be replicated to prevent other infectious diseases.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. The CoC equips providers to prevent or limit infectious disease outbreaks among program participants by ensuring access to PPE, testing, vaccination and sharing information from public health agencies on safety measures issued by the State regarding guidance on congregate living settings. The CoC provided guidance from the CDC and NYS DOH to CoC members, shared it by email, hosted informational conference calls and discussions at virtual CoC meetings. The CoC helped communicate a statewide awareness campaign about the COVID vaccine that is replicable for future infectious diseases. In 2024, the CoC engaged with HUD technical assistance to be a part of efforts bring vaccines to shelters and encampments.

2. The CoC facilitated connections with public health agencies during the COVID-19 pandemic that ensured SO providers as well as shelter and housing providers were equipped to prevent or limit infectious disease outbreaks among program participants. The CoC collaborated with them on providing education, mobile testing, vaccination, and PPE provision. The connections formed during the COVID-19 pandemic have enhanced current collaboration on outbreaks and seasonal communicable diseases.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The CoC’s CE system covers 100% of the geographic area and will serve anyone regardless of where they are located. SO staff engage people living in encampments and in 2024 were able to establish trusting relationships that resulted in many of the persons joining the CE list which ultimately led to being housed. Anyone can call the local DSS or VSP hotline to be assessed and access the CE system.

2. The CE system is now using the Balance of State-Vulnerability Assessment Tool (BoS-VAT), a replacement for the VI-SPDAT as the standardized assessment tool. The CoC also has standardized CE policies. Using a standardized assessment process achieves fair, equitable and equal access to housing and services. The BoS-VAT ensures that those who are the most vulnerable receive the most rapid access to available housing resources and eliminates the "first-come first-serve" approach to housing that rewards those who are most resourceful while the more vulnerable or from historically underserved populations fall through the cracks. In addition to the BoS-VAT score, length of time homeless and current living situation are priorities for available supported housing beds in the CoC. The BoS-VAT is built into HMIS and used in conjunction with case conferencing to make housing referrals from the by-name list. The BoS-VAT is the assessment tool for all populations including survivors, veterans, MH and SUD. The BoS-VAT also covers both homeless and at-risk of homelessness focused programs.

3. The BoS-VAT was designed to collect information in a way that is trauma-informed. The effort was led by VSPs and the LEAB to ensure fidelity with trauma-informed principals. The BoS-VAT uses person centered questions, staff assessment and is administered when a person indicates they are interested in housing, regardless of current housing status.

4. The CE Committee continuously solicits feedback from projects and households that came through CE. Feedback informs the CE system about what strategies have been the most successful and the policies are updated accordingly. The LEAB has members that have been through the CoC CE process. The LEAB annually reviews all policies, including CE, and provides valuable feedback and input.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	
4.	takes steps to reduce burdens on people seeking assistance.	

**(limit 2,500 characters)**

- 1.The CoC's CE system reaches people who are least likely to apply for assistance by following a No Wrong Door approach. Social service agencies & stakeholders across the CoC including SO, homeless housing providers, peers, health agencies, social services providers, law enforcement, & the court system can refer to CE by access to the assessment tool in HMIS or by paper/phone if necessary. SO teams have developed relationships & trust with those least likely to request assistance, ensuring that the CoC can reach the unsheltered population.
- 2.The CE system prioritizes those most in need of assistance by using vulnerability assessment score, length of time (LOT) homeless & location of homelessness as priorities for referral for placement. Case conferencing for clients on the CE list is done at least monthly, sometimes weekly, to ensure those with the highest need are placed first.
- 3.Client choice is vital to CE. A client cannot be removed from the CE list for refusing housing. Provider-perceived readiness for housing cannot be a determining factor for referral. The CoC tracks LOT from referral to placement & the LOT on the list to ensure that people most in need of assistance receive PH in a timely manner consistent with their preferences. The CE list includes a variety of information beyond demographics that ensures clients preferences are communicated & understood by referring agencies and housing providers. Projects that have long wait times between referral and placement are addressed by the Data Committee & CoC Lead at project monitoring so strategies to reduce placement times can be implemented.
- 4.The CoC reduces burdens on people using CE by putting the onus of access & placement on the providers. Assessments are done by trauma-informed staff. The CoC emphasizes that an assessment is an opportunity to create a relationship with a potential client and it should never be rushed or overly invasive. When it is time for a placement, a warm hand off is done with the referring agency & the potential PH placement to ensure that participants are moved into PH quickly. No client is ever forced to accept a placement. The No Wrong Door approach to assessment & consistent training of community partners on access to housing reduces the work that a client needs to do to gain entry to the CE system & ultimately PH. The CoC's HMIS went from closed to open in 2024, reducing the burden on those seeking assistance by not forcing them to repeatedly tell their story.

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

Describe in the field below how your CoC through its coordinated entry:

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

**(limit 2,500 characters)**

1. The CE process involves all housing programs designated for persons and families experiencing homelessness regardless of whether or not the program receives CoC funding. Housing and services are marketed to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability including those who may be service resistant. The local CE committees consistently strive to increase the number of access points across the CoC coverage area by conducting outreach to service organizations and other stakeholders. The new Medicaid 1115 waiver in NYS has allowed non-traditional stakeholders like healthcare providers to learn how their patients can access CE if a housing need is identified. The CoC trained to Social Care Networks on the role of the CoC and how Coordinated Entry is used to quickly move people into housing.

2. When a program participant is referred to CE they are notified of their rights and remedies available under federal, state and local fair housing and civil rights laws. Participant choice is of the utmost importance when referring a participant into privately owned rental housing. Site based supportive housing projects are also subject to fair housing laws and are monitored annually on their adherence to these laws. The CoC has attorneys from legal assistance providers on each Local Planning Body (LPB) and CE meeting and advise the CoC on all matters as they pertain to fair housing and civil rights laws.

3. The members of local CE committees strive to ensure participant choice for all housing programs. CoC policies for housing programs also require fair housing choice for CoC program participants. The CoC is in constant communication with NYS Homes and Community Renewal (HCR), the agency responsible for certifying consistency with Con Plan, and will notify them if conditions were made known that impede a person's fair housing choice. HCR and the NYS Division of Human Rights recently presented to the CoC on how to Affirmatively Further Fair Housing. CoC members furthered knowledge on how to ensure fair housing conditions are met and reported if violated.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/04/2024

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

Describe in the field below:

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

(limit 2,500 characters)

1. The quantitative data used for this analysis is the most recent 1 year LSA data visualized in Stella P, the most recent PIT count data and the 5 year ACS data supplied through HUD's CoC racial equity analysis tool version 4.0. Since the CoC has 100% HMIS coverage, the BoS CoC is able to analyze the entire homeless system, including CoC program funded assistance.

2. The CoC's process for analyzing whether racial disparities are present is to compare our most recent LSA data to the 5-year ACS data from HUD's CoC analysis tool (4.0). This helps determine whether BIPOC are overrepresented in the CoC's overall homeless services system and the actions needed to be taken to advance racial equity within the CoC. The CoC then looks at LSA data to see if there are racial disparities in those who are placed in permanent housing (PH) projects such as RRH and PSH. The CoC also uses LSA data to analyze positive outcomes in the form of exits to PH. In addition to this, the most recent PIT Count data compared to the 5-year ACS data is used to see if those who identify as BIPOC are experiencing sheltered and unsheltered homelessness at a greater rate. According to the 2024 PIT data, those who identify as BIPOC are 2.3 times more likely to be homeless and sheltered during the last week in January while those who are white are 1.3 times more likely to be unsheltered and homeless during the last week in January. Comparison between census data and LSA data shows that BIPOC HH are represented in the entire CoC's homeless system at a rate of 1.6 times compared to the general population. We believe this indicates a slight overrepresentation of BIPOC in our CoC housing projects however this rate has decreased from 2.7 compared to the previous year. Further analysis to determine if services are offered to those who are BIPOC at a consistent rate to those who are white, indicated that for ES/TH the percentage of total participants who are BIPOC is 20%, for RRH the percentage of total participants who are BIPOC is 21%, and for PSH the percentage of total participants who are BIPOC is 18%. When looking at the exits to PH using LSA data, 27% of HH in the CoC exit to PH. BIPOC HH within the CoC have a 29% rate of exits to permanent destinations. This shows that BIPOC HH exits to PH are in line with the overall CoC exits to PH as well as white HH exits to PH (27%). This consistency in rates of those exiting to PH show parity in participation rates to permanent exits.

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

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes



4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,500 characters)

The CoC has a multipronged approach for the plan for ongoing evaluation of system level processes, policies and procedures for racial equity. First the CoC will annually conduct the CoC-wide membership Diversity Assessment and compare to HMIS data to ensure that CoC membership and leadership is reflective of our service population. Based on the results of that assessment and analysis of our comparison, targeted membership outreach will be conducted to ensure representation. The CoC is also committed to ensuring that system level processes such as coordinated entry are equitable. The CoC is an active member of the Regional Racial Justice Advisory Committee and as such creates and incorporates procedures for advancing equity into the homeless system. The CoC revised the vulnerability assessment tool in order to be more equitable. Continuous feedback from administrators of the tool, including those with lived experience is continuously sought to ensure that access to housing is equitable. Feedback is also sought from the Service Coordination Committee and the Steering Committee of which persons with lived experience are included to assess whether the system is equitable and those who are disproportionately experiencing poverty are able to access the system.

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

Describe in the field below:

1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and
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2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.
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**(limit 2,500 characters)**

1. The CoC tracks progress in preventing or eliminating disparities in the provision or outcomes of homeless assistance by comparative analysis of HMIS intake and outcome data. The CA completes a racial disparity analysis using the CoC Racial Equity Analysis Tool, LSA data and PIT data each year and presents the analysis to the CoC. Positive housing outcomes are reviewed to ensure that BIPOC households are accessing permanent housing at a rate similar to that of their white peers. The CoC reviews any outcome disparities regularly during HMIS and Service Coordination Committee meetings to monitor progress toward preventing and eliminating racial disparities in the CoC. The CoC will also seek to increase the diversity of its membership based on the results of the diversity assessment survey. The changes in membership are tracked. Completion of the diversity assessment survey is required for all CoC members.

2. The CoC uses a diversity matrix, the results of which are tracked and compared to HMIS demographic data annually to show equitable representation of CoC leadership. The CoC also reviews outcome and discharge data with the CoC Racial Equity Analysis Tool, LSAs and PIT data to ensure that BIPOC households are discharged positively at the same rate as white households.

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

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.
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**(limit 2,500 characters)**

The CoC uses targeted outreach through homeless service providers to engage those with lived experience of homelessness in leadership roles and decision-making processes. The representation of people with recent lived experience has grown by 17%, in the CoC. The Lived Experience Advisory Board (LEAB) has taken shape due to the CoC's expanded outreach efforts which includes current and past program recipients. The LEAB contributes to NOFO project planning meetings, are members of all CoC committees, and lead CE efforts. The LEAB chair solicits membership by attending all CoC meetings to discuss the importance of LEAB. The LEAB chair undertook considerable efforts to connect and find people with lived experience to further the CoC’s work. This year the LEAB advocated to state leadership for Public Assistance reform and were crucial in the creation of the BoS-VAT. Though they may not all be serving on the LEAB, the Diversity Assessment survey deployed in August of 2024 revealed that 28% of the CoC's membership has lived homeless experience. Of those with lived experience, 17% reported that their experience was within the past 3 years.

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

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

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

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

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

**(limit 2,500 characters)**

CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness. Many CoC agencies have staff who have formerly been homeless. These staff are able to share their past life experiences with other agency employees and provide input into agency policies and procedures. In turn, member agencies offer professional development opportunities for those with lived experience to assist them with educational opportunities and the on-the-job training needed to support their performance of job duties and prepare them to progress into management level positions. Some of the member agencies use peer-delivered service models in which peers are trained to provide outreach and direct services to homeless persons. The peers who provide these services receive payment, as well as training in trauma-informed peer support, empowerment, establishing appropriate boundaries, and self-care in order to prevent burn out. Some agencies employ persons with lived experience who are trained in public speaking and advocacy skills to communicate the needs of homeless persons to policy makers and other community members. Because it values the input of persons with lived experience, the CoC is also implementing a stipend program for our LEAB membership. The chair of our LEAB is employed by a CoC project recipient, as are several of our LEAB members.

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

Describe in the field below:

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

**(limit 2,500 characters)**

1. CoC membership agencies gather feedback during case mgmt meetings & the LEAB provides continuous feedback to the CoC through monthly meetings. 28% of CoC members report having lived experience (LE) of homelessness & several also have leadership roles in the CoC. The CoC looks to members with LE to inform all matters from policy creation to HMIS data to the new BoS-VAT.

2. The CoC & ESG annual monitoring includes interviews with program participants. Information is compiled and reviewed by CoC & ESG program staff & shared with Steering Committee to inform policies & practices. Feedback is gathered at least monthly by the LEAB. CoC funded programs include an exit survey with program participants.

3. The CoC gathers feedback during annual monitoring by conducting interviews with current program participants. Participants are asked about their experience & information is included in monitoring reports to the CoC. Any exit survey results from projects are reviewed & incorporated into monitoring reports. Though it has never happened, if any issue were to be raised by program participants, the CoC Lead would address with the project immediately.

4. Information is gathered at least annually during CoC program monitoring by interview with program participants. The CoC also collaborates with the NYS ESG program in which an interview with program participants is conducted. ESG monitoring takes place at least once every 3 years. Surveys on program experience are done with participants upon exit from CoC program. Information is used on CoC & ESG monitoring reports. Any issues will be addressed by the CoC Lead.

5. The LEAB expressed difficulty with service providers not sharing information with one another. Previously the HMIS was a closed system due to the limitations of the HMIS Lead. The CoC advocated for years to the HMIS lead to open the system this year. The Steering Committee voted to open the system in 2023 and the process of opening the system was completed in early 2024. The CoC will add a stipend for persons with lived experience serving on the LEAB. The LEAB provided extensive feedback on challenges created by the VISPDAT and was instrumental in the creation of a new CoC assessment tool. Feedback from program participants also led to the creation of a tenant rights and responsibilities training created by the LEAB to support participants who may be new to tenancy. The training will be conducted biannually for anyone interested.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**

1. The CoC is committed to increasing both the affordable housing supply and access to that supply by households experiencing homelessness within the CoC. In the past 12 months the CoC has met with elected officials and advocated with local zoning boards to increase development for affordable housing, and housing for persons and families experiencing homelessness. County land banks are active members of the CoC and advocates on behalf of the housing needs of the CoC. The CoC also engages state government to reform zoning and land use policy to allow for ease of housing development. In the past 12 months, the CoC has also advocated with local governments for the development of state and locally funded warming centers to provide emergency shelter for individuals with complex service needs that may otherwise be ineligible for emergency housing placements through public assistance. The CoC has also successfully advocated to local governments and planning boards for the development of supportive and affordable housing in their counties. CoC members have also lobbied local planning and government boards to bring awareness to homelessness in their communities. This advocacy, though initially met with resistance from local officials due to NIMBY-ism, has been successful in opening the door for additional temporary and permanent housing opportunities for persons and families experiencing homelessness. As a result of the efforts of the CoC in the past 12 months one new housing development for supportive and affordable housing has been approved by local legislators.

2. Regulatory barriers have the potential to hinder housing development in the CoC and limit access to housing by persons and families experiencing homelessness. The CoC works with local code enforcement and zoning boards in an effort to educate them about regulatory provisions that may be a barrier. Local code enforcement staff attend CoC meetings to learn about development goals for the CoC and inform members how the barriers can be reduced in order to encourage development. NYS has a new pro-housing community program incentivizing the creation of additional housing by prioritizing pro-housing communities for specific housing funding. The CoC is working to ensure that all counties that are eligible opt-in to the pro-housing community designation.

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	06/07/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	04/30/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.  NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	120
2.	How many renewal projects did your CoC submit?	11
3.	What renewal project type did most applicants use?	Tie

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.  NOFO Section V.B.2.d.	
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Describe in the field below:	
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. The CoC collects and analyzes project-level data from System Performance Measures (SPM), APRs and the PIT/HIC. Projects are scored up to 10 points on occupancy or utilization rate. An additional 10 points are given to projects that can show housing stability amongst participants (above 90% of participants who remain or exit to permanent housing). Projects that indicate in their project application that they focus on a more vulnerable population that can account for inability to meet outcomes (chronic homeless, persons with SPMI/SUD, domestic violence victims, persons with criminal histories, persons with low or no income) are awarded five additional points during project review.

2. The HMIS Committee regularly reviews project-level reports from HMIS, APRs and other custom reports to determine the average and median length of time it takes to house people in PH programs. Outlying data points are discussed at CoC meetings and with individual programs. This metric will be added to the rank and review tool next year to prioritize programs that move clients into permanent housing quickly and account for barriers that programs might experience when working with more vulnerable populations.

3. The CoC's rank and review tool ensures programs are Housing First and do not screen individuals or families out due to history of victimization or domestic violence, criminal histories, chronic homelessness, low or no income, or current or past substance abuse. It is crucial that programs that serve clients with severe barriers adhere to Housing First principals.

4. When scoring the projects that focused on a harder to serve population the committee considered the following populations: those with low or no income, current or past substance abuse, criminal records, chronic homelessness, history of DV, disabling condition and made allowances for lower program outcomes. Reviewers also considered that a renewal project serving a higher need population may be ranked higher though program outcomes may be lower than those of other programs. For new projects, reviewers may prioritize a project serving a specific high need population provided that there is a documented need. Since the CoC was fortunate enough to receive CoC Bonus funding last year, priority was given to projects in counties that did not receive funding.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	



**(limit 2,500 characters)**

Comparison between census and HMIS data shows that BIPOC HH are represented in the homeless system at a rate of at least 1.6 times compared to the general population. This is a decrease of 2.7 times from the 2023 rate. While this is an overall decrease from last year, data indicates an overrepresentation of BIPOC in CoC housing projects. Accounting for this disparity, the CoC sought to obtain and include input from persons of different races, when determining rating factors used to review project applications by using information gathered from participation in the CoC’s Lived Experience Advisory Board (LEAB) and the Regional Racial Justice Advisory Committee (RRJAC) in creating and updating rank and review tool questions. As part of the RRJAC, the CoC works to identify and implement strategic initiatives that promote racial equity within the CoC and homeless services system. The CoC analyzed and updated application questions from a racial, equity, diversity and inclusion lens.

1. Input from persons of different races was achieved through the CoC’s LEAB and participation in RRJAC. The input affected how the CoC determined rating factors used to review project applications. This resulted in the creation of rank and review tools that rated projects on agency efforts to increase racial equity and address existing racial disparities in the system.

2. The CoC included persons of different races, particularly those overrepresented in the local homelessness population in the review, selection and ranking process. Members of the CoC with the LEAB and the RRJAC to ensure a diverse CoC membership, board and committees.

3. The CoC rated and ranked projects based on the degree to which projects identified barriers to participation and have taken steps to eliminate those barriers by making this part of the rank and review process. Applicants were asked about the steps they have taken to address racial equity and address existing disparities. Questions include how well the application 1-participates in activities related to promotion of racial equity among homeless households, including identified barriers, 2-promotes diversity equity and inclusion amongst participants, 3-incorporates persons with lived experience in the decision-making processes to eliminate barriers, 4-incorporates participant feedback in daily program operations.

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

Describe in the field below:

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

**(limit 2,500 characters)**

1. The HMIS/Data Committee meets regularly to review program performance data, including systems performance measures, reduction in first time homelessness, reduction in return to homelessness, increased income by employment and non-employment cash income, drawdowns, and occupancy. This is also reviewed at monthly CoC meetings. In addition, the CA monitors projects via program reports, site visits and regular telephone contact. Through these processes, programs may be identified as under-performing or no longer meeting a local need. The CoC created a matrix to use during project monitoring to assist with determining whether or not a program is at risk of reallocation. The matrix assesses items like program occupancy, current demographics of the CE list, and program spending.
2. In 2024, the CoC did not identify any projects through its monitoring process using the reallocation matrix that were at-risk of reallocation.
3. The CoC did not reallocate any projects this year.
4. The CoC opted not to reallocate any programs this year as all are well performing. The CoC continues to provide support as programs adopt and implement CoC policies. The CoC will continue to use the project monitoring matrix to determine projects vulnerable to reallocation. The CoC considers steps that projects have taken to address concerns found during project monitoring.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

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

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/11/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC’s website or partner’s website.	10/25/2024
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## 2A. Homeless Management Information System (HMIS) Implementation

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

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

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Foothold AWARDS
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<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/06/2024
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<b>2A-4.</b>	<b>Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.</b>	
	NOFO Section V.B.3.b.	

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

**(limit 2,500 characters)**

1. The CoC and its HMIS Administrator have put considerable effort into ensuring that DV housing and service providers have access to comparable databases, working to directly support Victim Service Providers (VSP) in their effort to collect data. The CoC is proud to report 100% DV bed coverage in comparable databases. All use EmpowerDB as their comparable database. The comparable databases (EmpowerDB) collect the same elements required in the HUD-published 2024 HMIS Data Standards. Our DV providers receive CoC and ESG funding and are therefore required to upload exports from their comparable databases to HUD's SAGE system. The CoC in collaboration with the HMIS administrator, does an annual review of the comparable database to ensure it is meeting the database requirements. EmpowerDB is compliant with HUD standards.

2. DV housing and service providers in the CoC are using a HUD-compliant comparable database, EmpowerDB, that is compliant with the FY 2024 HMIS Data Standards.

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	941	25	896	92.75%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	5	0	5	100.00%
4. Rapid Re-Housing (RRH) beds	171	35	204	99.03%
5. Permanent Supportive Housing (PSH) beds	202	0	180	89.11%
6. Other Permanent Housing (OPH) beds	13	0	8	61.54%

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,500 characters)**

1. The CoC coverage rate for OPH beds is less than 85%. These beds utilize Stability Vouchers. The Stability Vouchers program has no supportive component but are dedicated for people experiencing homelessness. The 8 Stability Vouchers through HCR are in HMIS, but there are 5 vouchers through the Herkimer Housing Authority that the CoC seeks to bring into HMIS. The Herkimer Housing Authority is a new resource that the CoC cultivated. The CoC will work with the Herkimer Housing Authority and the HMIS administrator by having meetings and trainings to obtain the data necessary to establish Stability Voucher beds into HMIS. The CoC expects that this will be done within the next seven months as outlined below.

2. The CoC Lead will conduct outreach to Herkimer Housing Authority by January 2025. A meeting will be held by February 2025 to review the CoC role and provide an overview of HMIS. The CoC expects this will be received favorably and will facilitate access to HMIS. Subsequent HMIS trainings will be conducted by April 2025 to ensure understanding and reporting requirements. It is expected that the remaining Stability Vouchers will be entered into HMIS by May 2025.

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

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/30/2024
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/08/2024
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.</b>	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. During the planning process for the 2024 PIT Count, the CoC consulted with youth services providers including the youth street outreach program, runaway and homeless youth providers, host homes, the Transitional Living Program (TLP) and Basic Center Program (BCP) provider, and county Youth Bureaus. These providers involved homeless youth in the CoC’s actual count and recommended additional stakeholders to participate in the count.

2. The youth providers in the CoC work with youth who are homeless or at risk of homelessness in the community to assist with the actual unsheltered count. Homeless youth also provide the CoC with known locations where homeless youth may be living so those youth can be identified for the unsheltered count. In 2024, four youth were found living in new encampments.

3. Stakeholders such as youth and youth service providers mapped known locations for unsheltered youth and provided numbers of youth in emergency and transitional housing for the sheltered count. Youth identified locations such as abandoned buildings and locations along railroad tracks that youth may sleep at night. The CoC also gathered information and a count on precariously housed high school and college students who, though not eligible to be included in the count, may be in need of services from local youth service providers.

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

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

(limit 2,500 characters)



1. The CoC did not make changes to its sheltered PIT Count implementation. The CoC did increase data quality by working with new warming centers to provide information on people experiencing homelessness on the night of the count. The numbers of sheltered homeless individuals and families increased due to an increase in non-congregate sheltering on the night of the PIT Count. People that may have gone uncounted in previous years were able to access shelter in hotels. The CoC also noted an increase in individuals and families who were able to access shelter during the winter months due to an increased awareness in the statewide Code Blue policy to provide shelter to anyone in need when the temperature is below 32 degrees. People in shelter have presented with more complex needs, causing longer shelter stays as there is a lack of appropriate housing units to meet their needs. Asylum seekers have also contributed to an increase in sheltered numbers.
2. The CoC did not change the unsheltered PIT count methodology.
3. The CoC's PIT Count was affected by people seeking short-term shelter who recently arrived in the CoCs' geographic area. The CoC observed an increase in sheltered PIT Count numbers amongst migrant individuals and families. Part of the CoC borders Canada and has historically been an informal access point to Canada for migrants traveling through the US to Canada. When migrants arrive in the US, particularly via New York City, buses of families and single adults travel to the US-Canadian border via Clinton County. This unofficial border crossing closed in 2023 and is no longer a Canadian access point, yet migrants are still traveling to the border to attempt crossing. If denied entry, individuals and families are left stranded in Clinton County and served in emergency shelter by the local social services district and connected with community resources. Dozens of migrant households are accessing the after-hours emergency shelter placement hotline per week. In addition to the above, in response to the migrant crisis, some upstate counties in the CoC coverage area are providing assistance with relocating asylum seekers. This continues to stretch the homeless system providing services to more families and singles in non-congregate shelter.
4. The CoC did not change the sheltered or unsheltered PIT Count methodology. Some of the increases in numbers can be attributed to an increase in asylum seekers.
5. Not Applicable - no changes to the methodology.

## 2C. System Performance

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

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

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

The CoC's first time homeless numbers increased this year largely due to the loss of ESGCV funds. The CoC continues to evaluate first time homeless data & risk factors to employ effective strategies to address those risk factors.

1. The CoC utilizes data from HMIS, CE, SPMs, & Stella to identify risk factors. This data is reviewed by the Data Committee & at CoC meetings to identify risk factors based on demographics, prior living situation & reason for homeless episode. The new CE assessment tool includes a prevention element for screening those who are at-risk of homelessness. In addition to the factors listed above, the tool includes considerations such as housing history (number of moves, evictions) & other vulnerability factors. The Lived Experience Advisory Board (LEAB) also aids with identifying risk factors for incorporation into CoC strategy to address individuals & families at risk of becoming homeless.

2. The CoC has several strategies to address those at risk of becoming homeless. A) Based on risk factors identified above, the CoC conducts targeted outreach to community partners (prevention providers, social services, faith-based orgs, soup kitchens, etc.) who serve vulnerable populations to attempt diversion & offer information on available resources. Prevention workers are stationed at various service organizations throughout the community including social service districts and city, town & village courts to provide back rent payments & case management. B) Increase the supply of prevention funding- legal service providers within the CoC are in receipt of unprecedented State funding. The CoC coordinates with these legal providers to connect anyone identified as at risk of homelessness to these providers & other service providers for homelessness prevention, including payment of rental arrears. C) Increase supply of affordable housing & housing subsidies to prevent homelessness, especially for families, by soliciting supportive & affordable housing developers.

3. The Steering Committee, comprised of 2 community providers and a district Commissioner from each county as well as several other government & lived experience reps, in partnership with the HMIS & CE Committees, is responsible for overseeing the CoC's strategy to reduce & ultimately end the number of persons experiencing homelessness for the first time. The co-chairs of the Steering Committee are reps from Connecting Communities in Action (CCA) and Sullivan Dept of Social Services (DSS).

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	
Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:		
1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	Yes

(limit 2,500 characters)

The CoC observed an increase in first time homeless numbers amongst migrant individuals and families. Part of the CoC borders Canada and has historically been an informal access point to Canada for migrants traveling through the US to Canada. When migrants arrived in the US, particularly via New York City, buses of families and single adults travel to the US-Canadian border via Clinton County. This unofficial border crossing closed in early 2023 and is no longer a Canadian access point, yet migrants are still traveling to the border to attempt crossing. If denied entry, individuals and families are left stranded in Clinton County and served in emergency shelter by the local social services district and connected with community resources. An average of 20 migrant households are accessing the after-hours emergency shelter placement hotline per week. In addition to the above, in response to the migrant crisis, some upstate counties in the CoC coverage area are providing assistance with relocating asylum seekers. This has unquestionably stretched the homeless system providing services to more families and singles in shelter.

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC’s Strategy.</b>	
	NOFO Section V.B.5.c.	
	In the field below:	
1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

**(limit 2,500 characters)**

1. The CoC's strategy to reduce the length of time a person is homeless is to ensure rapid placement to permanent housing through CE. The CoC ensures that all potential housing providers are engaged in CE and able to receive referrals. The CoC strives to remove barriers to CE participation by providing technical assistance and collaboration with all community providers, regardless of funding source. The CoC is also working towards increasing permanent housing availability through A) targeted outreach to affordable housing developers; B) identifying and working with agencies to develop new supportive housing projects, including the NYS Empire State Supportive Housing Initiative (ESSHI) for services and operating costs and the Homeless Housing Assistance Program (HHAP) for capital development; (C) providing letters of support and technical assistance for proposed ESSHI projects; and (D) partnering with Public Housing Agencies (PHA) for homeless preference referrals via CE. The CoC also works with the PHA on special voucher opportunities, such as Emergency Housing Vouchers (EHV), Stability Vouchers (SV) and Fostering Youth to Independence (FYI) Vouchers. The CoC is working to establish a landlord mitigation fund to incentivize landlords acceptance of households experiencing homelessness into private housing. This is in addition to a focused effort by the CoC to cultivate landlord relationships through case management services.

2. The CoC identifies and prioritizes households with the longest history of homelessness through the CE process. The CE process includes length of homelessness in its vulnerability assessment, giving priority to those who have been homeless the longest. Those who have the longest histories of homelessness are primarily assisted in accessing PSH programs that offer both housing and supportive services. The CE committee, made up of shelter, outreach, PSH/RRH staff and public housing agencies, meet at least monthly to case conference the by-name list and discuss barriers to housing those with the greatest length of time homeless.

3. The Steering Committee led by reps from CCA and Sullivan DSS, in partnership with the LEAB (led by reps from ROME), HMIS (led by reps from CCA) and CE Committees (led by reps from Cove Care and IPH), are responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy. NOFO Section V.B.5.d.	
In the field below:		
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. The CoC's strategy to increase the rate that individuals and persons in families residing in ES, TH and RRH exit to PH destinations is to have an effective and efficient CE system. The CE system connects the most vulnerable unsheltered and sheltered homeless individuals/families to the most appropriate available permanent housing placement. Households experiencing homelessness in the CoC that do not self-resolve are added to the CE list. The CoC ensures that CE case conferencing and referrals occur at least monthly and has a broad array of participation from referring agencies and PH placement opportunities including non-CoC-funded entities. The CoC coordinates with state funded mental health housing to ensure homeless households have access to other types of housing that may not be exclusively for persons experiencing homelessness, but for which homeless households are eligible. The CoC makes by name CE referrals to special use Housing Choice Vouchers such as EHV, FYI and SVs. The CoC also makes by name referrals to the Rental Supplement Program (RSP) a state funded, locally administered, rental assistance program for households experiencing homelessness. The CoC is working with state funders and affordable and supportive housing developers to increase the housing stock.

2. The CoC's strategy to increase the rate that individuals and persons in families exit to PH destinations or retain their PH is to ensure adequate case management and supportive services for enrolled participants, including assistance with and referrals to medical/mental health appointments, outpatient treatment; applications for mainstream benefits (SNAP, TANF); assisting households with applying for SSI/SSDI, using the SOAR method; and assisting with securing and maintaining employment. The CoC provides policies and related training for person centered case management to ensure successful outcomes for program participants. The CoC develops landlord relationships to allow for mediation for households in PH. The CoC works with PHAs and RSP as part of the CoC's Moving On Strategy for PH exits. There is also time at CE case conferencing to discuss anyone whose housing may be at risk and brainstorm strategies for housing stability.

3. The Steering Committee led by reps from CCA and Sullivan DSS, in partnership with the HMIS Committee (led by reps from CCA), is responsible for overseeing the CoC's strategy to increase the rate that individuals and families exit to or retain PH.

2C-4.	Reducing Returns to Homelessness—CoC's Strategy.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. The CoC identifies individuals and families who return to homelessness through quantitative data analysis by the HMIS Committee, in collaboration with the HMIS Lead. Data is reviewed quarterly and includes information from HMIS, SPMs and Stella. Additionally, the CE case conferencing group identifies specific individuals monthly that may be at risk for returning to homelessness. The CA hired a Research Specialist, with planning funds, to work closely with the HMIS Lead to examine data related to risk factors and identify trends for households that return to homelessness.
  
2. The CoC's strategy to reduce the rate of returns to homelessness is based on establishing strong collaborative partnerships with community agencies that have resources for preventing homelessness such as legal services, districts and community agencies that pay back rent. The CE committees identify those at-risk during case conferencing, make connections with other providers and remove barriers to housing stability. The CoC is also working to increase capacity for positive landlord relationships. The CoC was awarded projects as part of the Special Rural NOFO competition which funds a landlord liaison to work specifically on landlord development. The CoC is also working towards a landlord mitigation fund that would help to create positive working relationships with homeless service agencies and private landlords, which will in turn decrease evictions of housed individuals and families that may have been recently homeless.
  
3. The Steering Committee (led by reps from CCA and Sullivan DSS), in partnership with the HMIS (led by reps from CCA) and CE Committees (led by reps from Cove Care and IPH), are responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

**(limit 2,500 characters)**

1. The CoC's strategy to access employment cash sources is for CoC members to assist applicants in increasing employment income through work activities including applicant job search, job readiness training, work experience, referral to community-based partnerships with the Department of Labor (DOL) Career Centers to access services to look for employment, attendance at job fairs and direct referral to employment opportunities. Individuals are encouraged to explore educational opportunities including adult basic education, high school equivalency, English as a second language, literacy testing, vocational education and higher education to increase job prospects and increase wages. The CoC works with the NYS Adult Career and Continuing Education Services Vocational Rehabilitation (ACCESVR) to gain assistance with all of the above services. CoC members have relationships with mainstream employers to connect people in receipt of public assistance to employment. The CoC also encourages the use of RRH program funds for participant certifications and trainings that will lead to an increase in employment income.

2. The CoC works with mainstream employment organizations by partnering with Workforce Innovation and Opportunity Act (WIOA) programs including One-Stop, Local Workforce Development Boards, DOL programs and Adult Career & Continuing Education Services. Referrals are also made to partners for job fairs, exploration of educational opportunities and job searches. CoC members may be co-located with a One-Stop or Career Center and hold onsite job fairs and employer recruitment opportunities in conjunction with partners in the community. Employment assessment and employment plans are reviewed with the individual and updated as changes occur and increased work hours, career advancement, and further education are pursued. Work supports, including the Earned Income Tax Credit and Volunteer Tax Assistance, are also used to assist families to meet employment goals.

3. The Steering Committee (led by reps from CCA and Sullivan DSS), in partnership with the HMIS (led by reps of CCA), Service Coordination (led by reps from Search for Change and the Putnam Women's Resource Center) and CE Committees (led by Cove Care and IPH), are responsible for overseeing the CoC's strategy to increase income from employment.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)



1. The CoC's strategy to increase non-employment cash income is to refer all who present as homeless for benefits such as Unemployment Insurance, child support, SSI/SSDI and VA benefits. All case managers are trained in mainstream cash benefits eligibility and application processes, such as TANF, SNAP and HEAP. Clients are assisted in applying for these mainstream benefits. OTDA, as the CA, is uniquely positioned to help the CoC with its strategy. A core component of OTDA's mission is to help vulnerable New Yorkers meet their essential needs and advance economically. OTDA also supervises social services districts to ensure the districts are fulfilling this mission. Local social service commissioners are active members of the CoC and update all of the CoC membership on any changes in mainstream cash benefits. The CoC monitors outcomes related to income increases of CoC-funded programs on a quarterly basis. The CoC's strategy to increase access to non-employment cash income also includes encouraging all programs within the CoC to have staff trained in SSI/SSDI Outreach, Access and Recovery (SOAR). For example, providers with SOAR-trained staff are awarded additional points in CoC program applications. As the CA, OTDA developed a strategy to increase dedicated SOAR staff across the CoC using ESG-CV, CoC funds, DV Bonus funds and Special NOFO funds and identified sources for continued funding for SOAR positions as ESG-CV expired. The CA also works closely with the SOAR TA Center to develop opportunities to bring the SOAR method to all areas of the CoC, including presentations to CoC members and individual meetings with agencies interested in incorporating the method in their work throughout the community. The CoC now has so many funded staff doing SOAR that a workgroup was formed to further efforts and identify system enhancements.

2. The Steering Committee (led by reps from CCA and Sullivan DSS), the SOAR workgroup (led by reps from Clinton DSS and ETC) in partnership with the HMIS (led by reps from CCA) and Service Coordination Committees (led by reps from Search for Change and the Putnam Women's Resource Center), are responsible for overseeing the CoC's strategy to increase non-employment cash income.

### 3A. Coordination with Housing and Healthcare

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

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

### 3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

Not applicable.

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

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

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

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not applicable.

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

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

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

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

<b>Did your CoC submit one or more new project applications for DV Bonus Funding?</b>	<b>Yes</b>
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<b>4A-1a.</b>	<b>DV Bonus Project Types.</b>	
	NOFO Section I.B.3.j.	

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

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

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

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

1.	Enter the number of survivors that need housing or services:	652
2.	Enter the number of survivors your CoC is currently serving:	239
3.	Unmet Need:	413

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

**(limit 2,500 characters)**

1. The number of DV survivors needing housing or services in NY-525 BoS CoC was calculated using the cumulative number of survivors served as shown in the comparable database as well as internal DV agency data gathered from tracking hotline calls and community referrals that were collected in spreadsheets for a one-year period.

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

3. There are multiple factors that explain why the needs of all survivors in the BoS are not fully met. There is a current lack of housing inventory, which has caused the rental market to become static. There also has historically been a lack of rental subsidies specifically targeted to survivors of domestic violence. ESG and ESG-CV made an impact on the number of households in the BoS that can be housed in the short-term, however funding for ESGCV has ended. Receiving additional CoC-funded DV Bonus money will allow the CoC to expand its current projects dedicated to rehousing survivors. Barriers for survivors include a lack of adequate income and access to savings. Service needs of DV survivors are met to the fullest extent possible by Victim Service Providers (VSP) throughout the BoS and with the support of a network of community resources and partners.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

<b>Applicant Name</b>
Fearless! Hudson ...
Putnam Northern W...
STOP Domestic Vio...

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

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

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

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

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

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

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

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

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

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

1. Fearless has extensive experience housing DV survivors. All survivors in the Fearless DV shelter are assessed by an advocate at entry. Once a screening & intake is complete, Fearless staff discuss housing options with the survivor & preferences on where to live, family composition, special needs, affordability, & other stipulations that may affect housing. Once the survivor is ready, advocates discuss plans to quickly exit shelter & ways Fearless can assist, including DVRRH. The survivor completes a budget & rental assistance calculation if interested in a program with a subsidy such as DVRRH, Housing Choice Voucher (HCV) or RSP (state funded rental assistance). If requested, Fearless staff completes a vulnerability assessment & a referral is made to CE. Case managers then work with each survivor to look for apts, contact LLs & move into safe affordable housing.
2. Fearless has experience prioritizing survivors. The BoS-VAT prioritizes survivors by allocating extra points based on safety of current living situation. When CE referral is done, Fearless provides an anonymous ID to the CE Coordinator to be added to the CE list. When selected, the referred housing program contacts the survivor. Fearless completes releases & eligibility paperwork with the survivor & coordinates services between program & survivor to ensure seamless transition. Advocates are educated on the CoC's Emergency Transfer Plan.
3. Fearless prides itself on determining survivors' supportive service needs. After settled & safe in DV shelter, Fearless assesses needs & goals with the survivor during case management mtgs. Survivors self-direct their supportive services as all programs are person centered & trauma informed.
4. Fearless has a history of community collaborations & making successful & meaningful connections for the survivor. Once needs are assessed, staff make referrals to community resources including primary care, MH, SUD, DSS/CPS, Medicaid Care Management, legal aid, education & employment providers, support groups, & any survivor requested services.
5. Fearless has a successful history of moving survivors from assisted housing to housing they could sustain. Fearless staff work with survivors post housing placement to address service & subsidy needs. PH stability needs are reviewed with the advocate, housing program & survivor, to ensure long-term safe & stable housing. All DV-RRH participants are referred to HCV, Stability Vouchers, PSH or RSP for long-term subsidy.



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

**(limit 2,500 characters)**

1. Fearless has experience ensuring survivor safety/privacy/confidentiality. DV intake is conducted privately in staff office or private conference room. There are several private spaces to ensure confidentiality is always available. Childcare is provided so children accompanying a parent are occupied & the parent can concentrate on the conversation in a private manner. 2. Fearless has proven experience making determinations & placement into safe housing. Staff are educated on the need for individual person-centered safety planning. Staff are given a Safety Plan template to use as a guide but are encouraged to gather as much info as possible. Info gathered during safety planning is used in concert w/client choice on how to make a safe placement into PH. 3. Fearless has a history of ensuring survivor information/location are kept confidential. Anyone visiting the safe dwelling signs confidentiality forms requiring they do not disclose the location of the facility. The number of contractors brought to the site are limited. New staff/residents agree not to disclose the location of the house or scattered housing. 4. Fearless has experience training staff on safety/confidentiality practices. Staff have been trained to screen for power/control or coercive control tactics to identify the primary abuser. Staff are trained re: importance of conducting separate interviews w/couples to effectively obtain the most useful information. Training also covers techniques for addressing victims fears, confidentiality & how to reassure the victim of the importance of gathering all relevant information. Training on confidentiality & safety policies & practices occur at onboarding of new staff & then annually. All staff (maintenance, admin, case managers) complete confidentiality & safety trainings. 5. Fearless has proven security measures for units that support safety/confidentiality. Advocates are trained to work w/survivors to help identify what they feel is the safest housing for them, whether congregate or scattered site. Advocate educates the survivor re: different housing options & helps them choose where they would feel safest. Congregate spaces are checked monthly for safety/confidentiality. Staff communicate w/the maintenance team or other responsible parties to assure all protections are maintained. Scattered site apts require additional safety/confidentiality protections that may vary, such as video doorbells, panic buttons, external lighting, cameras or security staff.

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

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

**(limit 2,500 characters)**

Fearless has a proven history of evaluating its ability to ensure DV survivors' safety. The project is centered around safety and confidentiality, and Fearless is equipped to support survivor safety. The dynamics of domestic violence victimization and safety concerns are dependent on the behavior of the abusive person and their choices to perpetrate harm; tactics may escalate, shift, or change as their control is challenged in some way. Despite this, the project applicant ensures the confidentiality of its locations, specifically shelter, as well as locations related to the survivors who may access services. These efforts have been in place for decades and will remain in place to ensure survivor safety in accessing services and navigating life free from violence and abuse. Evaluation of the ability to ensure safety in the DV Bonus project has led to implementation of new safety standards in scattered site housing options.

The project works with landlords and survivors themselves to evaluate safety measures that are most supportive. This includes ensuring appropriate external lighting, the use of video doorbells or cameras, additional locks, window locks, security bars, and other strategies, as appropriate. The project also employs participant surveys to assist with the evaluation of safety protocols. The DV RRH project has been operating for two years and has continuously assessed the ability to ensure safety through feedback gathered in surveys, regular case management meetings with survivors, program review with staff and annual CoC monitoring.

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

Describe in the field below the project applicant's experience in:

1.	prioritizing placement and stabilization of survivors;
2.	placing survivors in permanent housing;
3.	placing and stabilizing survivors consistent with their preferences; and
4.	placing and stabilizing survivors consistent with their stated needs.

**(limit 2,500 characters)**

1. Fearless has extensive experience prioritizing placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.
2. Fearless has experience successfully placing survivors in permanent housing. In the most recently completed DV-RRH program year, 8 people were successfully placed and remained in housing at least six months after placement. Topics explored for placement plan included geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.
3. Fearless has long provided survivor directed placements and stabilizing services. All decisions are made by the survivor, but the advocate helps to move the process forward in a timely fashion by reminding of goals, setting time frames, and time limits. The advocate works to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups, and community housing meetings; the advocate provides the participant with options that meet or exceed their preferences.
4. Fearless prides themselves on their experience placing and stabilizing survivors consistent with their stated needs. Advocates works to ensure that both the preferences and stated needs are addressed when locating housing, ensuring that placement will be stable. Program staff have confidence in the survivor to express their needs. Housing placements are based on prioritizing preferences and stated needs. In the last program year Fearless worked with participants for placements that included their choice of location, proximity to family, what floor the unit was on and type of apartment. Regular home-visits or case management meetings provide a time for participants to work with advocates and remove barriers to housing stability.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
	1. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
	2. providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
	3. emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
	4. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	
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**(limit 5,000 characters)**

1. Fearless has embedded trauma-informed, survivor-centered approaches in services administered by the agency. Staff are provided training on understanding vulnerability, power differentials, ethical awareness, and mutual respect. The program uses a survivor-centered approach. The survivor is considered the expert on their own life. Program staff provide information and education when requested and help the survivor identify solutions and resources. Staff use open communication and are trained on de-escalation techniques and conflict resolution. Staff work toward identifying and working through issues, rather than taking sides or finding fault and blame. Survivors are empowered to make decisions for their life with support from the advocate; the advocate does not make decisions for the survivor. Advocates help assess the risks and benefits associated with certain decisions, but they do not make the decision on any course of action.
2. Fearless has experience providing information on trauma to both survivors and staff. Training is offered several times a year on trauma-informed care and its effects on survivors. As part of the supportive counseling process for all victims, advocates educate clients on trauma, how trauma affects the brain, mental health, decision making and effects on the family. Providing program participants with information on trauma helps children and parents process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors; enhance safety, growth, and parenting skills; and family communication. Each survivor is assigned an advocate for supportive counseling who also provides education and family-centered support, evaluates stress and risk factors for trauma, and addresses trauma specific interventions based on the program participant's needs.
3. Fearless case planning has always been survivor-centered. Participants complete a needs assessment and goal plan, determining their own individual goals and family goals. Focus is on short-term goals, leading to the participant's long-term goals, to show the survivor a pattern of progress made and focus on the future. Short-term goals enable the survivor to maintain focus on the path they have set-out towards achieving their longer-term goal. Focusing on strengths helps to provide a welcome boost to productivity and client engagement in the housing process. By having an active role in the progression of the goals, the client learns problem-solving skills and about the importance of accessing community resources for sustainability. Families are empowered to reach their goals independently, with assistance from staff, where they feel it is necessary. Family 'milestones' are identified and celebrated.
4. Fearless prides itself on a history of providing service centering on cultural responsiveness and inclusivity. Program staff are trained several times per year on cultural competence, accommodating culturally specific needs and inclusion. Training topics directly relate to providing services, new trends in victimization, advocacy improvement, Trauma-Informed Care, collaborations or anything pertinent to working with victims and ensuring a continued nondiscrimination approach to services. In Sullivan County, 19% of the population is Hispanic and many of the survivors served have a language barrier. Two bilingual advocates (English/Spanish) are on staff and the agency contracts with a Language Line to help mitigate this potential barrier.
5. Fearless has experience providing a variety of opportunities for survivors' connections. Support groups and supportive counseling is offered weekly. Referrals to other community groups are made for spiritual/religious services and activities in the community that will foster healthy family relationships. Living Independently curriculum is used in response to resident requests and is offered to program participants a few times per year.
6. Fearless has experience offering support for survivor parenting. Parenting

groups are provided, and referrals are made to family education and support groups. Fearless employs a Childcare/Outreach and Education Coordinator. This staff member is assigned to look specifically at meeting the needs of the children in the family; assists with enrolling children in local schools, Head Start, or securing day care. The legal services provider in Sullivan County is an active member of the CoC and works closely with Fearless on identifying the legal needs of survivors and providing those services in a trauma-informed manner.

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

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.
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**(limit 5,000 characters)**

Fearless has extensive experience meeting the service needs of DV survivors. Program staff offered the following supportive services while quickly moving survivors into permanent housing and addressing safety needs:

- completed intake with each new applicant, including a safety plan, as an individualized strategy meant to utilize a person's unique strengths and abilities;
- met with survivors to address needs, for supportive counseling and to review educational material; such as the Power & Control Wheel, trauma-bonding and trauma related material, family and relationships;
- assisted survivors to pursue court orders on Family Offense (Order of Protections), Child Custody and Child Support;
- offered free legal services, through an attorney, for Family Offenses and Divorce proceedings;
- assisted survivors in applying for a confidential address through the Address Confidentiality Program through the New York State Department of State (NYS DOS);
- assisted survivors with applying for microloans through the Independence Project through National Network to End Domestic Violence (NNEDV) to rebuild credit;
- assisted survivors with applying for DSS benefits, birth certificates, social security cards and driver's licenses;
- connected survivors with transportation solutions;
- secured moving trucks/services and storage units that are necessary for leaving a home where violence has occurred;
- provided beds, dressers and kitchenware to families to furnish their new permanent housing units;
- supplied survivors with food to start them off in their new home; and
- connected survivors to other community supports for remaining needs.

Fearless also operates a 24-Hour Crisis Hotline – Program offered a 24-hour confidential hotline service for survivors, victims, and those affected by domestic violence. This service provided information on topics such as fleeing domestic violence, financial abuse, court services, after-hours supportive telephone counseling, shelter and referrals to other shelters/housing options.

Supportive Counseling – Program offered survivors supportive counseling to assist with improvement of self-esteem, normalize their situation and feelings, regulate impulses and negative thinking, and reinforce the ability to cope with life stressors and challenges.

Legal & Personal Advocacy – Program offered personal advocacy to the survivor when in need of support at medical appointments, DSS/CPS, legal/lawyers, court appearances, law enforcement or anything else in the community they requested related to their domestic violence.

Safe House/Shelter – Program operated a 37-bed safe dwelling for all populations, and was able to offer this emergency shelter, as well as hotel rooms when appropriate, for victims seeking shelter.

Outreach and Education – Program offered outreach and education to the survivors, their families and all community members. Advocates provided outreach and educational information at multiple community events including health fairs and events at the local Community College, food distributions, CPS/DSS, Tourism Recreation & Parks, local churches and schools. Program held monthly Task Force Meetings with multiple community agencies.

Information & Referrals – Program gave information and made referrals to survivors to provide them with resources for shelter/housing, mental health, substance use, medical appointments, food insecurities, housing, relocations, transportation, education, childcare and other community agencies that assisted in empowerment.

911 Cell Phone Assistance – Program provided survivors with cell phones, services and minutes, so they had access to communicate with emergency services, their support system and Program office.

Office of Victims Services (OVS) Information & Claims Assistance – Program provided survivors with information about OVS and claims assistance when they were victims of a crime and suffered monetary damages.

Housing Services – Program provided survivors opportunities to secure permanent housing by attending CoC meetings; coordinating services with DV RRH, ESG RRH and CE Coordinator; working with Coordinated Care Services; and attending all conferences regarding the prevention of homelessness. Program was awarded the Safe Housing Grant to assist survivors in the county to secure and retain housing or relocate to safe housing.

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

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

(limit 2,500 characters)



1. Fearless will prioritize placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors will work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff will attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.
2. Advocates will work with survivors to create a plan for placement. Topics explored for placement plan will include geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.
3. The advocate will work to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate will provide the participant with options that meet or exceed their preferences. All decisions are made by the survivor, but the advocate will help to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits.
4. The advocate will work to ensure that both the preferences and stated needs of the survivor are addressed when searching for permanent housing. Program staff will trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs will the housing placement be stable and successful. Advocates will take direction from survivors and not pressure them to choose housing they may not be comfortable with just because it is available.

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

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

**(limit 5,000 characters)**

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

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

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

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

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

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

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

1. The new project will involve survivors with a range of lived experience in policy and program development by soliciting feedback from current and former program participants. Feedback will also be solicited from members of the LEAB who may have co-occurring service needs beyond domestic violence. Research gathered from the CoC membership analysis shows that 28% of the membership reports having some lived experience, including domestic violence. The DV RRH project will include the development and utilization of anonymous surveys to provide feedback as to how survivors would like to be involved in the project's policy and program development. The DV RRH project incorporates the experience of victims in the creation of shelter structure, requirements, activities, group development and services. All services are driven by survivor experiences and feedback is voluntary.

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

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

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

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

1.	Applicant Name	Putnam Northern Westchester Women's Resource Center
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	100%

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;

3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. The rates of housing placements of DV survivors was calculated using the cumulative number of survivors served as shown in the comparable database as well as the internal DV agency data gathered from tracking hotline calls and community referrals that were collected in spreadsheets and the Coordinated Entry (CE) list for a one-year period.
2. The rates reported all account for exits to safe housing destinations.
3. Project staff reach out to those who were discharged to confirm they are still housed. For those who exited shelter through the RRH program housing retention is confirmed through regular case management meeting and home visits. For those who exited shelter or the RRH program through other avenues, outreach is done by Putnam Northern Westchester Women's Resource Center (PNWWRC) after 6 months via phone call or mailer if contact is safe for the program participant.
4. All VSPs in the CoC uses the HMIS comparable database, EmpowerDB, and internal DV agency data intended to capture not only the number of people housed in emergency shelter, but also the number who reach out for assistance fleeing from an abusive situation.

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

Describe in the field below how the project applicant:

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

**(limit 2,500 characters)**

1. PNWWRC has extensive experiencing housing DV survivors. Survivors in the PNWWRC DV shelter are assessed by an advocate upon entry. Once a screening & intake is complete, Staff discuss housing options with the survivor & preferences on where to live, family composition, special needs, affordability & other stipulations that may affect housing. Once the survivor is ready, advocates discuss plans to remain in housing when leaving shelter & ways PNWWRC can assist, including DVRRH. The survivor completes a budget & rental assistance calculation if interested in a program with a subsidy such as DVRRH, Housing Choice Voucher (HCV) or RSP (state funded rental assistance). If requested, PNWWRC staff completes a vulnerability assessment & a referral is made to CE. Case managers then work with each survivor to look for apts, contact LLs & move into safe affordable housing.
2. PNWWRC has experience prioritizing survivors. When CE referral is done, PNWWRC provides an anonymous ID to the CE Coordinator to be added to the CE list. When selected, the referred housing program contacts the survivor. PNWWRC complete releases & eligibility paperwork with the survivor & coordinates services between program & survivor to ensure seamless transition. All advocates are educated on the CoCs Emergency Transfer Plan. The BoS-VAT prioritizes survivors by allocating extra points based on safety of current living situation.
3. PNWWRC prides itself on determining survivors' supportive needs. After settled & safe in the DV shelter, PNWWRC assesses needs & goals with the survivor during case management meetings. Survivors self-direct their supportive services as all programs are person-centered & trauma-informed.
4. PNWWRC has a history of community collaborations & making successful & meaningful connections for the survivor. Once needs are assessed, Staff make referrals to community resources including primary care, MH, SUD, DSS/CPS, Medicaid Care Management, legal aid, education & employment providers, support groups, & any survivor requested services.
5. PNWWRC has a successful history of moving survivors from assisted housing to housing they can sustain. Staff work with survivors post housing placement to address service & subsidy needs. PH stability needs are reviewed with the advocate, housing program & survivor to ensure long-term safe & stable housing. DV-RRH participants are referred to HCV programs, Stability Vouchers, PSH or RSP for long-term subsidy.

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

(limit 2,500 characters)

1.WRC has experience ensuring safety/privacy/confidentiality. DV Intake is conducted privately in Staff office or private conference room to ensure privacy. There are several private spaces to ensure a confidential space is always available. Childcare is provided so children accompanying a parent are occupied & the parent can concentrate on the conversation in a private manner. 2.WRC has proven experience making determinations & placements into safe housing. Staff are educated on the need for individual person-centered safety planning. Staff are given a Safety Plan template to use as a guide but are encouraged to gather as much safety info as possible. Info gathered during safety planning is used in concert w/ client choice on how to make a safe placement into PH. 3.WRC has a history of ensuring that survivor information/location are kept confidential. Anyone that visits the safe dwelling signs confidentiality forms that require they not disclose the facility location. The number of contractors brought to the site are limited. New staff and residents agree not to disclose the location of the house or scattered site housing. 4.WRC has experience training staff on safety/confidentiality practices. Staff have been trained to screen for power/control or coercive control tactics to identify the primary abuser. Staff are trained re: the importance of conducting separate interviews w/ couples to effectively obtain the most useful info. Training also covers techniques for addressing victim fears, confidentiality & how to reassure the victim of the importance of gathering all relevant info. Trainings on confidentiality/safety policies & practices occur at onboarding for new staff & then annually. Staff from maintenance to admin to case mgmt complete confidentiality/safety trainings. 5.WRC has proven they are able to take security measures for units that support safety/confidentiality. Advocates are trained to work w/ survivors to help identify what they feel is the safest housing for them, whether congregate or scattered site. Staff educate the survivor re: housing options and help them choose where they would feel safest. Congregate spaces are checked monthly for safety/confidentiality concerns. Staff communicate with maintenance team or other responsible parties to assure protections are maintained. Scattered site apartments require additional safety/confidentiality protections including video doorbells, panic buttons, external lighting, cameras or security staff.

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

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

(limit 2,500 characters)

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

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

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

(limit 2,500 characters)

1. PNWWRC has extensive experience prioritizing placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.

2. PNWWRC has experience successfully placing survivors in permanent housing. In the first completed DV-RRH program year, 13 people were successfully housed and remained in that housing 6 months after placement. Topics explored for placement plan included geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.

3. PNWWRC has long provided survivor directed placements and stabilizing services. All decisions are made by the survivor, but the advocate helps to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits. The advocate works to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate provides the participant with options that meet or exceed their preferences.

4. PNWWRC prides themselves on their experience placing and stabilizing survivors consistent with their stated needs. The advocate works to ensure that both the preferences and stated needs are addressed when locating housing. Program staff trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs is the housing placement going to be stable. Participant choice such as school district, proximity to train station and type of apartment are examples of accommodated participant choice. One participant was found by her abuser and was successfully relocated to the place of her choice using the CoC's Emergency Transfer Plan. Regular home-visits or case management meetings provide a time for participants to work with advocates and remove barriers to housing stability.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	



	5. providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	6. offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. PNWWRC prides themselves on their experience in trauma-informed survivor centered approaches. Staff are provided training on understanding vulnerability, power differentials, ethical awareness and mutual respect. The program uses a survivor-centered approach. The survivor is considered the expert on their own life. Program staff provide information and education when requested and help the survivor identify solutions and resources. Staff use open communication and are trained on de-escalation techniques and conflict resolution. Staff work toward identifying and working through issues, rather than taking sides or finding fault and blame. Survivors are empowered to make decisions for their life with support from the advocate; the advocate does not make decisions for the survivor. Advocates help assess the risks and benefits associated with certain decisions, but they do not make the decision on any course of action.
2. PNWWRC has experience providing information on trauma to both survivors and staff. Training is offered several times a year on trauma-informed care and its effects on survivors. As part of the supportive counseling process for all victims, advocates educate clients on trauma, how trauma affects the brain, mental health, decision making and effects on the family. Providing program participants with information on trauma helps children and parents process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors; enhance safety, growth, parenting skills; and family communication. Each survivor is assigned an advocate for supportive counseling who also provides education and family-centered support, evaluates stress and risk factors for trauma, and addresses trauma specific interventions based on the program participant's needs.
3. PNWWRC case planning has always been survivor-centered. Participants complete a needs assessment and goal plan, determining their own individual goals and family goals. Focus is on short-term goals, leading to the participant's long-term goals, to show the survivor a pattern of progress made and focus on the future. Short-term goals enable the survivor to maintain focus on the path they have set-out towards achieving for their longer-term goal. Focusing on strengths helps to provide a welcome boost to productivity and client engagement in the housing process. By having an active role in the progression of the goals, the client learns problem-solving skills and about the importance of accessing community resources for sustainability. Families are empowered to reach their goals independently with assistance from staff where they feel it is necessary. Family 'milestones' are identified and celebrated.
4. PNWWRC has a history of providing service centering on cultural responsiveness and inclusivity. Program staff are trained several times per year on cultural competence, accommodating culturally specific needs and inclusion. Training topics directly relate to providing services, new trends in victimization, advocacy improvement, Trauma-Informed Care, collaborations or anything pertinent to working with victims and ensuring a continued nondiscrimination approach to services. In Putnam County, 17% of the population is Hispanic and many of the survivors served have a language barrier. Two bilingual advocates (English/Spanish) are on staff and the agency contracts with a Language Line to help mitigate this potential barrier
5. PNWWRC has experience providing a variety of opportunities for survivors connections. Support groups and supportive counseling is offered weekly. Referrals to other community groups are made for spiritual/religious services and activities in the community that will foster healthy family relationships. Living Independently curriculum is used in response to resident requests and is offered to program participants a few times per year.
6. PNWWRC has experience offering support for survivor parenting. Parenting groups are provided, and referrals are made to family education and support

groups. PNWWRC employs a Childcare/Outreach and Education Coordinator. This staff member is assigned to look specifically at meeting the needs of the children in the family and assists with enrolling children in local schools, Head Start, or securing day care. The legal services provider in Putnam County works closely with PNWWRC on identifying the legal needs of survivors and providing those services in a trauma-informed manner.

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

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

(limit 5,000 characters)

PNWWRC has extensive experience meeting the service needs of survivors. Program staff offered the following supportive services while quickly moving survivors into permanent housing and addressing safety needs:

- completed intake with each new applicant, including a safety plan, as an individualized strategy meant to utilize a person's unique strengths and abilities;
- met with survivors to address needs, for supportive counseling and to review educational material; such as the Power & Control Wheel, trauma-bonding and trauma related material, family and relationships;
- assisted survivors to pursue court orders on Family Offense (Order of Protections), Child Custody and Child Support;
- offered free legal services, through an attorney, for Family Offenses, including divorce proceedings;
- assisted survivors in applying for a confidential address through the Address Confidentiality Program through the New York State Department of State;
- assisted survivors with applying for microloans through the Independence Project through National Network to End Domestic Violence (NNEDV) to rebuild credit;
- assisted survivors with applying for DSS benefits, birth certificates, social security cards and driver's licenses;
- connected survivors with transportation solutions;
- secured moving trucks/services and storage units that are necessary for leaving a home where violence has occurred;
- provided beds, dressers and kitchenware to families to furnish their new permanent housing units;
- supplied survivors with food to start them off in their new home; and
- connected survivors to other community supports for remaining needs.

PNWWRC also operates a 24-Hour Crisis Hotline – Program offered a 24-hour confidential hotline service for survivors, victims and those affected by domestic violence. This service provided information on topics such as fleeing domestic violence, financial abuse, court services, after-hours supportive telephone counseling, shelter and referrals to other shelters/housing options.

Supportive Counseling – Program offered survivors supportive counseling to assist with improvement of self-esteem, normalize their situation and feelings to reality, regulate impulses and negative thinking, and reinforce the ability to cope with life stressors and challenges. Legal & Personal Advocacy – Program offered personal advocacy to the survivor when in need of support at medical appointments, DSS/CPS, legal/lawyers, court appearances, law enforcement or anything else in the community they requested related to their domestic violence.

Safe House/Shelter – Program operated a 14-bed safe dwelling for all populations, and was able to offer this emergency shelter, as well as hotel rooms when appropriate, for victims seeking shelter.

Outreach and Education – Program offered outreach and education to the survivors, their families and all community members. Advocates provided outreach and educational information at multiple community events including health fairs and events at the local Community College, food distributions, CPS/DSS, Tourism Recreation & Parks, local churches and schools. Program held monthly Task Force Meetings with multiple community agencies.

Information & Referrals – Program gave information and made referrals to

survivors to provide them with resources for shelter/housing, mental health, substance use, medical appointments, food insecurities, housing, relocations, transportation, education, childcare and other community agencies that assisted in empowerment.

911 Cell Phone Assistance – Program provided survivors with cell phones, services and minutes, so they had access to communicate with emergency services, their support system and Program office.

OVS Information & Claims Assistance – Program provided survivors with information about OVS and claims assistance when they were victims of a crime and suffered monetary damages.

Housing Services – Program provided survivors opportunities to secure permanent housing by attending CoC meetings; coordinating services with DV RRH, ESG RRH and CE Coordinator; working with Coordinated Care Services; and attending all conferences regarding the prevention of homelessness. Program was awarded the Safe Housing Grant to assist survivors in the county secure and retain housing or relocate to safe housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
NOFO Section I.B.3.j.(1)(e)		
Describe in the field below how the project(s) will:		
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

1. PNWWRC will prioritize placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors will work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff will attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.

2. Advocates will work with survivors to create a plan for placement. Topics explored for placement plan will include geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.

3. The advocate will work to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate will provide the participant with options that meet or exceed their preferences. All decisions are made by the survivor, but the advocate will help to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits.

4. The advocate will work to ensure that both the preferences and stated needs of the survivor are addressed when searching for permanent housing. Program staff will trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs will the housing placement be stable and successful. Advocates will take direction from survivors and not pressure them to choose housing they may not be comfortable with just because it is available.

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

Describe in the field below examples of how the new project(s) will:

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

**(limit 5,000 characters)**

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

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

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

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

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

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

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

**(limit 2,500 characters)**

1. The new project will involve survivors with a range of lived experience in policy and program development by soliciting feedback from current and former program participants. Feedback will also be solicited from members of the LEAB who may have co-occurring service needs beyond domestic violence. Research gathered from the CoC membership analysis shows that 28% of the membership reports having some lived experience, including domestic violence. The DV RRH project will include the development and utilization of anonymous surveys to provide feedback as to how survivors would like to be involved in the project's policy and program development. The DV RRH project incorporates the experience of victims in the creation of shelter structure, requirements, activities, group development and services. All services are driven by survivor experiences and feedback is voluntary.

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

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

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

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

1.	Applicant Name	STOP Domestic Violence - Behavioral Health Services North
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	100%

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

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
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2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. The rates of housing placements of DV survivors was calculated using the cumulative number of survivors served as shown in the comparable database as well as the internal DV agency data gathered from tracking hotline calls and community referrals that were collected in spreadsheets and the CE list for a one-year period.
2. The rates reported all account for exits to safe housing destinations.
3. Project staff reach out to those who were discharged to confirm they are still housed. For those who exited shelter through the RRH program housing retention is confirmed through regular case management meeting and home visits. For those who exited shelter or the RRH program through other avenues, outreach is done by STOP DV after 6 months via phone call or mailer if contact is safe for the program participant.
4. All VSPs in the CoC uses the HMIS comparable database, EmpowerDB, and internal DV agency data intended to capture not only the number of people housed in emergency shelter, but also the number who reach out for assistance fleeing from an abusive situation.

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

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

**(limit 2,500 characters)**

1. STOP Domestic Violence Behavioral Health Services North (STOPDV) has extensive experience housing survivors. Survivors in the DV shelter are assessed by an advocate upon entry. Once screening & intake are complete, Staff discuss housing options w/ the survivor & preferences on where to live, family composition, special needs, affordability & other stipulations that may affect housing. Once a survivor is ready, staff discuss plans to remain in housing when leaving shelter & ways STOPDV can assist, including DVRRH. The survivor completes a budget & rental assistance calculation if interested in a program w/ a subsidy such as DVRRH, Housing Choice Voucher (HCV) or RSP (state funded rental assistance). If requested, Staff completes a vulnerability assessment & a referral is made to CE. Case managers then work w/ each survivor to look for apts, contact LLs & move into safe affordable housing.
2. STOP DV has experience prioritizing survivors. The BoS-VAT prioritizes DV survivors by allocating extra points based on safety of their current living situation. When CE referral is complete, STOPDV provides an anonymous ID to the CE Coordinator to be added to the CE list. When selected, the referred housing program contacts the survivor. STOPDV completes releases & eligibility paperwork with the survivor & coordinates services between program & survivor to ensure seamless transition. Advocates are educated on the CoC's Emergency Transfer Plan.
3. STOPDV prides itself on determining survivors supportive service needs. After settled & safe in the shelter, STOPDV assesses needs & goals w/ the survivor during case management meetings. Survivors self-direct supportive services as all programs are person centered & trauma informed.
4. STOPDV has a history of community collaboration & making successful & meaningful connections for survivors. Once needs are assessed, staff make referrals to community resources including primary care, MH, SUD, DSS/CPS, Medicaid Care Management, legal aid, education & employment providers, support groups & other requested services.
5. STOPDV has had a successful history of moving survivors from assisted housing to housing they could sustain. Staff work with survivors post housing placement to address service and subsidy needs. PH stability needs are reviewed w/ the advocate, housing program & survivor to ensure long-term safe & stable housing. DVRRH participants are referred to HCV, Stability Vouchers, PSH or RSP for long-term subsidy.

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

**(limit 2,500 characters)**

1.STOPDV has experience ensuring survivor safety & privacy/confidentiality. Intake is conducted privately in staff offices or conference room to ensure privacy. There are several private spaces to ensure confidential space is always available. Childcare is provided so any children accompanying a parent are occupied & the parent can concentrate on the conversation in a private manner. 2.STOPDV has proven experience making determinations & placement into safe housing. Staff are educated on the need for individual person-centered safety planning. Staff are given a Safety Plan template to use as a guide but are encouraged to gather as much safety info as possible. Info gathered during safety planning is used in concert w/ client choice on how to make a safe placement into PH. 3.STOPDV has a history of ensuring survivor information/location are kept confidential. Anyone visiting the safe dwelling signs confidentiality forms requiring they don't disclose facility location. The number of contractors brought onsite is limited. New staff/residents agree not to disclose the location of the house or scattered housing. 4.STOPDV has experience training staff on safety/confidentiality practices. Staff have been trained to screen for power/control or coercive control tactics to identify a primary abuser. Staff are trained re: importance of conducting separate interviews w/ couples to effectively obtain the most useful info. Training also covers techniques for addressing victim fears, confidentiality & how to reassure a victim of the importance of gathering all relevant info. Training on confidentiality/safety policies & practices occur at onboarding for new staff & annually. Staff from maintenance to admin to case managers complete confidentiality/safety training. 5.STOPDV has proven they are able to take security measures for units that support safety/confidentiality. Staff are trained to work w/ survivors to identify what they feel is the safest housing for them, whether congregate or scattered site. Staff educates the survivor re: different housing options & helps them to choose where they would feel safest. Congregate spaces are checked monthly for safety/confidentiality concerns. Staff communicate w/ maintenance team or other responsible parties to assure all protections are maintained. Scattered site apts require additional safety/confidentiality protections that may vary by survivor incl. video doorbell, panic buttons, external lighting, cameras or security staff.

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

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

**(limit 2,500 characters)**

STOP DV has a proven history of evaluating its ability to ensure DV survivors' safety. The project is centered around safety and confidentiality, STOP DV is equipped to support survivor safety. The dynamics of domestic violence victimization and safety concerns are dependent on the behavior of the abusive person and their choices to perpetrate harm, and their tactics may escalate, shift and change as their control is challenged in some way. Despite this, the project applicant ensures the confidentiality of its locations, specifically shelter, as well as locations related to the survivors who may access services. These efforts have been in place for decades and will remain in place to ensure survivor safety in accessing services and navigating life free from violence and abuse. Evaluation of the ability to ensure safety in the DV Bonus project has led to implementation of new safety standards in scattered site housing options.

The project works with landlords and survivors themselves to evaluate safety measures that are most supportive. This includes ensuring appropriate external lighting, the use of video doorbells or cameras, additional locks, window locks, security bars, and other strategies, as appropriate. The project also employs participants surveys to assist with the evaluation of safety protocols. The DV RRH project has been operating for two years and has continuously assessed the ability to ensure safety through feedback gathered in surveys, regular case management meetings with survivors, program review with staff and annual CoC monitoring.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
NOFO Section I.B.3.j.(1)(d)		
Describe in the field below the project applicant's experience in:		
1.	prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

1.STOP DV has extensive experience prioritizing placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.

2.STOP DV has experience successfully placing survivors in permanent housing. In the first completed DV-RRH program year, STOP DV successfully rehoused 12 individuals and families. Topics explored for placement plan included geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.

3.STOP DV has long provided survivor directed placements and stabilizing services. All decisions are made by the survivor, but the advocate helps to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits. The advocate works to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate provides the participant with options that meet or exceed their preferences.

4.STOP DV prides themselves on their experience placing and stabilizing survivors consistent with their stated needs. The advocate works to ensure that both the preferences and stated needs are addressed when locating housing. Program staff trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs is the housing placement going to be stable. Examples of choices that STOP DV was able to secure were proximity to school, type of apartment and proximity to family.

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

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

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

**(limit 5,000 characters)**

1. STOP DV prides itself on their experience in trauma-informed survivor centered approaches. Staff are provided training on understanding vulnerability, power differentials, ethical awareness and mutual respect. The program uses a survivor-centered approach. The survivor is considered the expert on their own life. Program staff provide information and education when requested and help the survivor identify solutions and resources. Staff use open communication and are trained on de-escalation techniques and conflict resolution. Staff work toward identifying and working through issues, rather than taking sides or finding fault and blame. Survivors are empowered to make decisions for their life with support from the advocate; the advocate does not make decisions for the survivor. Advocates help assess the risks and benefits associated with certain decisions, but they do not make the decision on any course of action.
2. STOP DV has experience providing information on trauma to both survivors and staff. Training is offered several times a year on trauma-informed care and its effects on survivors. As part of the supportive counseling process for all victims, advocates educate clients on trauma, how trauma affects the brain, mental health, decision making and effects on the family. Providing program participants with information on trauma helps children and parents process thoughts and feelings related to traumatic life events; manage and resolve distressing thoughts, feelings, and behaviors; enhance safety, growth, parenting skills; and family communication. Each survivor is assigned an advocate for supportive counseling who also provides education and family-centered support, evaluates stress and risk factors for trauma, and addresses trauma specific interventions based on the program participant's needs.
3. STOP DV case planning has always been survivor-centered. Participants complete a needs assessment and goal plan, determining their own individual goals and family goals. Focus is on short-term goals, leading to the participant's long-term goals, to show the survivor a pattern of progress made and focus on the future. Short-term goals enable the survivor to maintain focus on the path they have set-out towards achieving for their longer-term goal. Focusing on strengths helps to provide a welcome boost to productivity and client engagement in the housing process. By having an active role in the progression of the goals, the client learns problem-solving skills and about the importance of accessing community resources for sustainability. Families are empowered to reach their goals independently with assistance from staff where they feel it is necessary. Family 'milestones' are identified and celebrated.
4. STOP DV prides itself on a history of providing service centering on cultural responsiveness and inclusivity. Program staff are trained several times per year on cultural competence, accommodating culturally specific needs and inclusion. Training topics directly relate to providing services, new trends in victimization, advocacy improvement, Trauma-Informed Care, collaborations or anything pertinent to working with victims and ensuring a continued nondiscrimination approach to services. STOP DV contracts with a Language Line should language barriers present themselves.
5. STOP DV has experience providing a variety of opportunities for survivors connections. Support groups and supportive counseling is offered weekly. Referrals to other community groups are made for spiritual/religious services and activities in the community that will foster healthy family relationships. Living Independently curriculum is used in response to resident requests and is offered to program participants a few times per year.
6. STOP DV has experience offering support for survivor parenting. Parenting groups are provided, and referrals are made to family education and support groups. STOP DV employs a Child Care/Outreach and Education Coordinator. This staff member is assigned to look specifically at meeting the needs of the

children in the family and assists with enrolling children in local schools, Head Start, or securing day care. The legal services provider in Clinton County is an active member of the CoC and works closely with STOP DV on identifying the legal needs of survivors and providing those services in a trauma-informed manner.

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

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

(limit 5,000 characters)



STOP DV has extensive experience meeting the service needs of DV survivors. Program staff offered the following supportive services while quickly moving survivors into permanent housing and addressing safety needs:

- completed intake with each new applicant, including a safety plan, as an individualized strategy meant to utilize a person's unique strengths and abilities;
- met with survivors to address needs, for supportive counseling and to review educational material; such as the Power & Control Wheel, trauma-bonding and trauma related material, family and relationships;
- assisted survivors pursue court orders on Family Offense (Order of Protections), Child Custody and Child Support;
- offered free legal services, through an attorney, for Family Offenses, including divorce proceedings;
- assisted survivors in applying for a confidential address through the Address Confidentiality Program through the New York State Department of State;
- assisted survivors with applying for microloans through the Independence Project through National Network to End Domestic Violence (NNEDV) to rebuild credit;
- assisted survivors with applying for DSS benefits, birth certificates, social security cards and driver's licenses;
- connected survivors with transportation solutions;
- secured moving trucks/services and storage units that are necessary for leaving a home where violence has occurred;
- provided beds, dressers and kitchenware to families to furnish their new permanent housing units;
- supplied survivors with food to start them off in their new home; and
- connected survivors to other community supports for remaining needs. STOP DV also operates a 24-Hour Crisis Hotline – Program offered a 24-hour confidential hotline service for survivors, victims and those affected by domestic violence. This service provided information on topics such as fleeing domestic violence, financial abuse, court services, after-hours supportive telephone counseling, shelter and referrals to other shelters/housing options.

**Supportive Counseling –** Program offered survivors supportive counseling to assist with improvement of self-esteem, normalize their situation and feelings to reality, regulate impulses and negative thinking, and reinforce the ability to cope with life stressors and challenges.

**Legal & Personal Advocacy –** Program offered personal advocacy to the survivor when in need of support at medical appointments, DSS/CPS, legal/lawyers, court appearances, law enforcement or anything else in the community they requested related to their domestic violence.

**Safe House/Shelter –** Program operated a nine-bed safe dwelling for all populations, and was able to offer this emergency shelter, as well as hotel rooms when appropriate, for victims seeking shelter.

**Outreach and Education –** Program offered outreach and education to the survivors, their families and all community members. Advocates provided outreach and educational information at multiple community events including health fairs and events at the local Community College, food distributions, CPS/DSS, Tourism Recreation & Parks, local churches and schools. Program held monthly Task Force Meetings with multiple community agencies.

**Information & Referrals –** Program gave information and made referrals to

survivors to provide them with resources for shelter/housing, mental health, substance use, medical appointments, food insecurities, housing, relocations, transportation, education, childcare and other community agencies that assisted in empowerment.

911 Cell Phone Assistance – Program provided survivors with cell phones, services and minutes, so they had access to communicate with emergency services, their support system and Program office. Office of Victims Services (OVS) Information & Claims Assistance – Program provided survivors with information about OVS and claims assistance when they were victims of a crime and suffered monetary damages.

Housing Services – Program provided survivors opportunities to secure permanent housing by attending CoC meetings; coordinating services with DV RRH, ESG RRH and CE Coordinator; working with Coordinated Care Services; and attending all conferences regarding the prevention of homelessness. Program was awarded the Safe Housing Grant to assist survivors in the county secure and retain housing, or relocate to safe housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
NOFO Section I.B.3.j.(1)(e)		
Describe in the field below how the project(s) will:		
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

(limit 2,500 characters)

1.STOP DV will prioritize placement and stabilization of survivors consistent with the program participants wishes and stated needs. Each survivor and their family are unique and have individual needs. All survivors will work with an advocate to indicate the location where they would like to reside that best matches their goals for stable, permanent housing. Program staff will attend all CE meetings to ensure that prioritization for housing options available through CE keep the safety and stabilization of the survivor at the forefront of any referral.

2.Advocates will work with survivors to create a plan for placement. Topics explored for placement plan will include geographic location for safety/security away from perpetrators, budget and on-going affordability, number of bedrooms, school district, public transportation availability, employment opportunities and distance from support system/family.

3.The advocate will work to ensure the participant finds a safe living environment that matches their preferences and secures the housing in a timely manner. By attending routine CoC meetings, RRH DV Bonus CoC workgroups and community housing meetings, the advocate will provide the participant with options that meet or exceed their preferences. All decisions are made by the survivor, but the advocate will help to move the process forward in a timely fashion by reminding of goals, setting time frames and time limits.

4.The advocate will work to ensure that both the preferences and stated needs of the survivor are addressed when searching for permanent housing. Program staff will trust the word of a survivor when a stated need is expressed. Only by prioritizing preferences and stated needs will the housing placement be stable and successful. Advocates will take direction from survivors and not pressure them to choose housing they may not be comfortable with just because it is available.

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

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

**(limit 5,000 characters)**

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

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

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

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

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

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

4A-3j.	Applicant’s Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project’s operation.	

**(limit 2,500 characters)**

1. The new project will involve survivors with a range of lived experience in policy and program development by soliciting feedback from current and former program participants. Feedback will also be solicited from members of the LEAB who may have co-occurring service needs beyond domestic violence. Research gathered from the CoC membership analysis shows that 28% of the membership reports having some lived experience, including domestic violence. The DV RRH project will include the development and utilization of anonymous surveys to provide feedback as to how survivors would like to be involved in the project's policy and program development. The DV RRH project incorporates the experience of victims in the creation of shelter structure, requirements, activities, group development and services. All services are driven by survivor experiences and feedback is voluntary.

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