

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-603 - Nassau, Suffolk Counties CoC

1A-2. Collaborative Applicant Name: Long Island Coalition for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Long Island Coalition for the Homeless

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

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	No	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	No	No	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.				
35.				

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

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

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

(limit 2,500 characters)

Addressing race disparities and equity work is at the core of CoC efforts. At the center of our approach is power sharing and building community trust. The CoC continues to conduct intentional outreach and increase the ways that community members can participate in the CoC, with time reimbursed for persons with lived experience active on CoC committees. The CoC jurisdiction is highly segregated by race and socio-economic status. In order to better address these issues our CoC has held annual DEI training for the past four years, created an Equity Committee, conducted a power analysis resulting in a CoC restructuring effort, partnered with the New York State Bar Association to elevate awareness and advocacy around housing discrimination, had CoC network partners participate as undercover housing discrimination testers as part of a local two-year study by Newsday (LI Divided), and connects regularly with local tribal nations to improve access to resources and funding/capacity. The CoC has also added a full-time DEI staff to further enhance these efforts, conducts quarterly race equity analyses, reviewed by the Governance Board. CoC leadership is a certified Anti-Racist leader by Adelphi University.

The CoC regularly analyzes all phases of the homeless experience with PLEs and communities most impacted to determine more insight into causality, barriers, and solutions, beyond what data analysis alone can provide, with reviews on eviction rates, length of time/episodes experiencing homeless, length of time and successful enrollment rates into permanent housing programs, housing search/average number of rental denials/percentage of households able to access desired housing/communities, income gains, and housing retention. All CoC applicants must incorporate PLEs into program design and feedback, and identify barriers faced by marginalized communities and ways that they are actively seeking to remove those barriers.

Numerous organizations that focus on providing services for underserved communities are CoC decision-makers, with organizations such as CARECEN (Central American Refugee Center), ERASE Racism, the Economic Opportunity Commission of Nassau County and for Suffolk County, Minority Millennials, Housing Help, Inc., the Haitian American Family of Long Island and the Urban League of Long Island working specifically to address the needs of the Black and Brown communities across Long Island.

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) Invitations to join the CoC were solicited through meeting announcements, CoC committee work, dynamic pages on CoC website, CoC monthly newsletter, social media, community forums, and networking with informal partners. CoC committees are open to new members that can join at any time with a rolling admission process.

2) All CoC meetings were available to attend in-person in an accessible building and virtually. Meetings were recorded and closed captioning is available for the video recordings in partnership with Downstate ADAPT, a disability rights group. The CoC website contains an accessibility widget which allows users to increase text size, enhance contrast, and change the site to a dyslexia friendly font. Newsletters are distributed monthly to the CoC and contain all agenda items discussed during the CoC Business Meeting, as well as information describing the CoC and how to join. The CoC and CES Team use peer models, where people with lived experience direct engagements with people experiencing homelessness to build rapport and communicate more smoothly. CoC was awarded CHUSA grant to provide internet and technology devices to disabled households.

3).The CoC has engaged in outreach to organizations furthering equity for people of color (ERASE Racism, local NAACP, Minority Millennials), groups affirmatively furthering fair housing (such as Long Island Housing and Services) to groups advocating for immigrant (especially Latinx) rights with legal services and housing counseling (Make the Road, La Fuerza Unida, Housing Help), an organization serving people with disabilities (Downstate NY ADAPT), a tribal nation (Shinnecock Nation), and faith-based leaders in marginalized communities. The CoC is active in re-entry taskforce groups, and the Council of Thought and Action, a group targeted to serve communities disproportionately impacted by mass incarceration and is a leader within the Health Equity Taskforce to improve health outcomes with a focus on marginalized communities. The CoC is an active member on the LGBT Network Health Access Consortium. The CoC conducted a power analysis and identified gaps in representation on the CoC Governance Board to direct restructuring membership, enacted in March 2024, minority led and with significant representation from persons with lived experience. Connection with the Poor People’s Campaign network has enabled recruitment to groups aligned with the CoC’s regional advocacy goals for addressing homelessness.

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 facilitates focus groups to develop practice standards, enhance CE, discuss community needs & challenges, increase housing stock, leverage resources, and coordinate w/ partners such as PHAs. This includes committees for Veterans, DV, and street outreach. Feedback from people w/ lived experience is solicited from PLE Advisory where compensation is provided. Feedback loop methods and opportunities are being enhanced with technology and direct community outreach. CoC focus groups & committees are open to the public. PLE have been recruited onto committees & CA staff to provide feedback on all activities. The Monitoring Committee has developed a participant survey for project level feedback. CoC participates in local community forums including faith-based, legislative, public hearings, and others to ensure diverse ideas and feedback are considered in CoC initiatives. CoC plans to implement additional feedback mechanisms such as a helpline exit survey, open comment form on CoC website, and focus groups with legislatures.

2) Via participation in local community forums listed above, CoC shares information, pathways for feedback, & ways to join. CoC uses social media to distribute information & partners w/ a social media group comprised of PLE to share information, answers questions, and provides guidance. CoC meetings are used to solicit feedback via surveys on unmet needs and needs of partners and to recruit for committees.

3) All feedback solicitation takes place via electronic formats, including virtual meetings, email communications, and newsletters distributed via email. Feedback is solicited on CoC website which has accessibility features and social media.

4) The unmet needs survey informs local competition & prioritization of funding. Feedback led to advocacy for greater DV CE access, low-barrier shelters, reasonable accommodations, Tiny Homes, decriminalization of homelessness, and development of clarifying documents about program models, a helpline flyer to better advertise CE, & adapting helpline responses to include assistance w/ RA, applying for benefits, and housing search. Participant survey is applied to hold providers accountable for project shortcomings during monitoring. Feedback on lacking clinical support led to the addition of a street outreach team with medical integration. CoC provider feedback spurred greater access to trainings such as immigrant rights and safety planning.

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.
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(limit 2,500 characters)

1) Local competition was advertised through social media, radio, pamphlets, and with direct outreach to orgs representing marginalized groups, including local tribal nation. Regional training on the funding round was available live, recorded, & slides were distributed to all past and potential applicants. Applicants were given feedback & time to correct applications to increase potential for success. Scoring favored implementation plan & involving PLE over experience. The CoC received two new applications from agencies not previously or currently CoC funded.

2) Public was notified about local application process using virtual trainings w/ recording & slides available upon request, a plain language instruction manual, & esnaps guidance- all available on the website via prominently posted landing page. Training emphasized match, leveraging housing & healthcare, eligible components, & competitive process. Ranking considerations were included in the instruction manual, & scorecards were posted on website prior to local application deadline.

3) CoC Ranking Committee (RC) reviews, scores, & ranks applications for funding. Criteria includes HUD threshold requirements, greatest regional needs, vulnerability of households served, project performance (renewals) or project design (new projects), involvement of people with lived experience, assisting marginalized groups including LGBT+, and equity work. MOUs w/ commitment to housing first/CE, non-discrimination & regional goals required. New projects further evaluated for applicant experience, supportive services offered, & appropriateness of program design and implementation. To increase probability of increasing regional funding, new applications were encouraged to apply as leveraged housing and/or healthcare, which was made clear in local competition ads & training. Once scored, projects are placed in order of priority based on the percentage of points earned. PSH Renewal programs were placed in Tier 1 to minimize any risk of displacement. New PSH and/or leveraged housing/healthcare applications was heavily weighted.

4) All application materials including instruction manual, training, & ranking considerations, were available in electronic formats & on CoC website. One on one guidance to applicants & debriefs were available upon request via email or phone. Communication of priority order was provided via email, discussed during CoC Business meeting, & posting on CoC website.

1C. Coordination and Engagement

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	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.		

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)

Local Social Services (DSS) offices act as school district liaisons for all students that qualify for McKinney-Vento services and DSS liaison has active seat on the CoC Governance Board. Local DSS connects homeless households with children to local Head Start with streamlined referrals and transportation assistance. Households are assisted to keep children in schools or transferring schools based on family preference as part of CE assessments. RHY shelters have open houses for school district staff to enhance coordination. School districts (SD) received ARP funds for families experiencing homelessness (gift cards, translation services, connecting to internet, cell phones, paying for short term temporary housing) and worked in collaboration with the CoC in planning for how to use funds most effectively and getting those resources to households experiencing literal homelessness. Staff directly connect with school districts for households placed in permanent housing to ensure smooth transition and services are available, SDs have participation for the youth PIT count/sampling, and will coordinate technology and internet connections through recently awarded CHUSA. The CoC established MOU with Head Start, Healthy Families and other local early intervention programs. CoC works w/ NYSTEACHS (state) and SEA, sharing information electronically & through training about M-V services. The CoC partners with NYSTEACHS to identify schools with the highest rates of homelessness to enhance coordination and conducts presentations at schools. LEAs participate on CoC Committees & in youth PIT planning/canvassing. CE training is offered to SEAs and LEAs w/ focus on service connections, access to resources, & understanding differences between eligibility for CoC programs and for M-V services, and M/V resources available at all CE access points. This results in more diversion supports for at-risk of homelessness or unstably housed & more coordination to transition households out of homelessness w/ no disruptions to their educational support systems. The CE helpline talks to at-risk households about M-V. Post-move case management helps w/ continuation of services for students through the terminal year. CoC-wide training on McKinney Vento, Head Start, Job Corps, and Youth Build was provided.

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)

Policies to inform households about educational services are contained in the CoC Governance Charter, CoC Best Practice standards, and documents from regional Head Start lead. In these policies local DSS is identified as the liaison between households experiencing homelessness and school districts, making sure that each household is connected to a McKinney-Vento liaison. Coordinated Entry ensures connection to school districts as part of intake and discharge and is included in the CE instruction manual. Head Start eligibility information and training opportunities, and guidance are sent to all shelters and street outreach on a regular basis. Coordination on resources disbursed through ARP funds is documented in the funding agreement. Advertisement strategies for scholarships, summer camp, school supply and clothing giveaways are documented. CE helpline staff are knowledgeable about M-V services through personal experience using the program and provide information to at-risk families about what they may be eligible for. Post-move case management helps families retain services where eligible during stabilization period.

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

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

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

Organizations		
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
Other Organizations that Help this Population (limit 500 characters)		
4.	Local VSPs operating ES, TH, RRRH, PSH, DV CE, Crisis Hotlines, Counseling, Legal, Financial	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) Representatives of VSPs provide input on CoC policy as members of all CoC committees, including CE Steering Committee & Governance Board. CoC has a DV CE system in place, run by a local VSP. A DV CES working group meets quarterly to collaborate & recommend policy updates. CoC regularly consults the DV CE lead for input on policies & memos that affect VSPs & survivors, such as the Emergency Transfer Policy & memo about the updated DV homeless definition. Feedback from VSP working groups, and survivor focus groups and one-on-one interviews directed influenced regionally tailored ETP updates. Input from DV providers heavily informed the CE Steering Committee's development of new local CE assessment tool to consider the impacts of experiencing DV and/or violence. Based on feedback from PLE survivors of DV, the committee finalized a tool that was intentionally short in length & removed questions to be trauma informed.

2) CoC promotes trauma-informed training that considers homelessness as a trauma and the prevalence of DV, especially among those experiencing homelessness. In consideration of DV concerns, all providers applying for CoC funding must submit a safety plan as part of the ranking & review process, which was used as a threshold criterion for all programs. Our CE Phased Assessment first focuses on establishing safety & immediate needs. CE Assessment is centered around participant choice w/ built-in housing preferences survey & discussion that steers housing plans. Survivors of DV can choose to access CE resources through dedicated DV CE or non-DV CE. All households assessed through DV-CE & CE are offered safety planning & provided w/ various info on crisis & emergency response hotlines. All providers were given training on safety planning by a local VSP. The local homeless conference provides training on trauma & ACES. Plans for further training include enhanced collaboration between DV CE & CE, train the trainer classes for DV providers, & onboarding support for new DV staff. CE trainings cover ETP policy & procedures. CoC program participants approved for emergency transfer go to top of lists for vacancies & are connected with safety planning through DV CES. During monitoring, participants are surveyed about safety in CoC housing. Almost 20% of CoC funds go to DV projects & a 5 new applications has been submitted for DV PH. Partnership w/ NYS OVW plans to develop more DV PSH w/ ESSHI funds.

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) There are multiple 24- hour hotlines that are all provided to those referred to DV CE. Survivors are connected with all safe shelter options in the area or out of area if needed, including the use of Relo Share Safe Stays. CE housing preference form is used as part of safety planning to determine areas that are safe and desirable for household to move to, which can remove relocating out of reach of abuser. DV CE operates separately from CE to ensure safety of clients and their data. Extensive safety protocols are in place for service delivery. DV CE intake coordinator discusses safety needs and concerns with participants. Those on the DV CE waiting list are contacted prior to referral to provide diversion, resource navigation, and/or one-time financial assistance to resolve homelessness without access to CoC housing. DV CE case conferences as necessary with housing providers receiving referrals to ensure continuity of safety planning and service delivery and other necessary supports throughout transition period of program enrollment and moving into permanent housing. Each DV agency has policies around protocols that are developed specific to survivor needs.

2) VSPs ensure consents and VAWA releases are in place prior to contact, which are time limited for contacting third parties regarding participants. Internal written communications use ID numbers in place of names or participant information or location. A comparable database outside of HMIS used and only de-identified data is used to add households to housing waitlists.

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

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

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

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

Describe in the field below:

1.	whether your CoC's written policies and procedures include an emergency transfer plan;
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	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) Written policies and procedures for the Emergency Transfer Plan (ETP) are established and accessible on the CoC website, with training for all CoC and CE staff. The ETP was recently review for enhancements from VSPs and survivors through focus groups and interviews, with survivor-focused updates that included guidance more immediate safety planning, connections to survivor advocates, and increased capacity for housing options before transfer occur through VAWA funds and other flex funding, guidance on VAWA lease protections, more transparent transfer request response protocols, more guidance on reasonable accommodations, and enhanced safety planning supports after transfers.

2) CoC program participants are informed of their rights to request an ETP from CE staff during the assessment process, regardless of reported risk. The policy and request form are publicly available on the CoC website. The ETP prioritizes those needing transfers for safety concerns for all eligible housing, including higher-care projects, and outlines provider responsibilities.

3) Households can request an ETP through their case manager or directly from CE staff by asking for the form or using the CoC website. Minimal information is needed to assess safety risks for ETP implementation.

4) Households requesting transfers are connected to safety planning, legal advocacy, and emergency resources through DV CE and Survivor Advocates. Requests are reviewed with a response from the CE Manager within 1-2 business days. Additional information may be requested to assess eligibility and housing options. The CE Manager collaborates with DV CE to evaluate safety risks and facilitate transfers. Housing programs must communicate with participants about housing stability, explore internal transfers, and coordinate with CE and DV CE for documentation and support. DV CE staff engage in safety planning until transfers or alternative solutions are secured, utilizing flexible federal funds for rental assistance and other needs. Housing programs are encouraged to leverage VAWA funds for safety.

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 region has DV specific shelters and local DSS shelters that can accommodate DV needs for eligible participants if DV shelters at capacity. Participants can access CE through CE, DV CE or both & have all potential resources available to them. Households actively fleeing & experiencing homelessness are also considered for all homeless housing programs including those that are not DV dedicated. Both CE systems cover the full CoC geographic area. CE & DV CE regularly cross-reference waiting lists to ensure households get resources as fast as possible & ensure households are still eligible for housing programs, transparent understanding of waitlist times to access different resources. DV CE regularly contacts households on their waiting list to provide services to help resolve homelessness quickly w/out CoC housing. Diversion support also available through CE helpline. Both CE systems are responsible for documenting & verifying eligibility. CE Steering Committee meets quarterly to ensure consistency in outreach, assessment, referral, & prioritization of all households connected to CE. DV working group & monthly case conferencing ensure access to resources. Availability of TH-RRH through CoC allows quicker access to PH through short-term crisis stabilization. New funding would provide DV specific PSH and RRH in CoC.

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)

Barriers are proactively identified during Governance Board, CE Steering Committee, DV working group, & PLE Advisory meetings, all of which include PLE and/or survivors. Many systemic challenges are related to shelter access including not enough local DV shelter capacity, inappropriateness of DSS shelter access of those fleeing w/ more than minimal income/savings, high obligation payments for DSS shelter making it difficult to save or retain funds to find housing independently, lack of protection from abuse in most DSS shelters (especially financial/online abuse). Lack of flexible funds to mitigate safety risks while remaining in place or for relocation w/out ongoing housing, knowledge gap about DV, & language are additional barriers. DV CE works w/ households on housing waiting list & can identify other barriers as they arise. DV CE can provide safety planning, case management, & housing search both over the phone & via anonymous live chat to assist all households fleeing & at-risk that face barriers to access. The CoC partners with Touro Law Center which has a one stop shop for those involved in DV related court litigation to get connected to DV resources.

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 Anti-Discrimination and Equal Opportunity Policy (ADP) is reviewed annually to ensure the policy remains equitable and inclusive, continues to be adequately aligned with current federal, state, and local laws, and is best serving our communities. During the review process, the CoC planning staff consults with community partners actively engaged in anti-discrimination work, including organizations connected with the LGBTQ+ community, to provide feedback on how the policy can be improved. In addition, feedback is sought out from the CoC PLE Advisory and Governance Board before receiving GB final approval. Included within the CoC anti-discrimination policy is a series of trainings provided to all CoC provider staff. These trainings, which include DEI training, Gender and LGBTQ+ Rights training, and Fair Housing Practices training, are designed to promote a trauma-informed approach to service delivery and enable staff to effectively identify and address the needs of underserved and underrepresented populations, including LGBTQ+ individuals and families.

2) All CoC-funded programs are mandated to operate their projects in accordance to the CoC-wide ADP. Signing the policy and the CoC Housing First Agreement are required threshold items to apply for CoC funds each annual funding round. CoC planning staff provides training to all CoC-funded programs to educate provider staff on the Equal Access Rule, The Fair Housing Act, and all other related laws. Additional training courses are provided on anti-discrimination best practices and facilitating the creation of program-level policies and standards to better ensure equity and inclusion for all participants.

3) The CoC monitoring process includes evaluating programs for compliance with the CoC-wide policy. Evaluation includes examining client records, discharges, surveying program participants, and comparing program policy documents to the CoC-wide policy and CoC Practice Standards. For this current funding round, applicants were required to submit narrative responses relating to DEI practices that were scored and included in the ranking process.

4) If noncompliance is identified through the monitoring process or via participant complaint, guidance on required corrective action steps and education specifically pertaining to the related area of noncompliance is provided. CoC staff will engage in further monitoring to ensure the required steps were taken to bring the provider into compliance.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
NY HCR	21%	Yes-HCV	No
CDLI- Nassau County	5%	Yes-HCV	No

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

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

(limit 2,500 characters)

1) The CoC works to partner w/ PHAs whenever possible. Current partnerships include working with CDLI in Nassau County to administer stability & mainstream vouchers with placements to be coordinated w/ CE. CoC planning includes a full time PHA coordination manager to maximize outcomes & coordination w/ PHAs as part of EHV to demonstrate success and lead to further partnerships with HCVs and PBVs to set aside additional vouchers for people experiencing homelessness. The CoC partnered with the Town of Brookhaven PHA to set aside 10 vouchers for PSH move-on or households currently experiencing homelessness and to secure and coordinate placements for households receiving FYI vouchers. LI was awarded more EHV’s through NYS HCR than any other region in the state (491) and has one of the highest utilization rates (78%) due to enhanced partnerships with landlords and PHAs. CE has move on assessment for households interested in moving on from PSH programs. In 2023, 30 households exited CoC-funded PSH to other permanent housing. CE has built in housing search support & educates landlords on incentives available for working with programs. With the Governance Board restructure, a standing slot is designated to a local PHA (currently filled CDLI). The CoC is a formal member of the PHA consortium group on LI (ALIHA). In consortium meetings, the CoC continuously advocates for homeless preference criteria & set aside vouchers.

2) N/A

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.	
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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)	Yes
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	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	Foster Youth Initiative	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	EHV, FUP, FYI, Mainstream, VASH, Stability Voucher Program

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.	
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	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.	
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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.
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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.	
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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.	40
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.	40
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.	
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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) Housing First (HF) principles are outlined in a checklist and CE MOU that all local applicants must sign for application review. A new HF evaluation document includes the USICH checklist, CE MOU, esnaps checklist, HUD HF Standards Assessment Tool, and CoC/ESG Practice Standards, incorporating continuous improvement mechanisms. The RC evaluates HF commitment based on data and noncompliance reports, which can lead to disqualification of funding applications. The CoC coordinates with non-CoC funders to ensure HF requirements, including ESG, OMH, and NYS OTDA, which must receive CoC funding recommendations. CE tracks housing referrals and discharges for HF compliance and investigates discrimination claims. During post-move case management, CE ensures that participation in services is not a precondition for programs. Discharges into homelessness prompt follow-ups with housing providers for explanations and steps taken to prevent such discharges, with mediation sought for potential re-admissions. Monitoring focuses on HF compliance, participant surveys, and investigations of negative discharges.

2) The USICH checklist serves as the CoC’s housing first agreement, requiring all CoC programs to prevent declines based on sobriety, income, criminal records, credit, domestic violence, or non-participation in services. Monitoring includes reviewing agency documents, leases, program rules, and participant agreements. Sample records are reviewed to ensure participant-centered case management, and all discharges are assessed for HF compliance.

3) Monitoring and participant surveys occur outside of funding rounds, with CE oversight of referrals and discharges year-round. The CE Steering Committee can flag HF compliance issues as they arise, and HF training with a harm reduction focus is regularly available.

4) The CoC has engaged in case conferencing, reviewed program rules, conducted participant interviews, added PLEs to the Monitoring Committee, and consulted with HUD or TA to address HF compliance challenges. Training has been enhanced, focusing on leveraging additional supports for housing retention. Programs now offer mobile crisis supports, mental health stabilization beds, and detox access. Community education has improved HF fidelity, leading to higher housing retention rates, reduced street homelessness, and increased participation in support services, enabling programs to thrive in suburban areas.

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

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

(limit 2,500 characters)

Strategies include campground outreach, posting CE helpline flyers, CE street housing-focused case management for those who have been homeless the longest w/ consistent follow-ups and coordination w/ local DV hotline and bilingual partners. PLEs are involved in all efforts & the PLE Advisory provides regular feedback. Regular outreach takes place in newly identified areas & in response to community referrals. Partnership w/ local businesses, faith-based organizations, and other locally trusted partners allow street outreach to enhance rapport & community presence. CE uses satellite imagery of wooded areas to identify people living deeper/more isolated in the woods. Coordination w/ McKinney-Vento homeless liaisons help identify school aged youth reporting living situations only w/in schools. CoC has a DV CE project, which has identified and engaged those actively fleeing & connect to services & screened additional households.

Street outreach capacity overall has expanded, including more peer models, and integrated outreach with medical and mental health partners, faith-based partners, and immigrant rights advocates. In order to address the needs of each community and person, the CoC uses a targeted universalism approach for each unique community and person-centered support models to connect people with housing that best meets their needs and preferences. This includes reaching those least likely to request assistance through warm hand offs and joint outreach efforts with local credible and trusted messengers/leaders within each community (e.g. local pastors), conducting regular listening sessions/town halls, focus groups, sampling studies, and magnet events to make it more likely to connect with people in safe/welcoming and meaningful ways.

One of the most challenging sub-populations in our community to engage on the street are unaccompanied youth. Our CoC has created new partnerships with LGBT advocacy groups, substance use treatment centers, libraries, youth bureaus and school districts to better identify and reach this population.

Another notably challenging group to reach within our CoC are immigrants living outdoors, often non-English speaking, with fear of enforcement/deportation, and living in hidden wooded areas. Our CoC has partnered directly with state park police, immigrant advocates, and has invested in enhanced language translation services and cultural competency training across the CoC.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness

1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	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)		
	Added capacity for police behavioral health unit, crisis/peer street outreach, street medicine, low barrier shelter	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.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	702	409

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:

- 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.
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(limit 2,500 characters)

1) CoC Training Manager (formerly a benefits navigator) provides regular training on mainstream resources available & highlights changes to programs during CoC Business Meetings. CoC holds trainings, coordinates program tours, hosts health fairs & conferences, conducts CoC program support meetings, & posts on CoC website, social media & through email. CoC training for employment and substance use resources conducted in partnership w/ specialized community organizations. CoC incorporates formal & informal PLE feedback on training & benefit navigation strategies ongoing. An insurance enrollment specialist is available to the CoC. Enrollment and cell phone distribution is available at CE access points. CoC established an MOU Northwell Health for a street medicine initiative. Street outreach takes place w/ Sunriver Health mobilized healthcare services. CoC partners w/ Nassau County DA Office Heroin Task Force, substance abuse prevention coalitions, & community-based recovery center. CoC coordinated efforts to establish Medicaid redesigned housing programs and Medicaid Waiver and referral system. CE staff are trained as peer community health workers (CHW) to streamline access and referrals to health resources. CoC collaborates & is a key member of Health Equity Taskforce which spreads awareness about health & housing programs. Street outreach partners w/ private psychologists & leverages telehealth to increase access to mental health care & psychiatric evaluations. The CoC will have access to a public health information exchange under the local RHIO which will give alerts when people enter the hospital, provide psychological evaluations & access to treatment records. Connections w/ Medicaid care coordination ensures streamlined access for participants. Street outreach partners w/ Suffolk County Police Behavioral Health Unit that streamlines connections to crisis mental health services. The CoC created connection w/ W Group, ESSHI & Self Help to place aging adults in non-CoC beds w/ greater access to medical support & staff available to help navigate medical care for participants.

2) CoC collaborative applicant is SOAR lead for the region & provides cohort training. CE staff are SOAR-certified, enroll clients in Medicaid & other MS programs, & CES access partners have on site enrollments. SOAR certified staff are available at homeless drop-in centers. RC scored new applicants on plan to help participants access SSI & having SOAR certification.

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 CoC Governance Board Co-Chair is a member of the region’s Health Equity Alliance (HEALI) Steering Committee, Health Equity Taskforce (HET) & Community Health Alliance (CHA), and provides regular updates from these groups to the CoC Governance Board. Key CoC members, including CoC planning staff, also participate in the region’s Volunteer Organizations Active in Disaster (VOAD). The CoC developed a public health response committee which includes Northwell Health, LI Health Collaborative, Local EMS, County Bureau of Public Health, DSS, and street outreach partners to enhance policies and response plans for infectious disease outbreaks & prevent outbreaks among people experiencing homelessness. Most recently, these protocols were used to prepare for MPX, polio, & new waves of COVID infections. Other CoC partners that assist with distributing key health information to homeless providers, in coordination with the CoC, include the Health and Welfare Council of LI, DSS, Local Health Bureaus and Collaboratives, and Department of Mental Hygiene.

2) HET meets at monthly and/or weekly as needed so that DOH & HET leaders can update members on progress of an infectious disease, including the scope and rate of spread, symptoms of disease, how the disease is spread, methods to prevent infection, and prevention/treatment protocols. Local governments procure protective equipment (PPE) to help prevent spread, which is made available to providers to distribute to homeless & underserved communities. Local DOH, in collaboration with Northwell Health, Sun River Health and other medical partners, develop plans to procure vaccines and treatments (if available), and train staff on their administration. DOH & other medical partners work with DSS, community partners and CoC members to establish vaccination clinics, including mobile vaccine pods for homeless persons, isolation units in shelters and hospitals as needed, and coordinate the distribution of information, PPE & vaccines. CoC planning staff work with local leaders in marginalized communities to have local credible messengers share information on precautions they can take to prevent disease, including ways to prevent exposure, general cleanliness protocols, vaccinations, etc. CE Steering Committee receives ongoing feedback and guidance from the Public Health Committee on best practices for sharing information and discussing health access and health conditions with those accessing CE/DV CE.

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) CoC Governance Board members and other key decision-makers are members of the region’s Community Health Alliance (CHA), a group of community leaders working w/ underserved communities focused on addressing health access gaps. CHA worked w/ Northwell on a Community Health Needs Assessment (CHNA), & CoC members and PLEs actively worked to ensure the persons they serve are included in planning and local responses. The assessment identified specific communities & populations who are most impacted by inequities in healthcare, housing, & food security. The report identified priorities: Prevent Chronic Diseases, Promote Well-Being and Prevent Mental and Substance Use Disorders; & Promote Healthy Women, Infants and Children. This allowed for clearer needs for which partnerships were required, more targeted and strategic sharing of information by CoC, Health and Welfare Council, DSS, DOH, and Department of Mental Hygiene, with a targeted universalism and peer-to-peer approach.

2) CoC Public Health Response working group includes lead health care entities, housing providers, street outreach, drop-in centers, and DSS (local shelter access and admin). Information about public health measures and distribution of PPE to address infectious diseases to persons on the street and in shelter included enhanced street medicine initiatives, mobile case management to shelters, mobile peer advocates, and mobile clinics. Health information is additionally distributed via CoC meetings and CoC website, and to libraries, food pantries, and other local hubs. Case Managers and Street Outreach staff share this information with CE participants. Information about vaccination is distributed throughout the communities, and mobile vaccine deployment is arranged people experiencing homelessness as needed. Deployment is coordinated between vaccine providers & street outreach teams, as well as shelter providers, with support from the CoC and DSS. Partnerships have allowed for mobile and street medicine, basic health screens and wound care, and the administration of vaccines to unsheltered and other homeless persons who are unable to access regular medical care. Additional capacity from the SOS team will coordinate directly with health services and help mitigate health risks for individuals and groups living outside.

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) CE access points are available through community outreach, an interactive website resource directory, and phone support, covering 100% of the CoC's geographic area. Physical access points are geographically dispersed and include community resource centers, safe havens, faith-based facilities, and senior centers, all under a "no wrong door" approach. Mobile assessment staff and street outreach capacity have increased for this purpose.

2) A single assessment tool is used for all CE participants, featuring multiple phases for problem-solving, diversion, and resource navigation while identifying barriers and vulnerabilities. Only questions related to these barriers are scored. The assessment emphasizes equity, standardization, and prioritizing the most vulnerable, with annual training for assessors to ensure a trauma-informed approach. LOTH is heavily weighted to address inequities and intersectionality objectively.

3) CE staff includes people with lived experience, survivors of DV, and is racially and culturally aligned with the populations served providing trust for information sharing. Access requires minimal documentation and personal information sharing, and assessments are conducted at preferred times and locations, where shared information cannot be overheard. CE staff are trained in trauma-informed care, boundaries, data confidentiality, HIPAA, and VAWA, allowing households to opt out of HMIS data entry, using secure digital or double-locked paper files instead. Weekly CE staff supervision and case reviews include review of data collection and protection protocols are met.

4) The CE Steering Committee, including people referred through CE (successfully and unsuccessfully) and providers, employs a continuous improvement process to update assessments based on participant and assessor feedback. CE participants and CoC housing participants complete CE outcome surveys and surveys while in program as part of CoC monitoring reviewed by CE Steering. Local partners such as VSPs, youth advocates, and re-entry support networks identify how CE is working for subpopulations with unique needs, while the PLE and provider advisories address system-wide concerns. The CoC actively seeks feedback from diverse racial and ethnic backgrounds and subpopulations, focusing outreach on marginalized communities through town halls, listening sessions and grassroots partnerships. The CoC has an active RRH and PSH case study analysis underway for CE efficacy.

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.	
FY2024 CoC Application	Page 30	10/30/2024

(limit 2,500 characters)

1) Partnerships with faith-based organizations, LGBT advocacy groups, local tribal nation, campground staff, and local groups representing marginalized communities help CE connect with individuals less likely to seek assistance through traditional channels. Outreach efforts targeting undocumented individuals and BIPOC communities build rapport with those not yet engaged with CE. Tracking HMIS data and known locations aids street outreach in planning and identifying gaps. Access to CE is available via mobile phone or the web through the CE helpline.

2) The CoC prioritizes individuals with the longest lengths of time experiencing homelessness (LOTH) and with the greatest barriers for PSH and RRH, as data shows this group has the highest need and is least likely to exit on their own. All chronic homeless households are connected with housing-focused case navigators and peers, with special consideration given to those on the street, especially those with limited mobility. All PH funded by the CoC and ESG follows a HF approach, screening in those with the greatest needs.

3) The CE team reviews the By-Name Lists (BNLs) biweekly and facilitates monthly shelter case conferencing. Weekly meetings among CE staff focus on matching participants with appropriate housing resources. SOS street outreach employs a critical time intervention model, ensuring a maximum 48-hour response time from referral to contact. The CE team connects households to permanent housing without programs for family reunification, relocation, and income enhancement. Participant choice is prioritized, with multiple access points for CE, DV CE, or both. Assessments include preferences for location and services, and households are assisted in applying for both short- and long-term housing options concurrently. The bridge housing approach aims to exit households from homelessness faster by referring them to TH-RRH/RRH while waiting for PSH/HCV/EHV openings.

4) Prioritization is based on length of time and a brief scored assessment to avoid duplicating intake questions. CE and SOS outreach are highly mobile, with enhanced language translation services available on demand, providing targeted support with quick turnaround times, thus reducing transportation and accessibility barriers. The outreach team assists with technology access by meeting individuals in their communities to help complete housing applications and forms, ensuring CE access points are convenient and accessible.

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) CE access through the helpline is promoted via social media, the CoC website, and flyers distributed at hospitals, train stations, campgrounds, LDSS locations, and shelters. CE services are discussed monthly at case conferencing meetings with shelter staff. Coordination with police, MTA, libraries, faith-based partners, and grassroots groups helps inform marginalized communities through trusted sources. Targeted assessments for long-term homeless households educate participants about CE.

2) The CE assessment includes grievance procedures and contact information for local human rights commissions. Following updates from Erase Racism after the "Divided LI" report, counties increased their capacity to respond to complaints. The Collaborative Applicant manages grievance policies for discrimination against CoC housing providers. CoC monitoring evaluates programs on their information provision regarding participants' rights, with similar oversight for CE by a TA provider. Fair housing training is available for CE and CoC staff, who must inform participants of their rights during housing searches. Staff involved in EHV are required to complete state-level DEI and fair housing training, and the CoC network has been informed about opportunities to serve as housing testers.

3) The CoC collaborates with legal advocacy groups to address Fair Housing complaints, including lawsuits against PHAs for exclusionary language and against DSS for denying emergency shelter and reasonable accommodations. CE and CoC project staff support participants in filing housing discrimination complaints, and the CoC partners with LI Housing Services to gather information for reports and lawsuits.

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.	04/17/2024

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
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) CoC analyzes racial disparities using data & human experience. Data reports from Stella, the race equity toolkit, and CE events in HMIS are reviewed quarterly, including time of assessment to referral, time of referral to enrollment, time enrollment to housing placement, & housing retention rates, all by race and ethnicity. A local initiative w/ Built for Zero helps track housing search outcomes for households currently experiencing homelessness monthly. State of Black LI Equity Council/Urban League quarterly meetings provide information on challenges within the Black community. With the assistance of TAC, the CoC has formed a DEI Charter and added a CoC-wide Equity Committee and full-time CoC DEI staff, focused on analyzing disparities in outcomes and implementing changes to the CoC. The CoC also conducts a racial equity analyses on street outreach engagements and comparing shelter rosters, motel placements, homeless prevention, and HP projects by demographic information. Qualitative feedback is gathered from PLE in CoC meetings & committees, PLE Advisory meetings, and local town halls and local other forums. Community forums are hosted for feedback from people most impacted by homelessness, in partnership with local NAACP, tribal nations, & local advocacy groups. CoC reviews regular reports put out by Long Island Housing Partnerships, ERASE Racism, local human rights commissions, & other local community organizations. Other local reports include a racial equity gap toolkit from the Nassau County Comptroller's Office & report from the Urban Institute.

2) Identified disparities include racial disparities in rates of eviction disadvantaging BIPOC (especially Black) communities, gap between poverty and homelessness by race that show Black and Hispanic/Latinx communities are more likely to experience homelessness and for longer periods of time, successful enrollments following referrals, time to PH move-in, housing retention, housing discrimination, households connected to DV CE, street outreach engagement, re-entry, health care access (esp. psychiatric), disability documentation, employment outcomes (impacting RRH outcomes), relocation rates, and diversion outcomes. All disparities affect BIPOC and people with disabilities negatively. Undocumented households and asylum seekers face explicit discrimination based on citizenship status and are unable to access many services.

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

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes

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

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

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

(limit 2,500 characters)

Our CoC continually works to evaluate progress towards race equity through enhancing quantitative and qualitative analysis tools, inclusive CoC structures with a focus on involving PLEs, communities most impacted by homelessness, and advocacy and other local groups representing marginalized communities. Our CoC added a CoC Equity Committee included in the CoC Charter, underwent a CoC power analysis and Governance restructure, and added a full-time DEI staff member to the CoC planning team to advance training, analysis, Equity Committee efforts, in addition to our existing Lived Experience Advisory (LEA) Council. For continuous systems-level improvement, our CoC creates intentionally diverse committees and working groups. For example, the CoC monitoring committee includes PLEs and focuses on direct program participant feedback as part of monitoring evaluations. CE Steering Committee reviews policies, procedures, assessments, marketing and outreach approaches with PLE members present at all meetings. CoC Elections Committee was added to ensure more equitable representation, fair elections, and recruitment strategies for those representing marginalized communities. DV ETP was developed and reviewed by VSP and Survivor focus groups for enhancements. CoC Prioritization works to reduce disparities by prioritizing those homeless longest and with the most significant barriers to housing. The newly restructured CoC Governing Body is the policy-making entity for the CoC and includes significant representation from PLEs and marginalized groups. CoC planning uses a targeted universalism approach, including town halls/listening sessions, magnet events, systems mapping, and training in communities with high rates of evictions and homelessness. The CoC regularly analyzes all phases of the homeless experience with PLEs and communities most impacted to determine more insight into causality, barriers, and solutions, with reviews on eviction rates, length of time spent homeless, length of time and successful enrollment rates into permanent housing programs, housing search/average number of rental denials/percentage of households able to access desired housing/communities, income gains, and housing retention. All CoC applicants must incorporate PLEs into program design and feedback, and identify barriers faced by marginalized communities and ways that they are actively seeking to remove those barriers.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

CoC solicits regular feedback from those most impacted on progress to eliminating disparities through PLE advisory group, CE outtake survey, CoC participant survey during monitoring, and reviews data that captures outcomes. Feedback from PLE includes information on how people are treated through the housing process, disparities in experience of getting to housing, barriers faced, and experience within PH that may be different among households of different backgrounds (case management check-ins, support towards employment, etc). Data review focuses on each step in the process towards housing and the disparities in those steps. Disparities related to housing search including race, ethnicity, household size, geography, program type, and which households obtain housing in area of their preference versus other areas are all tracked. The CE assessment tool has ongoing re-evaluation process to make sure tool and questions asked lead to desired prioritization outcomes which eliminate or prevent disparities. Plans are in place to evaluate assessment scores by participant demographics to ensure equitable outcomes. Other measures tracked such as successful enrollments, time to placement, and retention rates help determine that disparities are going down over time with implementation of system improvements. The CoC tracks progress in terms of how many households identified in community as imminent risk of homelessness are prevented from becoming homeless. Other measures tracked that show progress towards eliminating disparities include access to vouchers, number of long-term stayers cannot access PSH b/c of lack of access to health care, and program staff and leadership diversity & efforts.

2) The tools CoC uses include reports from Stella, the race equity toolkit provided by HUD, and independently generated HMIS reports. In overarching racial equity analysis reviewing the past several years of data is conducted in collaboration with TAC and the Equity Committee.

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

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

(limit 2,500 characters)

PLEs were recruited using emails to the CoC network, social media groups, social media posts by the CA, conversations between CE staff and program participants (street outreach, case management, EHV), posts on the CoC website, CE helpline contacts, PIT count outreach, and informal networking with community partners to join program staff, CoC committees, and the Lived Experience Advisory and volunteer for a winter and summer PIT count. A form to sign-up directly for the LEA is available on the CoC website. Through targeted outreach, a group of different types of experiences (unsheltered, sheltered, single adults & families) and identities (race, ethnicity, gender) were sought to form an advisory group that meets monthly. Direct care staff with lived experience were recruited onto committees and moved into planning positions when interest and opportunity aligned. LEA group members are encouraged & supported in seeking leadership roles in CoC, including on CoC Governance Board. The CA hosts an annual conference on homelessness and this year's theme centers PLE. PLE were recruited for a panel discussion for the plenary session for the conference and speech by NAEH Director of Lived Experience and Innovation.

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.	9	2
2.	Participate on CoC committees, subcommittees, or workgroups.	38	7
3.	Included in the development or revision of your CoC's local competition rating factors.	5	2
4.	Included in the development or revision of your CoC's coordinated entry process.	6	3

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)

Lived Experience Advisory members are compensated for their time on an hourly basis. CoC-funded agencies are ranked on increasing income of program participants and whether they have specific professional development opportunities for PLEs, including peer certifications, if they compensate PLE for feedback and include PLE as part of their process (design, implementation, review). The SOS street outreach program model required peer certified PLE on staff as outreach workers. PLE are recruited through advocacy work to staff the CE helpline, street outreach, case management, and housing programs. CE has expanded work and volunteer opportunities to allow for fully remote schedules that accommodate people with disabilities, people without access to transportation, and people with time-intensive childcare needs, all of which are common barriers for PLE. The CoC partners with recruitment agencies that connect people with sustainable energy, home health aide, janitorial, and local union (electric, plumbing, transit), and culinary work. Partnerships with local farmers, renewable energy companies, and racetrack unions help case managers link people employment and employer provided housing. The CoC helps streamline enrollment to community colleges and certification programs, especially in youth programs (e.g. Job Corps and Youth Build). Transportation is available to get clients to employment fairs and DOL. Targeted outreach and partnership to companies that hire individuals with criminal records helps to ensure equitable employment connections among that population that is disproportionately affected by homelessness. Other partnerships include, partnership w/ ADAPT employment working group that seeks to remove barriers for employment for people with disabilities, OPWDD providers, & AHRC work placement programs for people with developmental disabilities. CE worked with some clients on Medicaid Freedom Care to become paid health aids in place of residence or with family members. The CoC tracks and trains CoC members on local workforce trends and opportunities and holds health and employment fairs.

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) The Lived Experience Advisory (LEA) is a diverse group of individuals with current and past homelessness experiences. LEA members are recruited for Governance Board positions and review major CoC and ESG policy decisions, including service gaps and funding allocations. Feedback on CE and homeless services is collected through a helpline and an annual unmet needs survey available to the entire CoC, including LEA and PLE staff. Other committees and working groups, such as the CoC Governance Board, Ranking Committee, and DV Working Group, also incorporate PLE feedback.

2) LEA meetings occur monthly outside business hours, providing context on CoC initiatives. The Governance Board meets monthly with significant PLE representation, while CE Steering and working groups for DV and youth meet quarterly.

3) LEA members include current and former participants in CoC and ESG programs. CoC Monitoring assesses participant experiences through surveys developed with PLE input and in-person interviews when feasible. CE staff provide post-move case management and share feedback in team meetings, while the steering committee updates assessment tools based on participant feedback. Consumer advisory boards for ESG, youth, and DV projects regularly meet to offer insights.

4) Feedback opportunities for CoC and ESG participants occur annually during monitoring, monthly in LEA meetings, and through group and individual interviews, including on-site visits when safe. The CoC maintains a directory of contact information for all CE-referred households, ensuring surveys and feedback opportunities are communicated directly. New CoC DEI and Advocacy staff will seek to enhance feedback loops and methods.

5) The CoC planning team has explored shelter payment standards and advocacy with the NYS shelter oversight body. Concerns about DV shelter access have led to closer integration with DV CES for better participant screening. In response to the criminalization of homelessness, a Legislative Committee has been reinstated. The CoC addresses reasonable accommodation and discrimination complaints by partnering with legal advocates. It aims to enhance access to resources identified by PLE, such as legal services and financial assistance, while working to eliminate barriers to service access, including restrictive eligibility criteria.

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 works directly with the Long Island Housing Coalition (LIHC), with a mission to promote affordable and inclusive housing on Long Island through community events, data-driven policy recommendations, and outreach efforts aimed at reshaping the narrative around affordability. Chaired by ERASE Racism, the local Housing Coalition includes over 20 organizations such as Concern for Independent Living (largest local non-profit developer), LI Board of Realtors, and Regional Plan Association. The CoC in coordination with LIHC has successfully advocated for zoning changes, including the Melville Town Center Overlay District and the adoption of the Comprehensive Plan Update in Riverhead, which supports Accessory Dwelling Units (ADUs) and Transit-Oriented Development in Hempstead. Additional capacity and education and advocacy efforts are supported by the CoC Legislative Committee and a network of people with lived experience of homelessness, domestics violence, and/or housing instability.

2) The CoC works to advance fair housing and reduce racial disparities through initiatives like ERASE Racism's Affordable and Inclusive Housing Tool. Funded by the Long Island Community Foundation, the Coalition hosts press conferences in support of key legislation, including the Faith-Based Affordable Housing Act, and held a Glen Cove Housing Summit to engage the public on housing concerns. Additionally, the CoC collaborates with the Long Island Board of Realtors on fair housing promotion and encourages the adoption of ADUs in towns like Islip, Riverhead, and Glen Cove. Educational events in Bellport and Riverhead address the lack of affordable housing, while meetings with local officials support the Pro-Housing Communities Program, which has certified 24 communities. New down-payment assistance programs have been established in Hempstead Village and East Hampton, complementing statewide efforts like the Homeowner Protection Program (HOPP).

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

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

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

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

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	08/14/2024
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.	08/13/2024

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)?	70
2.	How many renewal projects did your CoC submit?	32
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section V.B.2.d.	
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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) Using HMIS exit destination data, the CoC tracks housing retention rates, rates of return to homelessness, & net impact on homelessness, heavily weighting the latter two in scoring projects for priority listing. RRH projects were rated on percent of households retaining PH 1-year after rental assistance termination. Factors that help participants retain housing were considered such as increasing income/benefits (scored) & safety planning for DV households (threshold). PSH projects were scored on leveraging support services that could help households remain in PH.

2) PSH and RRH were rated on effectiveness of housing search assistance by scoring average days until PH move-in relative to other programs of the same type. RRH projects were further scored on days until a viable housing opportunity was offered to each household w/in their preference & price range. PSH programs were examined for time from referral date to move-in. New projects were ranked on plan for designated housing search staff.

3) Projects were awarded points based on average length of time homeless, serving chronically homeless households in dedicated beds, serving mental health, DV, or youth (only project of its kind). CoC determined through a regional gaps analysis which types of housing programs were most needed based on PIT v. HIC, BNL, average LOT homeless for various populations, & inflow, outflow, & retention of various populations. PSH projects were given the highest score for regional gaps as these projects have the capacity to serve the most vulnerable w/ the highest service needs, highest utilizers of community resources, & are dedicated for chronic households. As a threshold for ranking, all projects had to sign-on to the CoC's housing first checklist.

4) All PSH projects are chronic dedicated & were given the highest number of regional gaps points, preventing undue penalization for performance for those projects serving disabled and high barrier household populations (often those living unsheltered). All applicants were scored on their ability to identify and remove barriers to marginalized groups, including language barriers, transportation barriers, lack of medical care/untreated mental illness, immigrant status, criminal histories, LGBT identity, and those facing discrimination, safety risk, and/or criminalization.

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)

1) A community survey on regional needs and gaps was distributed and completed by community members from different racial and ethnic backgrounds. The results of this influenced the Ranking Committee’s decision on which regional gaps were most heavily weighted in the scoring process. The Ranking Committee applies a racial equity lens and receives input from CoC planning staff that collects information from the Lived Experience Advisory (a racially diverse group of PLE) and groups serving racially marginalized communities. The Governance Board, which has members from groups over-represented in homeless populations, developed the Guiding Principles to guide Ranking Committee recommendations.

2) Persons from racially marginalized groups participated directly in the develop of Guiding Principles, the local review/ranking/selection process, and in the community survey/focus group identifying unmet needs and underserved populations. Based on feedback questioning the use of funds, especially from marginalized communities, projects were scored on leveraged supports. All projects were scored on diversity, equity & inclusion work, involvement of PLE in program processes, and professional development opportunities for PLEs. Projects were awarded more points for serving long-term homeless households (average length of time of households admitted).

3) All projects must sign a housing first MOU and commit to taking referrals from CE. Projects were ranked on whether they have made a commitment to DEI work, which can help identify systemic barriers to participation for those over-represented in the homeless population. Projects were ranked on inclusion of PLE in program design, implementation, and feedback and on identifying barriers to PLE involvement. These points represented between 14% and 20% of points available to a project (depending on eligible scoring criteria). Commitment to DEI and PLE involvement could significantly change a project’s placement in the ranking order. For new projects without data on outcomes, DEI was a significant factor in determining project ranking.

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

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

(limit 2,500 characters)

CoC has reallocated well above 20% of ARD since 2019, all of which was voluntary givebacks, take backs of unspent funds, cuts from lower performing projects &/or projects deemed not to meet local needs, as identified through monitoring/project evaluation/regional gaps analysis. DV Bonus/CoC Bonus provided opportunities to further increase capacity w/in the CoC w/out losing capacity. CoC coordinates closely with NYS on funding additional PSH (ESSHI, first OMH supported housing projects). All ESSHI PSH projects require CE participation, strongly encourage Housing First & alignment with local needs.

2) No

3) No

4) After significant reallocation of lower performing programs & additional rake backs of unspent funds in previous years, all CoC projects met significant regional gaps & did not have significant negative performance/monitoring findings. Local providers also continue to struggle with overall capacity to apply for new available funds, making the demand for new applications lower. Furthermore, some local partners such as tribal nations, groups representing Hispanic populations, and youth, do not feel that the populations that they serve fall within the HUD homeless definition. For example, many Hispanic groups and a local tribal nation reported needing funds to address people that were doubled up as opposed to in shelter or on the street. PSH (ESSHI) & RRH (ESG and DSS Rental Supplement Program) capacity was increased through non-CoC funds without CoC program cuts/closures. The CoC limited reallocation to demonstrate the sustainability of CoC funds. Lower performing projects were not reallocated because although they were lacking compared to other projects, they still meet a significant need in the region and have successful PH outcomes. Housing for victims of domestic violence in particular has become an increased need post COVID-19.

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?	Yes
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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?	

	<p>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.</p>	
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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.	

	<p>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.</p>	10/15/2024
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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.	

	<p>Does your attachment include:</p> <ol style="list-style-type: none"> 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.	

	<p>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included:</p> <ol style="list-style-type: none"> 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings. 	10/24/2024
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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.	10/24/2024
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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

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

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

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/07/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:
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- | | |
|----|--|
| 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) HMIS Admin ensures that VSPs adhere to their requirement to use an HMIS comparable database, demonstrate their ability to export an APR, & successfully upload it to HUD through SAGE. This ensures they collect all the required data elements & can electronically transfer their data to HUD in the APR format. HMIS Lead has made sure existing & new DV projects understand their requirements for use of an HMIS-comparable database. Outreach to DV providers made sure of ability to collect universal data elements and process an APR that is within HUD specifications & provide suggestions vendors w/ track record of compliance. Maintenance of relationships & creating an atmosphere ensures DV providers know to contact the CoC and/or the HMIS Lead if for some reason they fall out of compliance or are in the market for a new database vendor. CoC monitoring for VSPs also includes a review of HUD HMIS Comparable Database Manual.

2) All DV providers use HUD compliant comparable databases, such as Apricot & EmpowerDB. HMIS & CoC APR review monitors providers for compliance. HMIS Admin ensures that all DV providers are using HMIS-comparable databases to collect and report data that are compliant with 2024 HUD/HMIS data standards. APR from DV providers is required for use in ranking each year and they appear to be complying. DV programs are also required to upload an APR annually to HUD, all have been able to do so. Although HMIS is not required to check or monitor their database for HMIS-comparable compliance, HMIS admin does everything they can to explain the need for it, and to assist their efforts to choose a vendor that suits their data collection and reporting requirements and needs if that is requested of us. Over the past few years HMIS Admin assisted some DV providers by suggesting various vendors that provide an HMIS-Comparable DB and have helped through the process of moving to a new vendor when their database was found to be not fully HUD compliant. The CoC trained annually on updates to data standards. HMIS lead worked with comparable database vendors to make needed changes to align w/ updates & requirements. Shell programs for DV providers are present w/i HMIS. HMIS lead supported DV providers transition from non-HUD compliant to comparable database that was compliant. AWARDS/HMIS is fully compliant with current HUD-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	3,831	70	3,831	98.21%

2. Safe Haven (SH) beds	18	0	18	100.00%
3. Transitional Housing (TH) beds	74	8	68	82.93%
4. Rapid Re-Housing (RRH) beds	373	36	361	88.26%
5. Permanent Supportive Housing (PSH) beds	2,130	0	1,593	74.79%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

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

(limit 2,500 characters)

1) Lower PSH bed coverage is from VA-funded VASH PSH beds, which make up a significant percentage of local PSH stock (496 PSH beds, 23.3% of current PSH beds from the 2024 HIC). CoC has attempted to work closely w/ the VA for several years to no avail as the VA continues to state this is not required and that they are compliant with the VA and HOMES. There were failed data transfer attempts from the VA, using the HOMES-HMIS Crosswalk, which provided only a very small client roster w/ minimal information (seemingly a VASH waitlist or severely limited data set) and there was an inability to also confirm how many vouchers or households were being served in VASH because they partner with a PHA, CDLI, to administer the vouchers, and only serve as an access point for VASH. CDLI was the entity providing limited bed data to be manually inputted by HMIS admin staff, including having HMIS staff manually enter for over 400 households into HMIS, however, CDLI did not have the capacity to continue to put together this information and has not been made to do so by the VA. Even if the VA was required to use HMIS, it seems they would not be able to provide data on all households served w/in the project as demonstrated by the very limited data upload. CoC will continue to work w/ CDLI on building capacity or being granted access to their files to obtain the information necessary. VA and CDLI are both unwilling/unable to participate in HMIS currently. TH bed coverage discrepancy is due to TH beds in a DV TH-RRH project operated by a non-VSP that has opted to use a comparable database. These beds should be counted under HMIS comparable database beds. TH beds is otherwise 100% HMIS coverage.

2) A standing GB member seat for VA is part of the CoC's newly adopted Charter/Governance slate and a PHA slot filled by a CDLI rep, to create more buy-in for CoC partnerships and importance of HMIS data. Previously this seat was available for any Veteran provider and VA leadership was nominated but not elected by the CoC, instead it was the VA's subcontractor for GPD and HCHV and largest Veteran non-profit in the local area. Additional investment in TA to problem solve between the CoC, VA, and CDLI. Exploration of capacity to carry out data reporting and timely input. The CoC will continue to share VA notices that strongly encourage participation and explain the importance of this.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?		Yes

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

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

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

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

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/07/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1) The CoC has a youth working group that also participates on the PIT Planning Committee. CoC members Hope for Youth (HFY) and Family & Children Association (FCA) have year-round youth diversion programs, shelter, and outreach. Both lead youth providers have consumer advisory boards as feedback loops.

2) Youth bureaus/programs, LGBT Network, libraries, schools, MTA, businesses, and other key locations/partners provide year-round street outreach referrals and updates to CoC known locations list. The CoC Youth Working Group updates youth systems maps and youth hot spotting maps. Youth stakeholders also collaborated on ideal locations for youth magnet events and other incentives that could be provided for youth surveys or feedback related to where youth are likely to go when experiencing homelessness. Our community sees less youth presenting on street than other regions, as most youth households presenting in our system are couch surfing other otherwise unstably housed, with much less youth that become homeless very short-term (average ES LOS is 10 days). Parenting youth in shelter settings is the exception to this trend, where we see a significant presenting population (identified using HMIS Youth BNL tracking and during shelter case conferencing). Seven youth were identified during unsheltered canvassing on the day of count. Based on ongoing youth feedback, our CoC will add a youth sampling methodology that is incentivized, particularly to help better identify LGBT youth, justice involved youth, youth aging out of foster care, and immigrant youth

3) Youth recruitment has been more challenging since COVID-19. While we had a larger volunteer group overall, there were a smaller number of youth. Funds are allocated to pay homeless youth for participating and the CoC will look to further enhance recruitment with identified groups such as youth advisory boards, Minority Millennials, Youth Build, and Long Island Families Together, and incentivize this activity with more youth-led outreach and youth-driven strategies.

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) N/A

2) The CoC had an increased number of street outreach staff available to do the count, had pre-existing relationships in the community with unsheltered people, including PLEs that volunteered for the PIT. PIT review cross references/de-duplication included HMIS data. Experienced and local teams had an increased focus on underserved communities.

3) Our community has identified an inflow of new immigrant arrivals. Thus far, this population has predominantly presented in NYC with lesser numbers within our CoC jurisdiction. The CoC coordinates regularly with the LI Immigration Coalition, DSS, NYC immigrant shelters and other partners in preparation for any displacements. Households that are non-US citizens face significant barriers in accessing housing and other stabilization resources, and make up disproportionate rates with those unsheltered locally.

4) Based on PLE feedback, we did not ask for immigration status as part of our PIT survey, however, 6% of households that stated a cause and length of time homeless referenced newly arriving to the US/Long Island.

5) Number of people surveyed unsheltered increased, although it is unclear how much the change in methodology contributed to this vs. the ongoing effects of COVID-19. Reports from people with lived experience indicated that the increase in number of people living unsheltered is likely due to COVID-19 due to increased barriers to housing such as increased mental health instability, loss of family members and support systems, loss of employment/lack of adequate wages, loss of ability to work, increase in costs in the housing market due to increasing demand, and significant landlord-tenant tensions. Our community has also seen increases in households self-paying motels that may end up on the street for very short periods of time if their funds run out temporarily.

2C. System Performance

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

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

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

(limit 2,500 characters)

1) The CoC uses data from HMIS & organizations administering homeless prevention programs, & qualitative information from CE & CE helpline staff to identify trends. Homelessness cause is a data element in HMIS. A study of neighboring jurisdiction NYC created a model of predictive risk factors that the CoC uses to inform approaches (Shinn et al 2013). The CoC has worked with Nassau County OCD to identify risk factors from this study cross-referenced w/ local data. The CoC used outreach resources to gather local feedback related to which landlords are looking to evict & which communities are seeking resources related to legal advocacy. Collaboration w/ court systems allows the CoC to track where evictions take place geographically. The CE helpline tracks where calls from at-risk households come from. Community meetings & networking w/ HP services helps gather feedback on needs people were facing related to housing, esp among those recently discharged from prison/jail.

2) Risk factors include previous homelessness, disability, seniors/aging adults, reentry, young parents, lack of transportation, lack of family support networks, lack of citizenship status & households economically impacted by COVID-19. The homeless prevention assessment used by HP programs helps target diversion efforts by zip code & prioritizes young adults & pregnant people. Collaboration between legal system & homeless service providers connects atrisk to legal advocacy, HP, & advocates for halting evictions. The CE helpline functions as a problem-solving & diversion resource, reaching at-risk households early on & helping to connect with stabilization resources such as benefits, care coordination, mediation, legal advocacy/info. The CE assessment includes a rapid resolution guide to prevent or quickly resolve homelessness. CE post-move case management & CE outtake surveys address risk factors for previously homelessness HH. The CoC coordinates case conferencing for reentry, discharge from institutions & medical/hospitals w/ the assistance of the SOS team. The SOS can work w/ at-risk households that are high utilizers of medical services. Partnerships w/ local grass roots groups & private funders w/ flexible funds help deploy resources to prevent homelessness. The CoC coordinates w/ LI Immigration Coalition & Safe Passage Project to ensure that immigrants are connected to housing & other supports.

3) CE Steering Committee/ESG Working Group

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

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

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

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

In the field below:

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

(limit 2,500 characters)

1) The CoC has been working hard to reduce the length of time (LOT) for individuals experiencing homelessness. In response to the increase in LOT due to COVID-19, the CoC has successfully implemented various strategies to reverse this trend. One key strategy is the CE prioritization policy, which ensures that referrals focus on households with the longest LOT. The CoC uses a localized, evidence-based tool to distribute housing resources fairly, ensuring appropriate assistance levels. All CoC programs follow a Housing First (HF) approach, making it easier for people to access housing and providing personalized support before and after securing housing. Increasing the availability of Permanent Supportive Housing (PSH) is a crucial local need, prioritized by the governance board during funding competitions and expanded through non-CoC funds. In addition to these strategies aimed at better serving those with the longest LOT, the CoC uses a wide range of diversion strategies to provide individuals and families with quick solutions to their housing crisis. Through the CoC CE Helpline, available options include housing search assistance, relocation services, family reunification and mediation, and financial literacy training. Case managers assist in identifying all possible income opportunities through available benefits and work opportunities. Legal advocacy services to address illegal evictions and wage thefts, and to reduce debts and wage garnishments, are also available through CoC partners. All these services are designed to address the most common barriers people experience when trying to secure housing.

2) The CoC CE system uses a local assessment tool and HMIS data to prioritize individuals and families who have been homeless for the longest time. The tool accurately identifies those with the most prolonged homelessness, households with the most severe service needs, and those least likely to exit homelessness on their own. CoC street outreach teams play a crucial role in finding people who are homeless and not connected to services by providing outreach daily, covering the entire region. These efforts have been improved through partnerships with community leaders and institutions such as libraries, soup kitchens, community advocates, and local police.

3) The CoC Governance Board, with consultation from the CE Steering Committee & Lived Experience Advisory, develops CoC strategy, while CoC Planning staff and CE staff work to implement strategies.

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.
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(limit 2,500 characters)

1)The CoC employs various strategies to increase exits to permanent housing (PH). It provides immediate support through a local assessment tool at the point of entry, enabling assessors via the CE Helpline to explore diversion strategies such as relocation, shared housing, income maximization, and care coordination. Regular case conferencing occurs with emergency shelter (ES) providers, local DSS, and CoC Rapid Re-Housing (RRH) providers. For RRH participants, housing-focused case management (HFCM) helps increase income and stability. HFCM training is offered to service providers throughout the CoC. Accessing alternative funding sources, such as the NYS Empire State Supportive Housing Initiative (ESSHI) and Emergency Housing Voucher (EHV) program, has effectively increased RRH and PSH supply. Additionally, 10% of local Housing Choice Vouchers (HCV), administered by the NYS Homes and Community Renewal (HCR), are allocated for people experiencing homelessness, with half designated for households exiting RRH, creating more capacity to place new households in RRH.

2) The CoC has regularly maintained a high retention rate for PSH participants. CoC-wide HF practices and HFCM work to provide participants with the needed supportive services to increase housing stability. For those moving into PH, transitional case management, using a critical time intervention model, is provided for 90 days post-move to stabilize the household. CE staff works with program staff to mediate and resolve tenant violations that can potentially lead to termination. Any situation that leads to a PSH vacancy must be documented with a full explanation for the termination. Healthcare partnerships are leveraged to provide medical and mental health support needed to improve health outcomes and stabilize their housing and financial situation.

The CoC governance board has prioritized enhancing move-on strategies to better support households prepared to move from PSH into a PH situation that requires less intensive support services. Improving this transition simultaneously maintains housing stability for the client moving on and creates new PSH opportunities for those waiting for housing.

3) The CoC Governance Board, with consultation from the CE Steering Committee & Lived Experience Advisory, develops CoC strategy while CoC Planning staff and CE staff work to implement strategies successfully.

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) Individuals and families returning to homelessness are identified through data from HMIS and Coordinated Entry. CE case conferencing with CE case managers, RRH & PSH providers, ES providers, and street outreach teams works to quickly identify households who are at risk or have recently returned to homelessness. Once households are identified, case managers will assess the reasons for the return and develop a strategic plan to reconnect the household to a housing solution in an expedited manner.

2) HMIS data is analyzed to identify local risk factors for returning to homelessness. By identifying these risk factors, the CoC is better able to focus staff training towards addressing those potential risks, personalize housing-focused case management (HFCM) to provide the appropriate level of assistance better, and identify what mainstream resources need to be better leveraged to serve best those who are most at risk for returning to homelessness. As part of HFCM, CE and service provider case managers mediate between clients and landlords to resolve any issues that could lead to eviction. A vital component of a person-centered approach is prioritizing participant choice so clients' needs and wants appropriately align with their selected housing unit. This alignment increases the likelihood of successful housing stability. Another critical component of HFCM is connecting participants to stabilizing services, such as medical and mental health care, substance use counseling, and life skills training. Participants are also linked to various resources to reduce their cost burden and increase their ability to fulfill their financial requirements and remain stably housed. These resources include utility assistance, social benefits, care coordination, and transportation. Another effective effort has been connecting households exiting RRH programs to Housing Choice Vouchers to ensure their housing stability is maintained after their RRH exit. In addition, the CoC Emergency Transfer Policy has been enhanced to better ensure households are able to escape imminent danger without disruption to their housing stability. CoC providers are evaluated in their ability to reduce the rate of returns to homelessness through the annual funding round renewal scorecard.

3) The CoC Governance Board, with consultation from the CE Steering Committee & Lived Experience Advisory, develops CoC strategy while CoC Planning staff and CE staff work to implement strategies successfully.

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 uses education access, partnerships, & removes barriers to enhance access to employment income. Partnerships include the DOL, Suffolk Community College trades division, BOCES, & recruitment agencies connecting people w/ home health aide, computer programming, janitorial, local union & culinary work. The CoC streamlines enrollment to community college & certification programs. CoC training on local economic growth sectors helps create direct recruiting opportunities. The CoC provides guidance & resources on remote employment that meets other needs and accommodations of people w/ disabilities, transportation barriers, and/or childcare needs. Targeted outreach & partnership w/ re-entry organizations to companies that hire individuals w/criminal records ensures equitable employment connections. CE worked w/ participants on Medicaid Freedom Care to become paid health aids in place of residence. The CoC encourages hiring of PLE for direct care, peer, & leadership roles throughout CoC. CA staff include PLE on helpline, street outreach, & CoC planning. Partnership with library network provides computer access and training and job search assistance.
- 2) CE & the CoC has formal partnerships w/ DOL, Suffolk Community College, Sheriff's Office, No Degree Jobs, New Ground's JumpStart program, & HALI on site job skills training program. The CoC coordinates w/ NYS Peer Specialist Certification Board & full CoC was trained on the process of obtaining Peer Certifications. CE connects shelter & housing staff directly to employers, facilitates referrals, can leverage transportation services to job fairs, & direct clients to employers willing to hire those w/ barriers to work. Employers have regularly set up tables at various CES access points, including the main CES hub & local Chambers of Commerce coordinate to advertise job postings & referrals. CoC partnership w/ ADAPT employment working group seeks to remove barriers for employment for people w/ disabilities. Partnership w/ OPWDD providers & AHRC work placement programs connect people w/ developmental disabilities to opportunities. CE partners w/ workforce housing such as Salvation Army, farms, & racetrack & connects with ACCESS-VR for workforce training opportunities. The CoC coordinates w/ NYS Peer Specialist Certification Board & full CoC was trained on the process of obtaining Peer Certifications.
- 3) CE team, RRH case conferencing, CoC planning staff, CE access points.

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 is focused around access to enrollment, Medicaid housing/services development and linkages, assistance w/ applications, and part of CE service provisions for income maximization/budgeting. SOAR certified staff and full-time benefits manager were available to help with enrollment and get back-pay when applicable. A CoC project's ability to increase non-employment income for clients is a measurable outcome within the local ranking process. The CoC Collaborative Applicant is the SOAR-lead for the region and conducts cohort trainings, increasing access to SOAR support, and all CE staff are trained in SOAR. CE team also has MOU with local SSA offices to expedite review of SSI/SSDI benefits. CE works directly w/ prison pre-release and re-entry to ensure benefits do not lapse and remain in place. CES partnerships w/ legal advocates have assisted clients obtain benefits more successfully. The CoC has assisted and supported in providers obtaining new funds for program development of Medicaid redesign housing and housing grants through specific insurers to reduce the cost of high utilizers. CE staff also focus on benefit enrollments as a way for clients to access more community-based case management and transportation services for additional support and stabilization that does not terminate when clients are no longer homeless. When COVID-19 specific benefits were available, assisted with connection to those resources to increase cash income. Work with VA and veterans working group to ensure veterans are connected with all benefits they are entitled to. Connection to state children's health services, Indian Health Services. DSS is entity in charge of shelter placements and benefits enrollments, so any household place in shelter is reviewed for all eligible benefit programs administered through the county.

2) CE team, RRH case conferencing working group, CoC planning staff, CE access point drop-in centers, DSS

3A. Coordination with Housing and Healthcare

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

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

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
Well Life Network...	PH-PSH	4	Both
Concern for Indep...	PH-PSH	5	Both
Catholic Charitie...	PH-PSH	34	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Well Life Network - Medford Gardens
2. Enter the Unique Entity Identifier (UEI): HNN4W59GEHH3
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 4
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Concern for Independent Living - Estella
2. Enter the Unique Entity Identifier (UEI): RFXCAHZCLQ49
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 5
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Catholic Charities - Project Veterans Independence Expansione

2. Enter the Unique Entity Identifier (UEI): ULA3EQ4ZMNN8

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 34

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A

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

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

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

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

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

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

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

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

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

(limit 2,500 characters)

N/A

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

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

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	101
2.	Enter the number of survivors your CoC is currently serving:	19
3.	Unmet Need:	82

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) Element 1 (# of survivors that need housing/services) was identified using real-time DV By-Name List and DV RRH waiting lists, managed by TSCLI (DV CE). The number of households in need of housing/services includes all households presenting within the CoC jurisdiction that meet the HUD Category 4 homeless definition that have not been connected to a PH resource and were not able to be diverted by DV CE through connections to other resources, through safety planning, or through supportive problem solving that resolved the safety and housing crisis. DV CE manages the DV BNL and waiting lists directly in an HMIS-comparable database. DV BNL management includes all presenting households from DV shelters (comparable databases/referral), non-DV shelters (HMIS/referral), street outreach (HMIS/referral), DV crisis hotlines, police, and other local referral sources. DV CE outreaches extensively and provides training on identifying DV. Element 2 (# of survivors the CoC is serving) was identified using real-time data from all DV-specific housing projects funded through the CoC (comparable databases/agency report/APR) and then cross-referenced with the most recent HIC and local CoC application information to ensure consistency and to flag any significant discrepancies. DV CE tracks all referrals to all CoC projects, with regular check-in calls and retention tracking. DV CE tracking of households placed through DV CE and currently in PH are also tracked as part of DV BNL management.

2) Data sources used to calculate DV need include EMPOWER DB (HMIS comparable database of DV CE), HMIS, other HMIS comparable databases, APR, HIC, local CoC project applications (DV), and the CoC regional gaps analysis.

3) Despite adding DV projects through the DV Bonus opportunities and having a 10% set aside of EHV for DV, the average time a household waits to be offered a housing referrals increased. Our CoC has increased overall DV incidents and significant increases in a housing market that was already one of the highest in the US. The average time (months) that a DV household is taking to stabilize in RRH has also increased, where projects may not be able to serve as many households and/or take longer to be able to take more referrals. Fewer households can be diverted or regain safe/stable housing through problem-solving exacerbated by housing markets and prevalence and severity of violence/trauma in the community and in shelter settings.

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

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

Applicant Name
ECLI-VIBES DV Hou...
Brighter Tomorrow...
SEPA Mujer
The Safe Center L...

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/28/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/28/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/28/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/28/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/28/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/28/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/28/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/28/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/28/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting-CoC-A...	10/28/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	10/28/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's HDX Competi...	10/28/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/28/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/28/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting-CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: HUD's HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/23/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/29/2024
1D. Coordination and Engagement Cont'd	10/29/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/29/2024
2B. Point-in-Time (PIT) Count	10/29/2024
2C. System Performance	10/24/2024
3A. Coordination with Housing and Healthcare	10/24/2024
3B. Rehabilitation/New Construction Costs	10/24/2024
3C. Serving Homeless Under Other Federal Statutes	10/24/2024

4A. DV Bonus Project Applicants	10/29/2024
4B. Attachments Screen	10/28/2024
Submission Summary	No Input Required

1E-2 Local Competition

Scoring Tool

Funding Round 2024 NY-603 Renewal Project Ranking Criteria (approved by Ranking Committee as of 6/18/2024)			Benchmark	Range	PSH	RRH	DV RRH	Youth TH-RRH	2024 Source. Unless otherwise specified, data review will be 1/1/23-12/31/23 for PSH and 1/1/22-12/31/23 for RRH)
All Renewal Projects- Serving vulnerable populations (18 point max)	#1	Chronic Homeless dedicated beds	N/A	10 points, all or nothing	10	0	0	0	PSH programs are CH dedicated.
	#2	Average Length of Time Homeless (Category 1)	N/A	0-4 point range	4	4	4	4	Average LOT verified homelessness for all households admitted between 1/1/23-12/31/23.
	#3	Serving Specialized Populations (DV, youth, mental illness)	N/A	3 points, all or nothing	3	0	3	3	Programs targeted to serve DV, youth or mental illness with specialized/tailed services in place.
	#4	Serving broad array of households experiencing homelessness	N/A	3 points, all or nothing	3	3	0	0	Programs with non-restrictive eligibility criteria and able to serve a wide range of households experiencing homelessness to meet local needs.
	#5	Serving both counties (Nassau and Suffolk) or Nassau County	N/A	1 point, all or nothing	1	1	1	1	Programs able to provide housing in both Nassau and Suffolk, or Nassau County.
All Renewal Projects- Regional Impact on Reducing Homelessness (10 points max)	#6	Net impact on homelessness	N/A	0-10	10	10	10	10	Calculated as: # households and total persons within those households that exited homelessness in 2023 through the program (reducing homelessness- positive impact) + # households and total persons within those households that remained permanently housed through the program (housing retention/reducing returns to homelessness- positive impact) + # households and total persons in those households that exited the program and remains permanently housed (successful move-on/increasing housing capacity to exit homeless households- positive impact) - # households and total persons that exited the program back to homelessness (increasing returns to homelessness- negative impact)
All Renewal Projects- Involving People with Lived Experience / Equity Lens (10 points max)	#7	Involving people with lived experience and ensuring equity	N/A	0-10	10	10	10	10	PLE/DEI Narratives describing process for involving people with lived experience in in program design, implementation, and improvement. Narrative responses scored using rubric.
All Renewal Proejcts- Data Quality (5 point max)	#8	HMIS/Comparable Data Quality (scored against local average as benchmark)	By program type	: - 5 to +5	5	5	5	5	HUD-APR Q6, a., b., c. or HMIS Data Quality Report Q2., Q3., Q4. 1/1/23-12/31/23 *If LICH cannot retrieve upload data by [date], or if DV program is not using a comparable database that is able to export an APR, agency score = (-5)

			Program Type Specific Benchmark	N/A	96.3	97.2	average determined by DV RRH APRs once submitted	97.2	
All Renewal Projects- Cost Effectiveness / Leveraged Supports	#9	Cost effectiveness (committed contributions to program/full program budget from all sources)	N/A	0-2	2	2	2	2	measured by dollars/percentage of CoC dollars- commitment letter(s) from provider. Define sufficient documentation, with examples.
PSH Performance Measures (25 point max)	#10a	PSH- SPM 2: Returns to Homelessness/reducing risk of COVID-19 (based on households discharged from PSH in 2023)	95%	: -10 to 10	10	N/A	N/A	N/A	HMIS Data- program participant households discharged from 1/1/23-12/31/23 negatively discharged (returning to homelessness); HMIS ReportBuilder "RC: PH Retention". If no discharges from program, NA. Range score: -10 to 10 (20 points).
	#11a	Average days until move in	N/A	0-5	5	N/A	N/A	N/A	Admissions between 1/1/23-12/31/23. Average number of days between CE referral date and residential move-in date reflected in HMIS.
	#12a	PSH- SPM 4.3: % Adult Stayers Increased Overall Income	40.74%	: -5 to 5	5	N/A	N/A	N/A	SPM 4.3 1/1/23- 12/31/23; Benchmark Competitive Local 2023 SPM
	#13a	PSH- SPM 4.6: % Adults Leavers Increased Overall Income	39.73%	: -5 to 5	5	N/A	N/A	N/A	SPM 4.6 from 1/1/23-12/31/23, Benchmark Competitive Local 2023 SPM
RRH/TH-RRH Performance Measures (25 points max)	#10b	RRH and TH-RRH- % of households that remain permanently housed one year after rental assistance termination date	N/A	0 to 8	N/A	8	8	8	Percentage = Number of households that do not re-enter homelessness after one year of rental assistance termination/Total number of households that had rental assistance terminated within one year of Ranking date range.
	#11b	RRH and TH-RRH- average number of days until permanent housing move-in	N/A	0-8	N/A	8	8	8	# of days for each household= Sum of number of days from program admission to client move-in date. Captures households admitted from 1/1/22-12/31/23. Point spread based on lowest to highest comparable project performance. Local average = TBD
	#12b	RRH only - average number of days until offered a viable permanent housing opportunity	N/A	0-5	N/A	5	5	N/A	# of days for each household= Sum of number of days from program admission to client move-in date. Captures households admitted from 1/1/22-12/31/23. Point spread based on lowest to highest comparable project performance. Local average = TBD
	#13b	TH-RRH only - % of households served that were eligible for 12 months or more of RRH	50%	5 points	N/A	N/A	N/A	5	Based on review of households in the program that began in TH portion of the program for all households that reached the one-year mark of enrollment between 1/1/22- 12/31/23.

		#14b	RRH and TH-RRH- % of households that increased their total/overall income	65%	Range: -4 to 4	N/A	4	4	4	Income change calculated at annual update in HMIS for all households with an annual update between 1/1/22 - 12/31/23.
						70	70	70	70	

2024 Annual CoC Funding Round Ranking Tool

esnaps	Category	Scoring	Max Score	Max Score by Project Type			Notes
				PSH	RRH	TH-RRH	
	Local- Identified Locally Prioritized Subpopulations- [list] . Projects proposed to serve other subpopulations may also be considered.	Encouraged by Not Required					
	HUD Eligible Project Types - PSH, RRH, TH-RRH, CE, HMIS	THRESHOLD					
	HUD- Eligible Applicant- 501 c 3, Faith-based Entity, Tribal Designation	THRESHOLD					
	HUD Proof of registration with SAM	THRESHOLD					
6I.	HUD 25% Match Commitment	THRESHOLD					
	HUD 2880	THRESHOLD					
	HUD 50070	THRESHOLD					
	HUD Certification Involving Lobbying	THRESHOLD					
3B 4.	Local- Participate in CE (and executed MOU)	THRESHOLD					
	Local- Anti-Discrimination Certification	THRESHOLD					
	Local- Housing First Checklist	THRESHOLD					
	Local- Application submitted as complete by local deadline	THRESHOLD					
	HUD- PSH program is chronic dedicated	THRESHOLD					
	HUD- No reported findings from HUD / financial mismanagement	THRESHOLD					
ALL THRESHOLDS ABOVE MUST BE MET IN ORDER TO PROCEED WITH RANKING REVIEW							
2B. 1. 2. 3. 4.	Applicant Experience: 9.4% of points		Total: 15	15	15	15	15
	Experience working with population community intended to serve	range	5	5	5	5	
	Experience operating program model proposing	range	2.5	2.5	2.5	2.5	
	Experience HUD or other federal grant	range	2.5	2.5	2.5	2.5	
	Financial management experience and/or infrastructure including size and scope of current/previous programs	range	2.5	2.5	2.5	2.5	
	Experience implementing housing first and/or with Coordinated Entry	range	2.5	2.5	2.5	2.5	
3A. 6. 6a.	Housing Type and Population Served: 15.7% of points		Total: 25	25	15	15	
	Project Type: % of points	By project type	15	15	5	5	
	Population Served- Local Unmet Needs	List Identified Unmet Needs	10	10	10	10	
	Project Implementation Plans: 17% of points		Total: 27	27	27	27	
3B 1. 1a. 2.	Project leverages housing or healthcare. Full points for 25% leverage	range	15	15	15	15	
	Overall Program Description and Implementation Plan (point breakdown from esnaps chart)	range	10	10	10	10	
3B 5a.	Strategy for providing supportive services to those with the highest service needs (outreach strategy, aligning staff with population served, service mobility, languages available, program advertisement)	range	2	2	2	2	
	Assistance for participants and supportive services available: 28.3% of points		Total: 45	45	45	45	
4A. 1.	How project participants will be assisted to obtain permanent housing	range	8	8	8	8	
4A. 1.	How project participants will be assisted to remain in permanent housing	range	8	8	8	8	
4A. 2.	How the project will refer clients to programs such as mainstream health & social services	range	5	5	5	5	
	How will the project assist participants access and maintain employment, and provide access to employment services and/or vocational training	range	5	5	5	5	
4A. 3.	Will the project have outreach services (mobile case management)	all or nothing	3	3	3	3	
4A. 3.	Will the project have dedicated housing search staff? (Full points for PSH with fixed units)	all or nothing	3	3	3	3	
4A. 3.	Range of Support Services Offered/ Leveraged	range	3	3	3	3	
External Narrative	Coordination with Early Intervention Programs (projects serving families only)	range	2	2	2	2	
4A. 4.	Transportation Services Available	range	2	2	2	2	
4A. 5.	Annual benefits follow up for annual renewals	all or nothing	2	2	2	2	
4A. 6.	Access to SS/SSDI	all or nothing	2	2	2	2	
4A. 6a.	SOAR certified staff	all or nothing	2	2	2	2	
	Appropriateness of Program Design: 15.7% of points		Total: 25	25	25	25	
6F./6H/6I.	Appropriateness of Budget for Program Model (sufficient funding in PH components and/or support services to meet needs of population)	range	10	10	10	10	
3B 1. 1a. 2.	Demonstrates effort/plan to align staff with marginalized population(s) that are disproportionately impacted by homelessness (people of color, people with disabilities, re-entry) served in program design (establishing trust in community, languages available). Provide a specific plan to improve language access for those with limited English proficiency.	range	7	7	7	7	
4B	Degree to which unit configurations meet participant needs (e private rooms, first floor, close to public transportation and/or walkable resources, etc.). Specifically describe plan to address "physical plant" barriers for those with mobility challenges.	range	8	8	8	8	
	Access and Equity: 13.8% of points		Total: 22	22	22	22	
CoC	Has dedicated DEI (diversity, equity, and inclusion) staff and/or committee	all or nothing	2	2	2	2	
Recordkeeping/Pro	Involvement of people with lived experience (PLEs) on staff / PLE recruitment strategy	range	5	5	5	5	
3B 1. 1a. 2.	PLE involved in program design	range	3	3	3	3	
External Narrative	PLE involved in program feedback	range	3	3	3	3	
External Narrative	PLE involved in staff training	range	3	3	3	3	
External Narrative	PLE professional development opportunities	range	2	2	2	2	
External Narrative	Plan to improve assistance to LGBTQ+ individuals	range	2	2	2	2	
External Narrative	Project serves and/or improves assistance for individuals from marginalized communities over-represented in the homeless system	range	2	2	2	2	
	Max score without bonus		159	159	149	149	
	Coverage Bonus						
Con Plan	Program will serve both counties or Nassau	% of available score	2% of available score	3.18	3.18	3.18	

Scores will be represented as a percentage of 159.

Project Name	Performance Percentage Score	Accepted / Rejected / Reduced / Reallocated Amount	Rank	Amount Requested from HUD	Amount Reallocated	
LI HMIS 2022	N/A	Accepted	1	471,831		
Coordinated Entry Renewal 2022	N/A	Accepted	2	806,283		
Long Island Coordinated Entry System for Domestic Violence Survivors	N/A	Accepted	3	240,000		
WellLife Network Medford Gardens	98.41%	Accepted	4	554,000		
LI Coordinated Entry Expansion 2024	98.32%	Accepted	5	430,100	\$264,063.00	
Estella	98.19%	Accepted	6	361,100		
FY 2024 Casa Serenidad FN	72.67%	Accepted	7	397,568		
Options NCC 2024	67.69%	Accepted	8	467,146		
OPP	64.15%	Accepted	9	329,287		
Project Veterans Independence Renewal 2024	62.53%	Accepted	10	340,076		
Summit Renewal FY 2024	56.04%	Accepted	11	76,543		
Project Independence Renewal 2024	55.16%	Accepted	12	1,381,979		
SAIL Shelter Plus Care III 2024	53.46%	Accepted	13	427,459		
AHAL II FY2024	53.14%	Accepted	14	117,045		

Nassau Scattered Site Permanent Housing Program	53.05%	Accepted	15	149,453		
OPPII	52.87%	Accepted	16	872,225		
Project Homestart	48.32%	Accepted	17	465,329		
W&H Renewal YE 8.31.26	48.03%	Accepted	18	613,540		
SHP/Islip	46.85%	Accepted	19	181,948		
Supportive Housing Subsidy Program	44.67%	Accepted	20	329,964		
Beacon House III	33.13%	Accepted	21	218,084		
HUD-Nassau 2024	22.34%	Accepted	22	410,539		
EOC RRH Program II	57.53%	Accepted	23	328,860		
LI Consolidated RRH (NY1174)	56.47%	Reallocated (voluntary) by \$264,063	24	1,445,421		(\$264,063)
EOC RRH Program	50.88%	Accepted	25	920,797		
HUD Senior Quarters Renewal 2024	40.77%	Accepted	26	101,380		
HUD-Coram 2024	30.82%	Accepted	27	60,283		
EOC 2024 PSH Renewal	N/A	Accepted	28	236,446		
FSL RRH Program FY2024	39.60%	Accepted	29	630,825		
Tier 1 Line				13,365,511		
FSL RRH Program FY2024	39.60%	Accepted	29	311,632		

FY 2024 Casa Salva FN	46.88%	Accepted	30	408,453		
HFY TH-RRH Renewal FY2024	36.61%	Accepted	31	399,183		
RRH 2024	27.88%	Accepted	32	571,228		
LI HMIS 2024 Expansion	100%	Accepted	33	198,000		
Project Veterans Independence Expansion 2024	89.31%	Accepted	34	68,904		
FY 2024 Casa Amistad FN	84.39%	Accepted	35	458,738		
FY 2024 Casa Serenidad Expansion FN	83.76%	Accepted	36	190,484		
FSL RRH Program Expansion	73.9%	Accepted	37	204,991		
Horizon	24.69%	Accepted	38	426,639		
S.A.F.E. Rapid Rehousing	20.51%	Accepted	39	449,151		
Ayuda Latina	N/A	Accepted	40	380,860		
Safe Place	84.39%	Accepted	41	405,448		
S.A.F.E. Rapid Rehousing II	80.93%	Accepted	42	1,164,139		
ECLI-VIBES DV Housing Program 2024	79.04%	Accepted	43	434,316		
Casita	70.87%	Accepted	44	368,170		

2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2024 HDX Competition Report

2024 Competition Report - Summary

NY-603 - Nassau, Suffolk Counties CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year

2) *This considers all extensions where they were provided.

2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partially Usable									
Not Usable									

EST

Category	2021	2022	2023
Total Sheltered Count	6,761	7,101	7,787
AO	3,299	3,367	3,586
AC	3,483	3,736	4,212
CO	69	66	66

RRH

Category	2021	2022	2023
Total Sheltered Count	1,154	1,314	1,320
AO	302	317	357
AC	854	1,009	964
CO	0	0	0

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	1,678	1,732	1,768
AO	833	911	934
AC	845	820	836
CO	0	0	0

1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing;

PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type.

Therefore, the sum of the number of people by household type may be greater than the unique count of people.

3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.

4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	7,617	188.4	112.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	7,744	188.8	113.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	8,041	292.3	179.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	8,168	291.2	178.5

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

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

Metric	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	43	7	16.3%	1	2.3%	3	7.0%	11	25.6%
Exit was from ES	2,251	320	14.2%	138	6.1%	140	6.2%	598	26.6%
Exit was from TH	65	3	4.6%	3	4.6%	1	1.5%	7	10.8%
Exit was from SH	19	1	5.3%	1	5.3%	1	5.3%	3	15.8%
Exit was from PH	335	11	3.3%	4	1.2%	18	5.4%	33	9.9%
TOTAL Returns to Homelessness	2,713	342	12.6%	147	5.4%	163	6.0%	652	24.0%

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	7,811
Emergency Shelter Total	7,647
Safe Haven Total	42
Transitional Housing Total	183

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

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

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

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

Metric	Value
Universe: Number of adults (system stayers)	369
Number of adults with increased earned income	47
Percentage of adults who increased earned income	12.7%

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

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

Metric	Value
Universe: Number of adults (system stayers)	369
Number of adults with increased non-employment cash income	120
Percentage of adults who increased non-employment cash income	32.5%

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

Metric	Value
Universe: Number of adults (system stayers)	369
Number of adults with increased total income	158
Percentage of adults who increased total income	42.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	111
Number of adults who exited with increased earned income	23
Percentage of adults who increased earned income	20.7%

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

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

Metric	Value
Universe: Number of adults who exited (system leavers)	111
Number of adults who exited with increased non-employment cash income	29
Percentage of adults who increased non-employment cash income	26.1%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	111
Number of adults who exited with increased total income	47
Percentage of adults who increased total income	42.3%

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	5,800
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1,762
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4,038

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	6,614
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,159
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4,455

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

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

Measure 6 is not applicable to CoCs in this reporting period.

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

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	79
Of persons above, those who exited to temporary & some institutional destinations	9
Of the persons above, those who exited to permanent housing destinations	2
% Successful exits	13.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4,607
Of the persons above, those who exited to permanent housing destinations	895
% Successful exits	19.4%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	1,813
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1,661
% Successful exits/retention	91.6%

2024 HDX Competition Report

2024 Competition Report - SPM Data

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	7,713	184	3,038	1,322	148
Total Leavers (HMIS)	4,074	94	565	635	74
Destination of Don't Know, Refused, or Missing (HMIS)	121	1	10	0	1
Destination Error Rate (Calculated)	3.0%	1.1%	1.8%	0.0%	1.4%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

NY-603 - Nassau, Suffolk Counties CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2024 HDX Competition Report

2024 Competition Report - HIC Summary

NY-603 - Nassau, Suffolk Counties CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	3,901	3,831	3,831	0	3,831	100.0%
SH	18	18	18	0	18	100.0%
TH	82	68	74	0	74	91.9%
RRH	409	361	373	0	373	96.8%
PSH	2,130	1,593	2,130	0	2,130	74.8%
OPH	0	0	0	0	0	NA
Total	6,540	5,871	6,426	0	6,426	91.4%

2024 HDX Competition Report

2024 Competition Report

NY-603 - Nassau, Suffolk Cour

For HIC conducted in January/I

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	3,901	0	70	0	70	0.00%
SH	18	0	0	0	0	NA
TH	82	0	8	0	8	0.00%
RRH	409	0	36	0	36	0.00%
PSH	2,130	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	6,540	0	114	0	114	0.00%

2024 HDX Competition Report

2024 Competition Report

NY-603 - Nassau, Suffolk Cour

For HIC conducted in January/1

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	3,901	3,831	3,901	98.21%
SH	18	18	18	100.00%
TH	82	68	82	82.93%
RRH	409	361	409	88.26%
PSH	2,130	1,593	2,130	74.79%
OPH	0	0	0	NA
Total	6,540	5,871	6,540	89.77%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

NY-603 - Nassau, Suffolk Counties CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	404	571	663	702	409

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) Data included in these tables reflect what was entered into HDX 2.0.

5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

NY-603 - Nassau, Suffolk Counties CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/24/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and full unsheltered count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	3,584	3,540	2,838	2,852	3,231	3,716
Safe Haven Total	33	26	20	15	16	15
Transitional Housing Total	180	187	54	92	90	62
Total Sheltered Count	3,797	3,753	2,912	2,959	3,337	3,793
Total Unsheltered Count	46	54	138	75	199	209
Total Sheltered and Unsheltered Count*	3,843	3,807	3,050	3,034	3,536	4,002

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were

2024 HDX Competition Report

2024 Competition Report - PIT Summary

NY-603 - Nassau, Suffolk Counties CoC

For PIT conducted in January/February of 2024

collected.